# COMBINING

# VOICES

SUPPORTING PATHS OF HEALING IN ADULT FEMALE AND MALE SURVIVORS OF SEXUAL ABUSE

**Frederick Mathews, Ph.D., C. Psych**

# *Combining Voices*

## Supporting Paths of Healing in Adult Female and Male Survivors of Sexual Abuse

Prepared by:
**Frederick Mathews, Ph.D., C. Psych.**
**c/o Canadian Foster Family Association**
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Where there is much desire to learn, there of necessity will be much arguing, much writing, many opinions; for opinion in good (persons) is but knowledge in the making.

- Milton -

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# FOREWORD

***Combining Voices*** is not a "how to" manual nor does it provide an exhaustive analysis of all issues in the field of child sexual abuse or adult survivors. Many excellent books, articles, academic papers, program models, and other resources already exist to provide the reader with all types of valuable information. Instead, it was written for the purpose of providing a general readership - the public, professionals, caregivers, survivors, partners of survivors - with an introduction to some of the research, issues and concepts, and controversies pertaining to the support and care of adult female and male survivors of sexual abuse. It provides a brief summary of some of the current thinking in an evolving field and attempts to honour both similarities and differences in female and male survivors' experiences. It is also intended as a voice to advocate for survivors so that we may be more attuned to their needs and better able to support the paths they choose toward healing.

***Combining Voices*** is intended as a forum to bring together in one document the stories of both women and men coming to terms with very difficult life experiences. It was written in an effort to find a common language of experience, one that might help bring together survivors and non-survivors, professionals and other caregivers, women and men, who share the same vision - the eradication of sexual abuse, in all its forms, from our society. It is intended, above all, as a message of hope.

This work begins from the premise that sexual abuse is a problem that is widespread and demands our sustained and focused attention. It is an issue we must take seriously.

Voices of women survivors and their advocates broke the silence about sexual abuse in Canada. Their struggle has been long, their gains hard won. It is time for us to honour that pioneering work and women's courage by taking a stand together to end all forms of violence toward all persons in our society. We will honour women's efforts best by putting aside our fears and our denial and by embracing the challenging task we have before us.

It is also important for us to acknowledge the important contribution of feminism to the discourse on sexual abuse, violence, and victimization. Feminist women, writing from a variety of points of view, have been at the forefront in the struggle to raise public awareness on these issues.

Any discussion of sexual abuse must begin with the understanding that there is a gender dimension to the phenomenon. Though women are more likely to be the *physical* abusers of children, men represent the vast majority of *sexual* abusers of both women and children. This does not mean that *all* men are sexual abusers or potential rapists. Most men are kind, decent, caring husbands, lovers, partners, colleagues, fathers, and friends of women. It does, however, suggest that there may be some aspect of "masculinity" that needs our attention, our concern, and healing too.

We are living in a time when women are asking men to search their hearts and minds and to listen to women's very real concerns, fears and experiences regarding violence in interpersonal relationships. They are asking all men to care and to examine their attitudes, behaviours, humour, or anything else that may be contributing to and quietly supporting violence toward women or children. It is a fair and honest request.

Men, boys, and teen males also have stories to tell us about violence and victimization, stories we must listen to with humility and compassion. Males have things to tell us that are in some ways different from women's experience and have yet to be heard. The isolation that males feel from the discourse on violence and victimization is prolonging the artificial separation of female and male survivors and delaying the urgent work we need to do together in the search for solutions to the problem of sexual abuse, physical abuse and neglect, and violence in all its forms.

***Combining Voices*** has its origins in a historic meeting that took place in Ottawa in the autumn of 1993. An advisory group consisting of women and men from many backgrounds and all provinces and territories came together at the invitation of the Canadian Foster Family Association to guide and support the development of a National Directory of services for women and men who are survivors of sexual abuse. *For the purpose of this document an "adult" survivor is defined as a person over the age of* 16. Originally conceived of as two projects - one for female survivors, a second for male survivors - the Directory evolved into a combined resource. ***Combining Voices*** was written as a companion document for the National Directory.

Reading ***Combining Voices*** may be painful or upsetting for some, informative or instructive for others. Readers with no prior knowledge in the sexual abuse field may see in these pages a sad commentary on the plight of adults and children in our society. Others may find encouragement and useful ways to further expand their healing work with clients.

Some may be concerned that combining female and male survivor issues will draw attention away from women's issues and concerns with respect to violence and ultimately cause us to spread limited resources for survivor treatment even farther. This is a very real possibility and one that must never be allowed to happen. The male victims movement is indebted to the women's movement for bringing the issue of sexual abuse out of the shadows. Protecting women survivors' gains and supporting the continued development of the female survivor field must become an equally important part of the male survivor movement's work. This is not a competition to determine who has suffered the most. There is too much work to be done and so much that can be accomplished by women and men working together and speaking with a united voice.

The great generosity of spirit shown among members of the advisory group to close the circle, enter a dialogue, and combine the stories of survivors of both sexes is a model of how women and men can work together in the struggle to end the sexual abuse of all persons. They provided a healing vision for the future and an important first step on the road we must all walk together to find a way to healing - ourselves and our communities.

# INTRODUCTION

## What is Sexual Abuse?

There is no single definition of *sexual abuse* that covers all the legal and clinical aspects of the phenomenon or survivors' own subjective experiences. *Sexual abuse* is a term whose use in legal proceedings is guided by strict rules of evidence and due process of law, and is generally applied to cases involving sexual assault against children. There are 16 sexual offenses in the Criminal Code that could apply to child sexual abuse (Wells, 1990):

- Sexual Interference
- Invitation to Sexual Touching
- Sexual Exploitation of a Young Person
- Anal Intercourse
- Bestiality
- Parent or guardian procuring sexual activity of a child
- Householder permitting sexual activity
- Exposing genitals to a child
- Vagrancy
- Incest
- Corrupting children
- Indecent acts
- Sexual Assault
- Sexual Assault with a weapon, threats to a third party, or causing bodily harm
- Aggravated Sexual Assault
- Offenses in relation to juvenile prostitution
  - living off the avails of child prostitution
  - attempting to obtain the sexual services of a child

Other definitions of *Child Sexual Abuse* can be found in provincial child welfare legislation. These definitions may vary from province to province.

*Sexual abuse* is also a clinical term whose rules of evidence do not depend on strict legal definitions. In cases where there is no independent corroborating legal evidence to substantiate a victim's claim of being sexually assaulted, there is often clinical evidence that something happened.

There are a number of considerations that can be applied to a comprehensive definition of sexual abuse. Most would fit under the categories of behaviour, relationship, and power. Crowder (1993) provides a useful framework for defining sexual abuse: "sexual abuse is an overt or covert sexual behaviour between two individuals when the following conditions exist:

1. The nature of the sexual act(s) is developmentally inappropriate for at least one of the participants;

2. The balance of power and authority (meaning psychological power, economic power, role status power, etc.) between the two individuals is unequal; and

3. The two individuals have an established emotional connection (such as between a child and a caregiver, or a child and authority figure)."

Some feminist thinkers and writers offer a theoretical framework that maintains that sexual abuse is the result of a "patriarchal culture of male power, male prerogative, and male inclination to sexualize all relationships" (Hyde, 1990). However, this gender-based view of the problem does not fully account for female sex-offending, most notably the abuse of boys by mothers, adult or older teen women, the seduction of minor aged males by older female teens and women, and the sexual abuse of children by teachers, daycare providers, institutional caregivers, and other women in positions of power or authority. It also does not account for sexual abuse and sexual exploitation in lesbian relationships (Renzetti, 1992).

A model of sexual abuse that is predicated on power imbalances or the misuse of power is a good starting point in our search for a consensus definition because it encourages us to:

1. hold both male and female abusers accountable for their behaviour;

2. empower survivors to take control of their healing process and their lives;

3. recognize and validate the survivor's experience;

4. affirm that a survivor's self-knowledge is paramount;

5. link the survivor's individual struggle to a collective one to transform power relations in our society; and

6. focus on power dynamics in the therapeutic relationship.

The sexual abuse of children can take many forms. Some children are seduced slowly and gradually over time, while others are coerced through threats of harm or are physically forced into sex.

Some sexually abusive behaviours are obvious and involve invasive and direct physical contact. These types of behaviour can cause pain, sexually transmitted diseases, and permanent physical damage. They usually elicit strong feelings of fear, vulnerability, or discomfort in the victim. For example:

- anal or vaginal penetration with a finger, penis, or object
- forced oral sex
- masturbation
- fondling
- being forced to suck an abuser's breasts
- being forced to have sex with another child

Others involve physical contact that may be less obvious, though may cause comparable distress in victims. For example:

- being tickled on the genitals
- being inappropriately hugged or kissed
- being rubbed against an abuser's genitals

Some forms of sexual abuse do not involve any physical contact at all. For example:

- showing pornographic films or magazines to a child
- exposing oneself to a child
- masturbating in front of a child
- being forced to watch others having sex
- being forced to pose nude for photographs

Still other behaviours may not appear on the surface to be sexually abusive at all, though they are committed for the purposes of giving the perpetrator a "sexual charge". For example:

- insisting on watching a child undress for bed or use the toilet
- compulsive washing of a child's buttocks or genitals
- sexualized or erotic talk with a child
- sexualization of normal daily activities
- forcing a child to wear overly revealing clothing

Finally, child sexual abuse can also take the form of child and juvenile prostitution, pornography, child sex rings, and ritual sexual practices or ceremonies. All of the above types of sexual abuse can cause different kinds of problems at

different points in survivors' lives and can have a significant impact on the choices they make in terms of coping or the paths they choose to heal.

Though the discussion above focuses on children, it is important to keep in mind that many survivors, mostly women, are abused as adults. Adult males are sexually assaulted too, some in same-sex intimate relationships, and many in prison or other types of custody settings. In fact, male prison rape may likely be the most underreported and least cared about form of rape.

The most common forms of sexual abuse perpetrated on women are (Wyatt et al, 1992):

- exposure to the perpetrator's genitals
- observation of someone masturbating
- attempted rape
- rape

As with children, there are also subtle and less obvious ways to sexually abuse an adult, for example:

- being given unnecessary breast, anal, or vaginal examinations
- pressured sex in a romantic relationship
- pressured sex by a work colleague, supervisor, or employer

## "Victims" and "Survivors"

Great care should be taken when using the terms *victim* or *survivor*. They should never be used in terms of suggesting a hierarchical relationship to one another, or to imply a value judgment. They are simply terms that describe different, but not necessarily totally separate, stages of healing. They are qualitative not quantitative terms. One can be both at the same time or move back and forth between these stages at other times.

Abused persons should make their own determination about where they are in their healing process and the words they wish to use to describe their place on that journey. These, or any other descriptors, should be used only in reference to a stage of healing in the abused person's life rather than as a status representing the sum total of their personal identity. Family, friends, caregivers, and victims and survivors themselves can sometimes lose sight of the fact that they are persons with larger lives, full of interests, plans, dreams, vocations, and relationships. Their lives are multi-faceted, their abuse but one part.

These reservations aside, the following definitions of *victim* and *survivor* are offered as a starting point to help us recognize movement or motion in peoples' healing journeys.

*Victims* are persons who have experienced, or are experiencing, unwanted or uninvited sexual intrusion into their physical and emotional being. They typically feel helpless, out of control, and disconnected from their lives. Victims tend to become overwhelmed by their feelings of rage, anger, sadness, and depression. They are caught in a cycle of reactivity and frequently engage in self-harming and maladaptive ways of coping.

*Survivors* are persons who have made a conscious decision to move from being passive victims to empowered agents of change who are more in control of their lives. They have begun to own their painful experiences, have started a process to mourn their losses, honour what they needed to do to get through each day, and are ready to embrace life. They are persons who have moved past simply reacting to life and have decided to sift through the many scattered and missing pieces of a personal identity to search for wholeness. Survivors are persons who seek courage, strength, and wisdom from their experiences and are on a conscious search to reclaim a sense of hope, personal power, sexuality, personhood, femininity, masculinity, spiritual richness, and the will to thrive.

It is essential for therapists or caregivers, and all of us, to recognize that the balance point on which these two stages of healing divide has everything to do with the resources, personal and societal, that abused persons have at their disposal. Non-abused persons rarely appreciate the incredible strength and courage it takes to integrate abuse experiences into one's life and emerge whole. That is why it is so important to support abused persons with what they need to help them on their healing journey.

## Other Terms Used in The Document

Because the child sexual abuse and adult survival field is evolving, our concepts, definitions, and language is continually changing too. There are no words that can capture all the complexity of survivors' individual experiences or the subtleties in the different points of view on the subject of sexual abuse. However, we are probably much closer to finding an inclusive language concerning violence and victimization, than we realize. The more dialogue we support and encourage between women and men, and the more willing and open we are to engage in a process to seek consensus, the sooner we will find this language.

In the meantime, we must struggle with the imprecision of our current terms. Throughout the document, the following terms will be used:

***Healing/Treatment/Therapy.*** The terms "healing", "treatment", and "therapy" will be used interchangeably to refer to survivors' search for peace of mind, physical and emotional wellness, spiritual growth, and wholeness in their lives. Alone or in combination, a survivor's path to healing can take the form of conventional counselling or psychotherapy, or involve other methods including bodywork such as yoga or bioenergetics, expressive arts therapies, or guided imagery, to name a few.

***Caregiver/Counsellor/Therapist.*** The terms "caregiver", "counsellor", and "therapist" will be used to refer to the role of someone who facilitates the process or path of healing or therapy chosen by the survivor. This facilitator could be a professional person such as a psychiatrist, psychologist, or social worker, or someone else who is specially trained and has the skills to provide sexual abuse specific kinds of therapy. It could also be a family member, partner, or other support person who is working in conjunction with the therapist to facilitate the process of healing in the survivor.

***Aboriginal/Native.*** The terms "Aboriginal" and "Native" will be used interchangeably in the document when discussing the needs or issues of all distinct groups of aboriginal peoples.

# Chapter 1
# A Field Evolves

Complex social problems, such as sexual abuse, do not just emerge suddenly. Long before they appear in the public mind, professional literature, media stories, or government policy and legislation they are and have been the living, breathing, painful experiences of persons who have been affected by them for many years, even decades.

The voices of these persons and their advocates are typically the first to emerge, their stories sometimes so shocking or upsetting that they are simply denied or rejected by the public. Though the problem or issue of concern may have been long-standing, it typically does not surface in the media or public consciousness until there is a major crisis or the problem becomes so noticeable or widespread that it can no longer be ignored. Unfortunately, governments are often the last to either acknowledge the problem or join with affected persons to begin finding solutions.

As the problem "grows" or as affected persons and their advocates persist, a "field" of study and knowledge about the issue begins to emerge. As this field of interest emerges professionals, academics, the media, and others begin the process of analyzing, dissecting, and building conceptual models, theories, and developing intervention strategies. In the beginning, these intervention strategies are typically little more than band-aid solutions designed to contain the problem or deal with its most obvious or urgent consequences.

As the field evolves "experts" are found who can provide a worried public with answers. The search for someone or something to blame is usually not far behind.

The problem with this "search" is that it is rarely what it pretends to be, namely impartial or "objective", as in the case of the social sciences, "unbiased", as in the case of the media, or "inclusive" as in the case of agents of social change. By the time this process has reached its crescendo the original voice of the "victim" has usually been lost, and persons living with the problem typically must struggle to see themselves represented in the discussions and rhetoric concerning their plight.

## Limits to Our Ways of Seeing

Whether we are aware of it or not, all ideas, theories, or program models, have a point of view than can be driven or influenced by prejudice, ignorance, ideology, or individual and cultural group history. This is not in and of itself a problem. What is a

concern is when we fail to acknowledge how this can limit our perspective. It is also a problem when we allow ourselves to become so certain of our ideas that we become dogmatic and refuse to recognize or accommodate reasonable and valid alternatives or challenges to our point of view.

The simple truth is people are different. Their needs vary, and their historical, cultural, and individual life experiences will always pose a challenge to the status quo or to our ideas of who they are or what they should be. Nowhere is this more evident than in the field of sexual abuse.

## A Problem That Awaits Better Definition and A Response

The way we tend to deal with most complex social problems is simply to panic. All too often we react out of fear or apply narrowly defined or out-moded ways of thinking from other historical periods or areas of study. Rarely are intervention strategies based on empirical research, a thorough assessment of community needs, or consensus-building among stakeholders. The unfortunate part of this approach is that the strategies flowing out of it are seldom designed to address the root of the problem. As a result, they allow us to become lulled into a sense of complacency, thinking we have the phenomenon "under control". The problem is that "control" does not deal with the problem, it compartmentalizes it and typically supports the silencing of dissent or further discussion.

Once public attention has been soothed by the appearance of action, the problem typically falls into the domain of social services and support professionals who are expected to keep its most unsavory aspects out of the public mind. It also becomes the domain of grass-roots organizations who know only too well that, at this stage, the struggle to deal with the problem effectively has only just begun.

Despite the fact that we can all agree on the necessity of eliminating sexual abuse many are reluctant to discuss it openly. Without dialogue and broad public support we will never be able to mobilize the kinds of community resources we need to address the problem at its source.

We have thus far failed to come together as a society to work toward a common understanding or truly shared goal of stopping sexual abuse. We have left it up to professionals, academics, grassroots organizations, and the media to filter and interpret survivors' stories and experiences. Consequently, we have yet to achieve consensus on the issues and have allowed the development of a compartmentalized, fragmented, and divisive discourse that never quite seems to capture the whole story.

## Our Historically-Shaped View of Survivors and Sexual Abuse

It is not possible to understand the sexual abuse or adult survivors field without some understanding of its historical roots. Briefly, the history of the sexual abuse field is tied to the history of the women's movement. Approximately twenty-five years ago courageous women started coming forward to break the silence about their experiences of violence at the hands of abusive male partners. Out of this evolved a grassroots women's shelter movement. As advocacy around women's issues grew so did a similar movement to focus attention on the abuse of children.

Because the history of the child sexual abuse field is tied to the history of the women's movement, we have inherited a historically shaped consciousness about who is a victim and who is an abuser; victims are female, perpetrators are male. This consciousness has to a great extent driven the development of our concepts pertaining to impact, assessment, and treatment of survivors, affected program development and the allocation of research funding, influenced the content of violence prevention curriculum and educational materials, and shaped the development of government policy and legislation in this area. Our current view of who abuses and who is victimized is essentially a woman-centred model that tells only a part of the abuse/survivor story.

One consequence of this view is that it has kept the experiences of other abused persons outside of much of the public and professional discourse on sexual abuse. For example, adult male survivors' voices are only now just starting to be heard. Girls and teen females abused by other girls and women, boys abused by girls and women, teen males abused by same sex peers, and sexually abused disabled persons, street youth, and those individuals in institutional care, foster homes, residential placements, or prison have yet to add their voices to the dialogue in any significant way. In the silences that remain, many hurting, broken persons await our compassion and concern.

# Chapter 2
# Prevalence of Child Sexual Abuse

It is impossible to determine with any precision the full extent of sexual abuse in Canada. Many people still are not aware how widespread the problem is. Many Canadians do not accept or believe the sexual abuse prevalence statistics when they are presented in the media.

However, government and other statistics on sexual abuse tell us only part of the story. Most, if not the majority, of occurrences are not reported and consequently don't make it into official statistics on prevalence. In Canada, estimates of underreporting put the rate at 75% for females and 90% for males (Badgley, 1984).

Using a broad definition of sexual abuse as "unwanted sexual acts", the Committee for the Study of Sexual Offences Against Children determined that the prevalence rate of sexual abuse in Canada was 54% for females, 31% for males (Badgley Report, 1984). Four out of five of these victims experienced their abuse prior to reaching the age of 21 years. The definition of an "unwanted sexual act" included exposure, being threatened into having sex, unwanted sexual touching, attempted sex, and sexual assault.

If the prevalence rates of sexual abuse in the sample reported in the Badgley Report are accurate, then assuming we have a population of 26 million, equally divided by sex, there would potentially be 7,020,000 female victims and 4,030,000 male victims in Canada, or approximately 43% of the whole population of the country.

Prevalence rates can and do range widely for a variety of reasons, including the definition of child sexual abuse used by researchers or by the population samples used in their studies. General population samples will differ from those taken in a prison setting. Samples of university women will differ from those taken in a shelter for abused women.

Populations living in rural or remote regions of the country, where mobility is restricted by geographic isolation, may be particularly vulnerable to all types of social problems, including sexual abuse. Communities where alcoholism is widespread can be more dangerous places for women, men, and female and male children. Some communities simply do not have the resources to provide support or other types of services to alcoholics, survivors of sexual abuse, or perpetrators. Consequently, sexual abuse can occur more frequently and affect more members, female and male, of that community.

Because research in the area of sexual abuse is conducted using a wide range of samples, findings can be conflicting. The field is young, and every year brings new

studies to challenge some of our long-standing beliefs and stereotypes about who is victimized and who victimizes. For instance, we used to believe that the vast majority of child sexual abuse victims were girls. However, we are now starting to see evidence that suggests females and males under the age of puberty may be at equal risk of sexual abuse, especially by extended family members (Reinhart, 1987; Baker & Duncan, 1985; Farber et al., 1984; and DeJong, 1983).

We used to believe that girls were the victims of most serious types of sexual abuse. We are now finding that boys are: penetrated more often; are more likely to be subjected to repeated abuse; are more likely to experience greater variety and number of types of sexual abuse; and may be abused at younger ages, more seriously, and for longer periods of time. (DeJong, et al., 1983; Farber et al, 1984; Baker & Duncan, 1985; Reinhart, 1987; Tong et al, 1987; Finkelhor et al, 1990; Gordon, 1990; Bentovim, 1987; Condy, et al., 1987; Badgley, 1984; DeJong, et al., 1982; Dube, 1988; Ellerstein & Canavan, 1980; and Kaufman, et al., 1980).

However, overall, and certainly after the age of puberty, females represent the vast majority of victims of sexual abuse and sexual assault. And, this ratio increases significantly once young women and young men enter their teen years. It is important for us not to lose sight of the fact that the risk of sexual abuse still remains high for girls after puberty.

## Why Sexual Abuse is Underreported

Though we are beginning to get a better understanding of the magnitude of the sexual abuse problem, we still haven't reached a peak in terms of reporting. Most victims and survivors still remain in the shadows with their stories of violation and exploitation. And, with services and other resources shrinking in most communities, the prospect of obtaining support is likely to become even more difficult.

Underreporting in childhood is often a factor of the victim's age. Very young children often have difficulty communicating to adults what happened to them, though they may be able to demonstrate their sexual abuse in a court of law using anatomically correct dolls, drawings, or other types of nonverbal methods. Fortunately, recent changes in Canadian law have made it easier for children to provide testimony. However, this has not eliminated the fact that some adults still do not believe young children, even when they are able to provide quite graphic and detailed descriptions of their sexual abuse, demonstrate sophisticated and age-inappropriate knowledge about sex, or have physical injuries typically associated with actual or attempted penetration.

Because of their dependence on adults for survival and other very basic needs, children can be forced to remain silent by manipulative parents, relatives, or

other adult caregivers. For some children, the sexual abuse is disguised in the form of "horseplay". For others it happens slowly over time, and in such a way that they may be unable to clearly sort out their perceptions of what is happening to them. This is especially true when the abuser is a much loved and trusted adult.

Children also become very confused if they experienced pleasant physical or bodily sensations from being touched inappropriately. Lacking information about "good" and "bad" touch and what to do if anyone does something to them that makes them uncomfortable also leaves many children unable to disclose their abuse.

Some underreporting is due to the fact that victims don't even realize they were sexually abused. For example, some survivors view their victimization as part of their introduction to sex.

Children (and adults) whose sexual abuse was particularly traumatic, sometimes learn to dissociate themselves from the experience by psychologically numbing their bodies or feelings and escaping to a fantasy place somewhere deep in their minds. When memories of their abuse threaten to resurface, these survivors will utilize this old and familiar protective pattern. This keeps awareness of the abuse out of their conscious minds and, consequently, prevents them from disclosing.

Violence in intimate relationships, one form of which is "dating violence", "date rape", or "acquaintance rape", raises another issue. Many young women simply don't realize that being forced, tricked, or coerced into sex by a date or an acquaintance is sexual assault. They do not understand that everything that happens to them after they say "no", either through saying it explicitly or by physically resisting or pushing the young man away, is a sexual assault. Many teen girls still view aggressive sexual behaviour on the part of some of their male dates or classmates as being "normal" or "to be expected" (Mathews, 1993).

Young women who end up having sex against their will with a young man they feel attracted to typically feel ashamed or embarrassed and even responsible for what happened. Though this is beginning to change, few young women find the idea of reporting the sexual assault attractive because they are afraid of the possible reaction of their parents. Many young women feel that reporting their victimization will result in a label of "damaged goods" or will diminish their reputation in the eyes of family or friends. Some fear they will be punished by their relatives for bringing shame to the family. They may also be afraid of not being believed or of being stigmatized in their school or community.

There are three main reasons why adult women underreport sexual abuse: the victim fears retaliation; she has a perception that the criminal justice system would not really help her; and she is not sure that disclosure would provide her with any perceived benefit (Solicitor General of Canada, 1985). In the past, subjectivity in police charging was a factor in why sexual assault against female sex trade workers, female alcoholics, unemployed women, and women with drug habits were not

recorded in official records pertaining to sexual violence (Clark and Lewis, 1977). However, the training Canadian law enforcement personnel have received in the area of sexual abuse and sexual assault has improved this situation significantly.

Women working as domestics who may be in Canada either illegally or whose visas have expired seldom come forward if they are sexually assaulted. Many immigrant and visible minority women fear they will not receive equal treatment in the criminal justice system and thus do not report. Many of these women are under such strong control of families, partners, or employers that they do not dare risk reporting their abuse.

Women sexually abused by husbands do not report because they do not think they can or because they do not even realize sexual assault within the context of marriage is against the law (Russell, 1982).

In addition to some of the common reasons for not reporting abuse that are shared by survivors of both sexes - shame, stigma, denial, dissociation, repressed memories, or lack of concepts about what constitutes sexual abuse - male victims are also silenced by particular aspects of their socialization, and our cultural beliefs and stereotypes about masculinity.

If a young male obtained an erection, or experienced orgasm or any pleasant bodily sensations from his abuse by a male, he is likely to interpret this physical response as an indication that he may be homosexual. In fact, offenders often use boys' physical response to convince them that this is "proof" they are gay or that they are actually enjoying the abuse. Experiencing a physical or sexual response is thought to increase the trauma of being sexually abused quite substantially for victims.

A boy may be convinced he is homosexual if he is victimized by a woman and experiences distress instead of the pleasure he is expected to feel. Because of the stigma attached to homosexuality in our culture, male victims may be reluctant to report their abuse in either of these scenarios. Boys or young men are seldom taken seriously when they try to share their feelings of confusion, fear, or pain when they are victimized by a woman or older female teen. It is still widely believed that boys are "seduced", but females are raped or sexually assaulted. Males in our culture are socialized to take care of themselves and to be the sexual initiators. When a boy or young man is victimized he can be condemned, ridiculed, or shamed for not being "man enough" to protect or defend himself (Mathews, 1994).

Issues of race and minority culture status can also affect reporting rates, in addition to making the search for supports and services and the healing process itself extraordinarily difficult. It is often hard for people to understand that some of our therapeutic and legal interventions which are designed to support and protect victims of sexual abuse may be ineffective for, or seem harsh or unnatural to, persons from non-European cultures.

For example, cultural groups that place a very high value on family may resist having family members - victim or abuser - removed by child welfare authorities. Members of some groups worried about the treatment their family members will receive in a social service system totally unreflective of their cultural values or beliefs may not report their abuse.

Survivors from cultural minority groups whose members mistrust police, courts, and child welfare officials may be reluctant to report abusers or may wish to resolve their situation by using means other than the child welfare or criminal justice systems. Survivors from cultural minority groups may not wish to see the behaviour of some of their members criminalized for fear of the stigma and prejudice it may bring to the group. As difficult as it may be for some to understand, remaining silent about their abuse may appear to be a less harmful choice.

Survivors from non-dominant cultural groups may feel out of place in a treatment group or office setting where everyone else looks different, dresses differently, and speaks an unfamiliar language. Being asked to share family secrets with strangers or sitting face to face with a therapist and being asked sensitive and deeply personal questions can seem invasive and disrespectful to some minority persons. Language barriers may keep minority survivors out of conventional or mainstream service agencies, even if they know of their existence in the first place.

## Abusers

A brief word about abusers is necessary at this point because of some of the myths and misconceptions that exist about who abuses children. It is important to deal with these misconceptions because they interfere with our ability to identify abusers who may be at risk, to develop and direct services toward their rehabilitation, and to support and protect victims by believing what they tell us and by holding their abusers accountable.

It is commonly believed that abusers are typically poor, alcoholic, mentally ill, more likely to be a visible minority, homosexual, "dirty old men", or exclusively male. The fact is sexual abusers come from all classes, races, religious backgrounds, and both sexes. A significant proportion of the sexual abusers of children are teenagers. The majority of the sexual abusers of children are heterosexual. Mental illness is a factor in only a small proportion of cases.

It is, however, true that regardless of the sex of the victim, males represent the majority of sexual abusers. Though boys and girls are both abused by family members or acquaintances, it appears that fathers or father figures abuse daughters in far greater numbers than sons. Males appear more likely to be sexually abused by a male. There is also evidence to suggest that adolescent males are more likely than

adolescent females to be the abusers of boys. (Finkelhor, 1979; Friedrich and Luecke, 1988; Showers et al, 1983; Russell, 1984; Porter, 1986; Reinhart, 1987; Spencer and Dunklee, 1986; Stermac and Mathews, 1989; Rogers and Terry, 1984; Ellerstein and Canavan, 1980; Risin and Koss, 1987; and Showers et al., 1983).

However, the sexual abuse of boys by mothers is only just starting to appear in the literature (Krug, 1989; Nasjleti, 1980; Banning, 1989; Lawson, 1993). Part of the reason is that sexually abusive behaviours toward boys are not always recognized. Inappropriate intimacy in the form of sleeping arrangements, sexualized talk, and tickling a child's genitals may be overlooked or dismissed as being harmless.

Ruth Mathews, a pioneering American feminist psychologist in the area of the female offender, reports that women often engage in behaviours for the purposes of obtaining sexual arousal that do not appear, on the surface, to be sexual at all. For example, walking in on a child while she/he is bathing or getting undressed for bed, leaving a door open so the child may see the woman bathe, shower, or undress, or making fun of a child's sexual development (1989). Risin and Koss (1987) found that 42.7% of the abusers of boys were female teachers, neighbours, babysitters, and friends of the family.

# Chapter 3
# Impact of Sexual Abuse on Survivors

More has been written about the experiences of female survivors than males, though the literature on male survivors is growing every year. While there are certainly some differences in the experiences of female and male survivors, the research evidence suggests they share far more in common.

When comparing the experiences of female and male survivors we should be careful about using words like "more" or "less". It is important to keep in mind that the subjective or individual's experience of being abused can never be completely captured or assessed by empirical research.

## The Consequences of Sexual Abuse

It is important not to make value judgments about the choices survivors make to cope with their sexual abuse experiences. These coping mechanisms and defenses are *normal* reactions to *abnormal* situations. They are the means people choose to cope with trauma.

The consequences of being sexually abused vary according to the individual. The consequences of sexual abuse can effect every aspect of a survivor's life emotionally, physically, spiritually, or mentally. They can take the form of self-injurious behaviours such as suicide attempts, addictions, or work-a-holism. When it comes to survivors' emotional lives, many experience low self-esteem, fear of intimacy, anger and aggressiveness, depression, anxiety, or frozen or stunted emotions. Some survivors experience nightmares, dissociation, and sleep or eating disorders. Some develop compulsive or self-harming behaviours. Others get sick and can suffer from a wide range of illnesses, including ulcers, headaches and infections. A deviant, dysfunctional, or non-existent sexuality is another possible consequence.

It is difficult to predict with any certainty how people will be affected by their abuse experiences because there are many factors that can interact together to determine what the outcome will be. The effects of being sexually abused can also take different forms at different ages or stages of development in a survivor's life. Sometimes the effects of being sexually abused can remain disguised or guarded by old and habitual or patterned defenses. These protective mechanisms can help keep

the memory of the abuse out of the survivor's consciousness. But these defenses also keep survivors from dealing with their hurt and pain.

The effects of sexual abuse, long forgotten or buried, can sometimes resurface or be triggered by significant life events or stressful situations such as the birth of a child, a new relationship, loss of a loved one, or divorce or separation. All too often survivors, and the people around them, have difficulty understanding the reaction because they are unaware that it stems from an old lingering wound that has not healed.

The consequences of sexual abuse can also be societal in nature. Sexual violence touches all of our lives and in ways we may not even be aware of. The amount of human and financial resources we spend on the consequences of abuse for survivors is enormous. The criminal justice system, social welfare, medical and mental health services, and social work agencies all provide services to victims or perpetrators of violence whether knowingly or not. We already spend a large amount of our nation's wealth on hospital and psychiatric care for persons whose symptoms of abuse are masked. Illness resulting from undiagnosed and untreated sexual abuse is already costing us a great deal. Making conscious decisions to focus resources on early intervention, with comprehensive and multi-disciplinary services for victims and offenders, would pay for itself many times over simply by helping people to achieve wellness sooner.

No discussion about the consequences or outcomes of sexual abuse would be complete without some acknowledgment of the incredible strength and resiliency of survivors. With support and care, many people eventually come to terms with their abuse experience and go on to lead, happy, productive, and fulfilling lives. Some do it on their own without help. For some survivors, healing leads to significant life changes, a commitment to work toward positive social change, or a new or revitalized spiritual vision for their lives.

## Stigma

One of the most painful burdens female and male survivors carry is that of stigma. Survivors often think of themselves as being different from others or as being "damaged goods." This belief is often reinforced by friends, family members, partners, or others who actually view them this way or interpret their coping behaviours as evidence they are permanently harmed.

The experience of stigmatization may be different in some respects for female and male survivors. Because of our double standard concerning sexual license,

women often end up being judged more harshly for even minor sexual indiscretions (Schur, 1984; Russell, 1975). This sets up a condition where female survivors can be blamed in full or part for their abuse. And, this is not limited to lay persons. Professionals also sometimes view a female victim as seductive or blameworthy, a view which can become part of the woman's own beliefs about what happened to her or her self-concept (Tomlin, 1991).

Our double standard concerning sexual license is also detrimental for male victims or survivors. In many respects it increases a boy's susceptibility to sexual abuse by encouraging interest and participation in sexual activity. It promotes secrecy because male victims will feel responsible for what happens when things go wrong. It supports victim-blaming because we expect males to be in control of their sexual encounters and able to take care of themselves. It supports the minimization of male on male sexual assault or female perpetrated sexual assault. It promotes male bravado to minimize or mask impact or uncomfortable feelings associated with the abuse. It establishes conditions whereby boys expect sexual encounters with females (Mathews, 1994).

Homophobia, or anti-gay/lesbian prejudice, that is so predominant in our society has had a powerful silencing effect on the lesbian and gay community and prevented many same sex abused persons from coming forward. Not only do lesbian and gay victims have to disclose their painful abuse experiences, they also have to "out" themselves at the same time. This brings an added burden of stigma and can evoke fears and concerns about bringing even more negative attention and prejudice to the lesbian and gay community. Homophobia has been a great silencer for many victims, lesbian, gay, and heterosexual.

## The Victim-to-Offender Cycle

Many survivors wonder if they, in turn, will abuse others. Unless caregivers or therapists are knowledgeable enough to deal with this issue they risk setting up a self-fulfilling prophecy for the survivor. Because of this, the victim-to-offender cycle is worth exploring briefly.

The specific links between previous victimization and sex offending behaviour have yet to be established by empirical research. This model fails to account for the fact that some offenders were not victims and that the majority of child sexual abuse survivors do not abuse their own children (Herman, 1992). It also fails to take into account situational variables that can play an important role in a person's decision to offend, such as impulsive and opportunistic acts by teenagers when they are baby-sitting younger children (Mathews, 1993b).

Some argue that if this explanation of sex offending behaviour is sufficient then why, given the large number of female victims, are there not more female sex offenders. Though it has merit, this criticism overlooks several key points. First, females are not socialized to act out physically their aggressive impulses. Such permission is given primarily to males.

Second, we have only primarily male concepts of deviant arousal and sex offending behaviour to apply to women, concepts which do not allow us to identify many of the common types of female sex offending behaviour. Female offending behaviour may also be camouflaged in the form of passive neglect of or deliberate emotional withdrawal from children.

Third, male victims are socialized to enjoy sexual encounters with females and to see sexual contact with "older" women as an enviable right of passage. Consequently, many males do not label their experiences "sexual abuse" or "sexual assault" and thus do not report for fear that because their abusers were female, they will be seen as weak or "unmanly". Fourth, both female and male victims of incest are reluctant to report mothers, sisters, cousins, aunts, or grandmothers because of shame and stigma attached to incest in our society (Mathews, 1993). Finally, part of our reluctance or inability to acknowledge female abusers may stem from the fact that we are socialized to view women exclusively in the role of nurturer.

These reservations aside, it is still a useful concept needing further research given the high rate of previous victimization in the background of many types of offenders, particularly rapists and violent offenders.

## Acting In/Acting Out

There is some evidence to suggest that males sexually abused as children or youth may be more likely than females to sexually abuse others (Finkelhor, 1979). In discussions about the consequences of abuse, it is common to hear that males "act out" or externalize their behaviour in response to their abuse. That is, they sexually offend, behave violently or aggressively, or commit crimes and anti-social behaviour. Girls are thought to "act in", that is, cry, become depressed, or get sick. Though this is true to a large extent, a result of our process of socialization, it is also a stereotype that overlooks individual differences.

If it is true that males abused as children and youth are more likely to abuse others than females, it may have something to do with their abuse experiences or the way they were treated by professionals, parents and families, police, child welfare professionals, or other adults entrusted with their care. Male sexual abuse victims are

more likely than female victims to be physically abused as well (Vander Mey, 1988; Finkelhor, 1984). Males suffer more invasive types of sexual assault, receive more threats from perpetrators, have more force used on them, are removed from the home into protective custody less, and receive less counselling (Pierce and Pierce, 1985). There also appears to be some evidence to suggest that we are less concerned with the impact of victimization on males (Eisenberg, 1987) and hold the abusers of males less responsible for their behaviour (Broussard, 1988).

There is research evidence to suggest that child sexual abuse victims constitute a high percentage of psychiatric admissions or experience psychosis or have a current or chronic psychiatric disorder (Alpert, 1990; Stein et al., 1988; Briere and Runtz, 1988; Briere et al, 1988; Fromuth, 1986; Bagley and Ramsey, 1985/1986).

Childhood sexual abuse also shows up in the backgrounds of large numbers of women and men incarcerated in federal prisons (Elizabeth Fry Society, 1992; Diamond and Phelps, 1990; Spatz-Widom, 1989; Condy et al., 1987). In some subgroups of offenders, males appear to be at higher risk of offending if they experienced abuse as a child. Petrovich and Templer (1984) found that 59% of rapists had been molested by women. Groth (1979) and Freeman-Longo (1986) have also found high incidence of sexual abuse in offenders, sometimes as high as 80% to 100%.

Female survivors typically feel they have no control over their lives or the world around them and find it impossible to believe in themselves or their ability to heal (Bass and Davis, 1988). These authors also suggest that survivors stop feeling physical pain and learn that their bodies are not their own. Some learn to hate their bodies and engage in all forms of self-injurious behaviour or become neglectful of their physical health.

A majority of persons living on the street, especially teens, appear to be survivors of some form of abuse or neglect. Many young women and men involved in a lifestyle of survival prostitution were sexually abused in childhood or early adolescence (Mathews, 1987).

Being sexually abused can sometimes lead a person to engage in high-risk behaviours as a maladaptive coping strategy. These behaviours can take the form of alcohol and substance abuse or other self-destructive behaviours. Couple this with an inability to set and maintain boundaries and feelings of helplessness and hopelessness and it is easy for some victims to disregard their personal health and wellness when it comes to protecting themselves against sexually transmitted diseases. Bearing this in mind it should come as no surprise that sexual abuse also showed up in the backgrounds of 42% of persons with HIV, the virus causing AIDS (Allers and Benjack, 1991; Allers et al, 1993).

One study has documented that adult female survivors who were revictimized in adulthood had significantly higher rates of unplanned pregnancies and abortions (Wyatt et al., 1992).

## Factors Affecting the Degree of Impact

There are many variables that can affect a survivor's response to being sexually abused. Being believed, personal resources of the individual, availability of emotional support, access to financial resources to pay for treatment, time between abuse and commencement of therapy, cultural/ethnicity factors, current or chronic life stressors, and age and maturity of victim are all thought to have an effect.

Some studies have identified factors present in the individual survivor or the family/social environment that appear to reduce the trauma of being sexually abused. Among these are: the response of family members or significant others; an internal locus of control; positive ego strength; prior knowledge about sex and sexuality; the degree to which victims felt they had some control over what happened; reframing their negative experiences in a positive way; having access to supportive relationships with other adults or significant others; possessing hope and an optimistic outlook on the future; being given skills to avoid future risky situations; and risk-taking that leads to experiences of personal efficacy and control of one's life (Peters, 1988; Conte and Schuerman, 1987; Mrazek and Mrazek, 1987; Zimrin, 1986; Fromuth, 1986; Wyatt and Mickey, 1988; Harter, Alexander and Neimeyer, 1988).

A survivor's victimization also happens in a familial, cultural, and social context and any combination of factors such as race, class, gender, poverty can interact to produce specific effects on the degree of impact. For these reasons, it is impossible to give any particular weight or predictive value to one variable over another.

Other factors thought to have some impact on the survivor include the type of abuse, the relationship between the victim and the perpetrator, the duration of the abuse, the age difference between the victim and the abuser, the use of violence or threats of harm, and family functioning.

# Chapter 4
# The Care and Support of Adult Survivors

This chapter outlines some of the paths survivors can take on their journey toward wholeness and types of common healing strategies. Though the contents of this chapter are drawn primarily from the literature on working with women sexually abused in childhood, they apply in large measure to male survivors as well.

The possible paths of healing open to survivors are numerous. There is no one "right" way. In the early years of working with victims and survivors we tended to follow a "medical model" that viewed survivors' coping mechanisms or defenses as evidence of "pathology" requiring "treatment". That view is now evolving to include a more person-centred model that lets survivors lead or direct their healing process, define the meaning of their experiences, validates their individual experiences, and focuses on their strengths and coping abilities.

Professionals, lay therapists, survivors, and caregivers of all descriptions may not always agree on what constitutes "healing", "treatment", or appropriate "therapy". However, most will agree on one simple rule: start with individuals, their needs, their life situation, their resources, supports, and own intuitive sense of what they need to find or return to a state of wellness or wholeness.

Caregivers need to keep in mind that, for survivors, crossing the boundary of fear and making the decision to reclaim one's life requires extraordinary courage and hope. It also requires an act of self-love on the part of persons who may find the whole idea of love itself a strange and alien concept.

Supporting the healing process of survivors requires:

1. nonjudgmental acceptance of the client as a human being;

2. belief in the survivor's ability to cope and heal;

3. validation of the survivor's abuse experience;

4. respect for personal and client boundaries;

5. keeping a focus on the fact that the client must be in control of the healing process;

6. helping clients to understand they are not the first person to have gone through this experience.

## A Unique Journey

Every person's healing journey is different. The "work" of healing/therapy may require helping survivors move toward and through past experiences to uncover the connections to their current behaviours and feelings. Sometimes it involves dealing with very concrete present-centred life concerns such as finding a place to live, work, and other supports.

Insight therapies may be of use at one point, cognitive/behavioural approaches at others. Some survivors are more action-oriented and concrete in their approach to life and do not respond well initially to insight-oriented work. They may find insight-oriented approaches a little like trying to drive a car forward by looking in the mirror. Working on their thoughts and feelings in the present or on current life issues may help lead them backwards to decipher the cause or meaning of their actions. The more therapeutic "tools" caregivers have, and the more flexible they are in the approach to their work, the better able they will be to serve their clients.

## Healing as a Social Process

Healing or "therapy" is in its most essential form a social process. Establishing a working relationship - the "therapeutic alliance" requires many of the same things any relationship takes to get started; personal warmth, open and direct communication, reassurance, mutuality, and respect. Therapists who are rigid and have a professionally distant manner will likely be unable to create the kind of safe and supportive environment survivors need to support their healing work. This does not mean abandoning professional boundaries and standards of practice. It does, however, require caregivers to be more attuned to survivors' lives and to their needs as human beings, not just as "clients".

Caregivers need to understand that trust may come slowly and is likely to be an ongoing issue in a survivor's therapeutic process. Survivors were most likely abused by a person they knew, loved, or trusted or by someone who was in a position of authority over them. The sense of betrayal felt by most sexual abuse victims lingers on in their lives and can significantly impair their ability to trust persons whom they perceive to have control over their lives or affect how they see, think, or feel about themselves.

Therapists are likely to find themselves struggling to keep some perspective on the projections of survivors who may be putting them in the same light as their abuser. Patience on the therapist's part to weather the predictable stops and starts in the survivor's journey is essential. Typically, these are a reflection of trust and safety issues that need to be worked through together.

If survivors have not been in counselling before, therapists should not expect them to fully or immediately disclose the fact or circumstances of their abuse, who their abuser was (especially if it's a family member), or how they think and feel about their experience. Disclosure may occur over a long period of time. Survivors need to hear from a therapist that it is natural to minimize or deny the abuse and associated feelings or experiences. A door should always be left open to allow survivors to risk revealing what they want, when they are ready. Pressuring survivors to disclose before they are ready is abusive and can force them to lie or suppress thoughts or memories. Once they have told a lie it may be difficult for them to open up in the future because now they have to maintain the false pretence.

## Dealing With Past Attempts at Healing

Clients who have been in counselling in the past can be encouraged to reflect on their experiences, without blame, in order to learn how their present healing work may proceed better. There are many things in the therapeutic process that can lead to a breakdown. Sometimes it is because clients are not getting their needs met. Sometimes it is because the counsellor is poorly- or under-trained. These issues should be discussed honestly and openly to improve clients' chances of achieving their present healing or therapeutic goals.

## Helping Survivors Get Ready

It is important to acknowledge that not every survivor can undertake or continue a healing journey and therapists should spend some time assessing a survivor's readiness to start or continue their work. Women and men who have an addiction problem will need additional services or resources. Survivors with no families, friends, or partners to support them as they enter their healing process may also require additional supports. Survivors who are burdened with maladaptive behaviours that are chronic and debilitating may need a wide range of supports and services to facilitate their process of healing.

## Getting Counselling

The biggest obstacle in getting victims to counselling is the problem of assessing abuse in their histories. Many sexually abused persons remain silent about their experience and consequently are misdiagnosed or mislabelled by unsuspecting clinicians as being psychotic, hysterical, borderline, or antisocial. Sexual abuse as a cause of severe psychological and interpersonal problems is frequently missed by clinicians (Mennen, 1992).

## The Focus of Healing/Counselling

The focus of healing for an adult survivor will vary according to individual need, the expressed wishes of the survivor, or the availability of supports and resources. Most issues will be the same or similar for females and males, but some differences likely exist. The focus of healing work will also depend on whether the abuse was intrafamilial or extrafamilial.

A survivor may wish to deal with the emotional consequences of the abuse experience. This could involve working on fears and phobias, depression, guilt, mistrust, or feelings of isolation. A survivor may also choose to deal with problems of body image, sexuality, substance abuse, or relationship and trust issues. Some may choose to acquire parenting skills, seek relaxation training, learn assertiveness and communication skills.

Some survivors also integrate religious beliefs and spiritual growth into their healing work. Others use their present relationships with partners to support their work. Some use journal writing, family portraits, childhood mementos, and other positive and significant life events to rebuild and reframe their lives with the abuse in context (Mennen, 1992).

## Working with Aboriginal/Native Survivors

All persons working with survivors need to be sensitive to the challenges and issues that culture, ethnicity, and language bring to the work of helping survivors heal.

Native communities in Canada are just beginning to reclaim their heritage. They are awakening to the healing power of some traditional ways and reconnecting with values, cultural practices, and a sense of community that was lost when their families and communities were split apart by attempts to assimilate Native children through forced education in boarding schools.

Aboriginal/Native survivors must overcome significant barriers even to report their abuse. In small, rural, or isolated communities caregivers may be relatives of the abuser. When reporting could lead to incarceration, survivors and healers both may feel enormous pressure to avoid dealing with the abuse using the criminal justice system (Hodgson, 1990).

As Aboriginal/Native communities move forward in their own healing work, they will become less dependent on non-Aboriginal professionals to help them. Many communities are now well on their way. Others still require support to help nurture their efforts. It is important for non-Aboriginal professionals to recognize the power they have in these situations. Part of the work of healing is not just to "treat" survivors

but to work towards helping Native communities regain trust and confidence in their own cultural traditions and ways of healing that can supplement or eventually replace "western" ways. Forging these working partnerships takes generosity of spirit, patience, and respect. Since trust is an essential ingredient to the development of respect, non-Aboriginal professionals need to understand the challenges Native caregivers face in this process.

Developing mutual respect between Native and non-Native caregivers is important. Hodgson feels this is difficult because non-Native clinicians often believe they know what is best for their Native clients. She also feels that Native caregivers often do not trust their own insights about the most effective methods of dealing with clients.

Treatment strategies that appear most effective with Native survivors include physical body work, drawings, and visualization. According to Hodgson,

> *One of the reasons for body work is that repressed fear is held in the body, and communication of this fear can be processed in body work. Silence can be broken in a less threatening way through the use of drawings and visualization. In these ways a voice is found within the silence, a powerlessness that can be transformed into empowerment.*

## The Single Parent Survivor

Many survivors, mostly women, are single parents, caring for one or more children, and living in poverty or other extremely difficult life circumstances. Parenting places a significant amount of stress on any adult, even if both parents are together. Single parent survivors burdened by the demands of parenting alone typically struggle to find the time they need to devote to their healing. Once they begin the work of healing it can become an overwhelming task simply to meet the time demands of attending counselling for themselves or their children, doing housework, maintaining paid employment, and raising children. It can become prohibitively expensive to hire babysitters so that the single parent can attend counselling.

Single parents often find themselves alone and feeling very isolated. They may have lost their partner, they may be cut off from their families who reject them or don't believe their story, and they may have even lost old friends who cannot deal with the survivor's abuse experience. They may worry that they will become overprotective of their own children. They may have fears that they might become involved with abusive partners or that they may inadvertently set their own children up to be abused. Children can also trigger issues for survivors by the emotional and time demands they place on the parent or by specific behaviours.

Single parent survivors also struggle with what or whether to tell their children about their abuse. This is especially problematic when the children know the abuser.

## Working With Sex-Offending in Survivors

Treating the survivor who is currently sexually abusing or who was a perpetrator in the past is a thorny issue. Most counsellors/therapists will not work with a survivor who is known to be currently abusing. Some will not even work with survivors if they were an abuser in the past.

When working with survivors in groups this exclusion is certainly understandable. Non-abusing survivors might possibly feel threatened and unsafe under these circumstances. Combine this with the fact that most counsellors/therapists do not have the skills and training to work with sex offenders and it is easy to justify the practice. It also builds a case for removing the artificial boundaries that continue to exist between the victim and offender fields, and for encouraging all therapist/counsellors who work with survivors to expand their knowledge base.

We know that some survivors do abuse others. This can take the form of sexual, physical, or emotional abuse and neglect. Whether they realize it or not, many counsellors/therapists are already working with sex-offending clients.

Because of harmful stereotypes about males as being all inherently pre-occupied with sex or sexually aggressive, we are at least likely to suspect the possibility of sex offending in male survivors. As a result of this belief, it is common for therapists to probe for indications that it might be occurring. Counsellors/therapists trained to work with both survivor and abuser issues with male clients typically will explore issues of parenting with their clients, their relationships with significant others, or the degree of risk they may pose to their wives, partners, or children. However, the same cannot always be said for female survivors in therapy.

We are only slowly beginning to acknowledge women's sex offending behaviour, and not just toward the more obvious targets such as boys, girls, teens, and, though rare, adult males, but also toward other women and lesbian partners (Renzetti, 1992). It is an important evolution in our thinking because we need to undertake research that will lead to the development of female concepts of sex offending, assessment, and treatment that will meet these women's needs. Acknowledging female sex offending will also provide support to the victims of these women who may be doubly harmed by our denial of the existence of this phenomenon.

Because female sex offending does not fit easily into the theoretical and treatment frameworks of gender-based feminism, some feminists are concerned that a feminist therapist may be inclined to minimize, justify, explain away, or refuse to consider their clients offending behaviour, which ultimately may impede the woman's deeper healing (Lepine, 1990).

## Choosing a Counsellor/Therapist/Caregiver

When selecting a therapist, survivors would be well advised to treat the process as one of the most important parts of their healing work. Above all, survivors should not hesitate to terminate their relationship with a particular therapist if they feel the relationship is not working, if they feel they are being abused or exploited, or if they feel the therapist's orientation to survivor healing work is incompatible with their needs.

The following is offered as a general guide for survivors seeking a therapist:

1. Do not rush headlong into therapy with the first therapist you meet;

2. Be patient. It generally takes time to find the right fit between your needs and the skills, experience, training, and personality of the therapist;

3. If you have no idea where to begin, call a local hospital, consult your local phone book and look under directories of counsellors or therapists, or ask your doctor for a referral;

4. In a few communities female and male survivors can both consult local women's shelters or sexual assault crisis centres for appointments or referrals;

5. Many communities have "blue books" or directories of local professionals, community agencies and support services, and other resources that provide assistance to adult survivors. You can contact any of these in person or by phone;

6. Ask potential therapists to provide you with a list of suggested reading materials that discuss and explain their theoretical orientation or model of practice;

7. Don't be afraid to ask potential therapists where they received their training and what credentials they possess (this could include earned degrees, specialized training and internships, professional development courses). Many professionals are registered with a professional college or association. Ask the therapist if she or he would mind if you checked her/his credentials;

8. Seek out a therapist who is aware of, or is sensitive to, your cultural background or language needs;

9. Find out if they provide other types of services such as partner counselling, family therapy, or group work, that you may wish to include in your healing work;

10. If they have a waiting list, ask if they provide or arrange for support services to survivors in the interim; and,

11. Discuss hours, length of sessions, duration of treatment, fees, and methods of payment. Unless therapists are registered with a provincial health plan, are part of a government funded social service agency, or are covered by your own health insurance, you will have to pay a fee for their services. Many therapists have a "sliding fee scale" which they adjust to fit the ability of the client to pay.

## Sex of the Counsellor/Therapist/Caregiver

There is no empirical research to substantiate a need for same-sex therapists. The skills, training, experience, and personality of the caregiver/therapist are likely to be of greater importance. However, survivors should consider their choice carefully and base their decision on personal needs.

Counsellors who are of the same sex as the survivor may be able to provide more subtle gender-specific insights into a woman's or man's experience as the case may be. However, female or male survivors who were abused by a female may find working with a female therapist stressful. Similarly, female and male survivors abused by a male may find working with a male therapist difficult.

The timing of a survivor's selection is also likely to be important. Women and men who are just beginning their work or who may be at the crisis stage of their process may wish to avoid working with a therapist who is of the same sex as their abuser. At a later point in their healing work the survivor may wish to work with a therapist of the same sex as their abuser if they feel this will provide them with additional insights or information that will support their healing process.

## Survivor Therapists

Therapists who are themselves survivors can provide clients with invaluable insights into the healing process. Survivor therapists provide a model of hope and an example of how an abuse experience can be successfully integrated into one's life. Survivor therapists share a common experience with their clients and also have access to the feelings, cognitive distortions, and subtle perceptions about being abused that non-survivor therapists might not possess. All of these things provide survivor therapists with information and experience that can be of great benefit to their clients.

However, this does not mean that non-survivor therapists are any less skilled or capable of being a potent healing presence in the lives of adult sexual abuse survivors. In fact, survivor therapists may sometimes be at a disadvantage. No survivors should undertake the work of supporting the healing of others unless they have successfully completed their own therapy and have integrated their abuse

experiences into their own lives. Simply being a survivor of sexual abuse is no substitute for skills, supervised training, and continuing education and development.

There are "natural therapists" among the survivor population. However, survivor therapists need to understand that they cannot take another person past where they themselves are in terms of their own healing. Survivor caregivers must remain vigilant to the potential dangers of crossing client-therapist boundaries and jeopardizing their own healing process and the direction of the therapeutic work of their clients.

## Group Work

Group work can be a very potent form of healing for survivors. Though only one approach to healing, groups provide many advantages over most other forms of therapy.

Groups provide survivors with a safe environment and a means to deal with their feelings of being isolated and alone in the struggle to heal. Because attending a group is a public act, participation can break the burden of secrecy which is such a significant part of a survivor's experience, especially in cases of incest (Saxe, 1993). Other survivors can support disclosure, validate the abuse experience, affirm the survivor's right to safety and security, and help navigate the often turbulent waters of the healing journey. Survivors are typically better able to confront the self-blaming beliefs and harmful coping mechanisms in other survivors because they have lived the experience. Group members can also celebrate each others' survival. Because many survivors experience difficulties in interpersonal relationships, a group provides members with an opportunity to establish intimate connections with others (Yalom, 1985).

The group can give incest survivors hope and optimism about the future, affirm a universality of experience, provide an opportunity to experience altruism, develop socialization techniques, imitate behaviour, experience interpersonal learning and group cohesiveness, and find a sense of belonging and the recapitulation of the primary family group (Roberts & Gwat-Yong, 1989). Groups allow members to experience insight into others' healing journeys, form common bonds, and share coping methods (Roth & Newman, 1993).

Groups give survivors a way to practice working on boundary issues. To quote McEvoy (1990),

> *Boundaries give us a sense of safety, a means of regulating our interaction with others. They tell us who we are and what our rights and responsibilities as persons are. Boundaries tell us we are unique individuals, entitled to needs and to having those needs met. Boundaries tell us we are worthy. All forms of child sexual abuse, including incest, involve the repeated invasion and violation of the victim's personal boundaries.*

Women are thought to have less of a sense of personal boundaries than men and usually require more focused work on repairing or restoring those boundaries. It is important to link, in survivors' minds, the connection between the loss or violation of their personal boundaries and their abuse.

Group size can vary from three or four persons to twelve or more. A general rule to follow is, "the smaller the better". Smaller groups provide more opportunity for group members to work on their issues and receive feedback and support. Groups run by co-therapists or co-facilitators allow one to work on the content of sessions or individual survivor's issues, while the other monitors group process and non-verbal cues of distress. Time-limited groups introduce an element of time-consciousness that can enhance the bonding process between group members and provide structure and a focused approach to intervention (Roberts & Gwat-Yong, 1989).

Groups can run for short durations of eight to twelve weeks or be ongoing. Fifteen week sessions that last for one and a half hours seem to provide maximum benefit (Knight, 1990). The author of this study suggests that while a 15 week group is not enough time to complete the therapeutic process it can be instrumental in helping members gain more acceptance of themselves and give guidance and direction to their future therapeutic work.

When running groups for adult survivors it is possible to combine incest and extra-familial survivors, different age groups (though not children under 18), male and female survivors, and persons from different cultures and sexual orientations. The needs of all group members and the individual survivor should determine the appropriateness of combining survivors with widely differing backgrounds and experiences.

There are some circumstances where group work may not be the best choice for a client. Group work may not be appropriate for violent or aggressive survivors, chronically shy persons, or individuals abused by a group of perpetrators.

## Stages in Group Work

There are usually common stages involved in the process of group work. Most of the early sessions involve creating an environment of mutual support, trust, and safety whereby survivors can begin to form a bond with the therapist(s) and other group members. Typically, the first session consists of covering "housekeeping" issues and setting ground rules. Early sessions usually involve exercises that permit members and therapists to get to know each other better. Feelings associated with the abuse experience are typically discussed at this stage. Details of the abuse are usually not explored in these early stages.

At this stage survivors who plunge right in and begin disclosing their experiences in great detail are sometimes encouraged to pace their sharing in order to avoid frightening or overwhelming other group members and to keep the person from feeling over-exposed and vulnerable. After unloading so much material without a chance to process the flood of feelings that typically come on the heels of

disclosure and sharing, some survivors feel ashamed or embarrassed and flee from the group or therapy altogether.

After a non-threatening and mutually supportive environment has been established members are invited to begin sharing more of their stories. As survivors start to re-connect with the traumatic events surrounding their abuse it is quite common for some to experience a heightening of their sadness, depression, or other feelings, and a return to maladaptive coping strategies. If survivors are given a "map" of the process of therapy and told in the early stages that this is a common experience for persons on this healing journey, they may feel better able to ride out the turbulence and maintain a hopeful view that they can move past and through these crises. The better able they are to cope with each new crisis, the more hope and self-confidence they will obtain.

The next stage usually involves moving further into an exploration of the emotions associated with the abuse. Members are encouraged to begin working on their boundary issues and possibly even confronting the persons, feelings, or cognitive distortions that may be impeding their healing.

The next stage is usually focused on helping survivors set goals and build a plan of action to help them integrate their learning experiences into their daily lives. An important part of this stage is recognition and validation by the group and group leaders for the growth and achievement objectives established for their work in the group. The final stage typically involves preparation to separate from the group and group leaders.

## Types of Groups

There are many forms or types of groups that survivors can utilize in their healing process. Short-term or long-term therapy groups may be useful at different points. Special issues groups which focus on specific issues for survivors, such as, assertiveness, partner/survivor support, court preparation, or legal issues pertaining to holding perpetrators accountable, may be useful at other times. Peer-aged groups, self-help groups, same-sex sexual orientation groups, mixed gender groups, culturally-specific groups, or religious and spiritually-focused healing groups are examples of others.

## Dealing With Survivors' Addictions

Many therapists believe that it is impossible to treat survivors who have addictions problems until they have begun working on their addictions. Addiction is, after all, a coping mechanism, a defense against awareness or acceptance of painful feelings or life experiences, and sometimes the only one that the survivor has at the time. A good strategy to follow is to help survivors develop coping strategies that will not compound their life difficulties while encouraging and supporting them to shed harmful

ones. Survivors who are offending, or who are abusing drugs or alcohol will likely have the hardest time sorting out all the issues they need to work on while in treatment. Agencies or therapists in some communities place a high priority on community safety, and will insist that survivors successfully complete a course of treatment for their addictions or sex offending behaviours before sexual abuse counselling can be offered.

However, it is possible to work on both problems simultaneously. Any survivor attempting this type of work, and their caregivers, need to make sure that there is close collaboration between the abuse therapist and the addictions counsellor, if the two are different people.

## Empowerment

The word *empowerment* is used so often and in so many different ways in various bodies of literature that its meaning is hard to discern. Essentially, empowering implies instilling or restoring a person's sense of self-efficacy. It means providing them with the tools and awareness necessary to negotiate their social environment and, if they choose, to act alone or engage with others to work toward changing the wider social, systemic, or institutional practices that may have lead to their abuse, supported or encouraged their victimization, or impaired their healing journey.

Sometimes, therapists' attempts to empower are actually disempowering. Feeling empowered usually comes from experiencing success and acquiring the knowledge that one is more in control of his/her life. Survivors must ultimately find their own voice, their own path, and their own timetable for change. If therapists are too directive in defining the actions survivors should take, interpreting the meaning of their experiences, or providing a narrow focus for healing work that does not fit the survivor's own cultural reference group, their actions become disempowering, no matter how well-meaning.

Empowering is also about building self-esteem. Survivors must be encouraged to credit themselves for their progress in treatment and recognize that the therapist is simply a coach or a witness to the process. This is what restores personal boundaries and provides a clear sense of self and personal power (McEvoy, 1990).

## Abuse of Survivors by Caregivers

Persons who have been sexually abused as children are very vulnerable to sexual abuse by those they entrust with their care. Survivors typically lack secure attachments or the foundation required for psychological separateness, namely, empathy, touch, attention, constancy, protection, or nurturing (Armsworth, 1989). This can lead them to form "anxious attachments" (Krugman, 1987). Consequently, survivors may not be able to maintain a boundary between themselves and the therapist. As a result, they may try to use the therapeutic relationship to meet the

developmental needs that went unmet in their childhood (Armsworth, 1989). This leaves survivors vulnerable to exploitation and abuse by unethical therapists or caregivers.

Needy clients may resort to old methods of bonding with caregivers, that is, through the use of sex. If the therapist is seen as a powerful adult, old patterns of responding to more powerful persons may cause victims to simply regress or acquiesce to therapists' demands or follow blindly caregivers' directives.

Therapists who are experiencing psychological problems, are poorly trained, distressed, or who may be dealing with personal and professional issues that are overwhelming may be at risk for abusing clients (Pope and Bouhoutsos, 1986). Clients at risk for abuse by therapists are likely to have lived in an environment that destroyed or prohibited the development of personhood, had related experiences of depersonalization that reinforced a state of non-personhood, and adopted a 'surrender pattern' to cope with violations, including therapist violations (Armsworth, 1989).

Abuse of survivors by therapists is a serious legal, moral, and ethical issue, and a cruel abuse of power. It is also important to recognize that abuse by therapists doesn't just come in the form of sexual abuse. It can also be emotional in nature, or take the form of minimization, denial or distortion of the survivor's experience, or disrespect.

Vulnerable survivors who have anxious attachments with their therapists, who may be struggling with boundary issues, or who may have no other supports to turn to, may not know how to deal with being emotionally abused. However, regardless of what they feel may be happening to them, it is important they raise their concerns with the therapist. If they are unsatisfied with the therapist's response and experience no resolution to their concerns, they must stop seeing this person immediately. If they feel their therapist has a sexual interest in them, or they are currently involved in a sexual relationship with this person, it is in their best interest to cease all contact at once. In either event, they should immediately report the therapist to any professional or licensing body with whom the therapist is associated. They may also wish to seek legal advice.

Getting started again in healing work after an abusive experience with a therapist can be challenging. Survivors in these situations need to give themselves time to recognize and deal with their feelings of anger or betrayal and proceed slowly. There are many capable, ethical, and skilled persons who can help support their healing work. Finding another therapist may take time, but it is worth the investment.

## Stages of Healing

Though few survivors share identical paths, most do go through common stages of healing. These stages of healing are not necessarily linear nor follow a logical progression. The following is an example of a typical process:

1. Deciding to begin a healing journey
2. Acknowledgment of abuse without distortions
3. Acknowledgment of all the feelings associated with what happened
4. Moving through self-blame
5. Grieving perceived losses
6. Contacting rage and anger
7. Turning anger into positive action
8. If appropriate, and when the timing is right, confronting one's abuser and/or those who failed to protect you (this can be done symbolically or in person)
9. Trusting one's self
10. Creating and maintaining strong, healthy boundaries
11. Integrating the learning from the healing journey into daily life and relationships
12. Re-creating the whole self in spirit, mind, and body

## Caregiver Variables That Can Have an Impact on Healing

1. Personal warmth
2. Non-judgmental approach
3. Commitment to helping survivors heal
4. Playing a facilitative, rather than directive, role
5. Affirming own boundaries
6. Being gay-positive
7. At ease talking about sex, comfort with one's own sexuality
8. Being clear with clients from the outset about expectations concerning the therapeutic arrangement such as limits to confidentiality
9. Sensitivity to cultural and language issues of the client
10. Sound knowledge and training in the area of child sexual abuse

# Chapter 5
# Barriers to the Development of Supports and Services for Adult Survivors of Sexual Abuse

Survivors seeking treatment or other supports quickly run into obstacles. Many communities simply do not have any treatment programs. Some have only generic types of social services that do not provide sexual abuse-specific interventions or can offer only crisis support. Many communities lack trained professional or other therapists. In larger urban centres where services exist, survivors routinely encounter long waiting lists. Populations of survivors with special needs, such as the disabled, cultural and linguistic minorities, Native Canadians, and lesbian and gay persons have an even greater problem finding appropriate resources.

There is a need for more self-help groups and long-term treatment supports and services. Victim witness programs and court support are not available in most communities. Few communities have programs that help older adolescent survivor clients "transition" into adult services. Supports for parents of abused children are rare, as are supports for non-offending family members. Resources and training for foster parents of victims and survivors is uncommon. Clients often have to have a "diagnosis" and referral from a physician to access some mental health services, rather than being able to self-refer.

Helping survivors get into treatment and supporting their process of healing is only a part of the work that needs to be done. Any discussion of working with adult survivors would be incomplete without an examination of the systemic and other barriers that are presently impeding the development of much needed supports and services.

## The Politics of Financial and Human Resources

Governments are under enormous pressure to cut spending and reduce deficits, a situation that does not bode well for victims and survivors of sexual abuse. Persons seeking to develop new programs for female and male survivors, male and female offenders, to say nothing of research and professional development and training of new therapists, will find themselves standing in line with groups who have competing interests. This is an unavoidable political reality that the sexual abuse treatment community must face. At the same time it is important to recognize the politics of how resources are allocated. Perceived shortages of financial and human resources are seldom what they seem.

In this current political climate advocates and adult survivors have to become better collaborators and more skilled at building partnerships with health and social services, the corrections field, and education so that we may join together and harness our collective energies to address the social harms that are an integral part of the sexual abuse problem.

We have to make a commitment to find ways to work better with existing resources, eliminating the duplication of services, sharing facilities, and applying the untapped power and creativity of our members to forge new working partnerships and cooperative ventures. We also have to encourage diversity in the "work" to allow for the evolution and development of the field.

Many barriers to services remain. Some parts of the country, because of population and available resources, are able to provide a level of service other communities cannot. We must work harder at building better linkages between different human services fields, all of whom have an opportunity to address different parts of the sexual abuse problem. For example: training of teachers to recognize early signs of sexual abuse; enhancing the benefits of employee assistance programs to help cover the costs, including childcare, involved in attending counselling; or working with government, business and the media to discourage the use of images in advertising or entertainment that support, condone, or foster violence.

Lastly, the problems of some survivors are profoundly difficult to treat because their abuse occurred in combination with other things. For example, survivors who suffered fetal alcohol syndrome, or who have a physical, developmental or learning disability have many obstacles to overcome. Services for these survivors are virtually non-existent.

## Accessibility

If we are serious about encouraging victims to disclose we better make sure we have the resources available to assist them, otherwise we risk setting them up for failure. Raising survivors hopes only to pull the rug out from under them later is cruel and unethical. Counsellors can quickly find themselves in a dilemma when they know a survivor is ready and able to begin a process of healing, but also know the supports and services necessary to do the work are unavailable. Perhaps even more insidious is the fact that this repeats the betrayal dynamic survivors experienced during their abuse.

Accessibility in rural and remote regions of the country remains a serious issue. Problems of distance, confidentiality, lack of trained therapists, and protecting survivors from re-victimization after they report all present enormous challenges for caregivers in smaller communities.

Establishing or providing additional resources to victim compensation funds would help get survivors into counselling sooner. Such funds could also be used to help survivors launch civil suits to obtain damages to recover the cost of their counselling from their abusers.

At a fundamental level access to services is also a political issue. Persons on limited incomes cannot afford private therapists, and many of the professionals who have the training and experience to provide them with services are excluded from provincial health plans.

Accessibility is, however, not just about affordability. Those who are thinking about developing services for adult survivors, or adapting existing programs, need to be conscientious about the structure of service delivery. Services that are not "user friendly" might discourage survivors from coming even if they can afford them. They must feel they are welcome, that they are at home.

The acronym, H.O.M.E., provides a more detailed understanding of this idea (Mathews, 1992).

**H** - Hours
**O** - Outreach
**M** - The Model is the Message
**E** - Equity

**HOURS** refers to the hours of operation and the structure of services. Many adult survivors work during the day or evening, or are students. Programs running from 9 a.m. to 5 p.m. make it difficult for some persons to attend. Survivors with families may also have trouble finding babysitters for their children day or evening. Providing child-minding services or assisting survivors in any way possible in this area can make the difference between their attending or not attending counselling. Programs located far from survivors' homes may make travel by car or public transit expensive or impossible.

**OUTREACH** refers to taking treatment or support programs into the community. Many survivors simply do not know such services exist. Because of stigma, some survivors may not even feel they deserve supports or services. Survivors are typically isolated persons who may be overwhelmed by fear and mistrust and require outreach and encouragement to help them take their first cautious steps.

The **MODEL IS THE MESSAGE** applies to the program's philosophy or mission statement, the process of operating and delivering the program, and the skill, attitudes, and training of caregivers, to name a few. Even the name of the program should be chosen with great care. All these things communicate to survivors a message about how they are valued, how important we consider their healing work, and the vision of the program in the larger social context.

In other words, programs that claim to empower must truly be facilitative, not directive in their therapeutic orientation. Programs that claim to be supportive and caring must extend that same care to staff. Programs that claim to be about hope and healing should not be at war with other groups of survivors or programs that treat offenders. Caregivers should always remember the hypervigilance possessed by most survivors. If clients find contradictions and hypocrisy in their healers they may become discouraged and mistrustful.

Also covered by this term is the feeling of being welcome that survivors feel when they are in the program. For example, lesbian and gay persons often do not feel welcome in programs designed for heterosexual survivors.

The principle of **EQUITY** must be central to the program and all relationships between staff and clients. Equity also refers to the inclusiveness of the program. Equity is in its most fundamental sense about accountability. Support services to survivors are *their* programs. Staff are there to provide a service *for* clients, not *to* them.

Wherever possible, treatment or support programs should be staffed to reflect the population demographics and needs of the local community. Services for survivors need to remain sensitive to the shifting population demographics and the new demands being placed on services by survivors from diverse cultural groups. Graduated consumers, members of local cultural groups, and sexual minorities should always be represented on staff, Boards of Directors, and community advisory committees. Survivors should be routinely consulted for their ideas about program development and evaluation.

## Whole-Life Interventions

Supporting and assisting survivors is not just a question of providing treatment. The abuse typically involved a constellation of other forms of maltreatment such as, neglect, emotional and physical abuse, family violence, disruption of their schooling, arrested development, and separation from their families.

The way these events play out in the lives of adult survivors also needs to be addressed. Among other things, many survivors need job-skills training, housing, employment, access to education, and basic information about nutrition, child care, self-care, and temporary financial support to help them get back on their feet and off institutional dependency. The absence of a coordinated and collaborative approach between a broad range of community agencies and government Ministries complicates the healing process for survivors whose needs are varied and frequently urgent.

## Training and Supervision of Counsellors/Caregivers

Therapist self-care is as important as the work we do for clients, though it has yet to become a standard of practice. Caregivers who work with survivors typically face long hours, high levels of stress, and a high rate of burnout. The rate of turnover in the field is worrisome. When caregivers leave they take with them valuable training and experience that is often difficult to replace.

Few programs have the kind of financial resources to be able to continually provide training for new staff. And even if they did, training is not always available. Most colleges and universities do not offer specialized training for survivor work to their graduating legal, education, medical, nursing, mental health, and social service students. Conferences and workshops that provide single session specialized formats are often too far away or too expensive to attend.

Supervision of therapists' work is an essential part of personal and professional accountability. Supervision brings perspective back to therapists who may be struggling with client/therapist boundary issues and limit-setting, or who may be experiencing uncertainty about the course of a survivor's therapy because of a lack of knowledge or training in specific client problems. A skilled supervisor can help beginning and seasoned therapists alike realistically assess their skills, training, and experience so that they are clear from the start about the types of clients they should or should not work with.

Supervision is also essential for therapists who are themselves in therapy. Caregivers who are in therapy run the risk of confusing their own issues, needs, and process of healing with those of their clients.

Working with survivors can be emotionally draining. Faced as they are by the many demands on their personal resources, public ignorance and resistance concerning this issue, and a lack of validation for the importance of the work, caregivers can become burned-out. Therapists need to build and make use of "love networks" of partners, family, and friends to nurture their emotional life, refresh their vitality, and enhance their well-being. Leisure, physical activity, play, and humour are necessary to keep a perspective on one's life and work. Stressed out and unhealthy therapists are poor role models for clients in whom they are working to promote wellness and encourage healing.

Supervision can take the form of formal or informal meetings with a senior clinician, peer support, viewing videotapes of one's work, and if appropriate, client feedback. What is most important is that it be routine and scheduled.

Program administrators need to be pro-staff in the management of programs for adult survivors. Providing ongoing training opportunities, scheduling regular supervision, monitoring worker stress, and involving front-line caregivers in decision-making are all part of helping to reduce job-related illness and avoid staff turnover and burnout.

## Research, Quality Assurance, and Advocacy

In times of restraint research typically becomes a low priority. Unfortunately, being such a new area, the survivor field needs to be increasing its commitment to research in order to refine the definitions, concepts and models of practice pertaining to assessment, care, and healing. Research and practice are not mutually exclusive categories, but rather they are interdependent. It is impossible for any field to evolve without some systematic and continuous review of its knowledge base.

Quality of care also needs to be taken seriously in this field. The development of standards of practice for therapist training, care and assessment, and program evaluation is long overdue.

Many survivors lack knowledge about how to deal with intimidating government bureaucracies or how to access local community services. Caregivers should be prepared to advocate on behalf of individual clients and teach them the skills they need to do this for themselves when they leave care.

Caregivers need to consider seriously extending the work of supporting survivors past the level of individual therapy for clients to include advocacy. Caregivers are the eyes of the community on this issue. Unless they make a commitment to speak out on the issues affecting the lives of sexual abuse victims and survivors no one else will. Public education forums, community development to coordinate services, lobbying for the establishment of new resources, peer training, outreach to schools and community groups, cultivating a relationship with the local media, and the development of resource materials for survivors, families, partners, and other interested persons are all forms this advocacy can take.

## The Normalization of Violence

One of the greatest impediments we face in the struggle to create safe communities is the normalization and invisibility of violence, sexual and otherwise, in our society. One does not have to look far to see the exploitation of women's and men's sexuality in violent pornography, commercial advertising, films, television, books, and magazines. The sexualization of childhood and adolescence in commercial advertising is sometimes so blatant that it borders on being pornographic. Violence in rock music, videos, and other forms of youth subculture virtually ensures that vulnerable and "at risk" young people will have plenty of scripts to follow should they decide to act out aggressively.

Violence has become a common experience for far too many females in Canada. Violence toward women is so normalized that it has become a form of entertainment. The portrayal of gratuitous sex and violence toward females in

teenage "slasher" movies, video games, and other types of visual entertainment films garners little reaction from the general public.

The objectification of women's bodies and sexuality in the commercial media is pervasive. Trying to compete against idealized standards of beauty and femininity portrayed in these media images has lead untold numbers of women and girls to damage their health through unnecessary dieting, purging, and cosmetic surgery.

And males are affected, too. Contrary to popular belief, males represent the majority of victims of most forms of *physical* violence (Statistics Canada, 1992). Most of the persons who are shot, blown up, beaten, tortured, and killed in movies are men or teen males. Young men who try to live up to the impossibly high standards set by some athletes and body builders are starting to kill themselves through the use of steroids. Violence between males of any age is so normalized in our society that it is commonly dismissed with the popular cliche "boys will be boys".

The best example of our insensitivity to male victims can be viewed in the depiction of male abuse in popular media images, especially comedy films and television programs and the "funnies" or comic sections in any Canadian newspaper. Male prison rape, injury to a man's testicles, sexual abuse of boys by women under the guise of "initiation", and other behaviours easily identifiable as physical or sexual abuse and assault when they happen to girls or women, are exploited for humour so regularly that they have basically become a norm in comedy entertainment (Mathews, 1993a).

There are no quick fixes or simple solutions to the eradication of violence in our society. The work we need to do in the sexual abuse community is the work of our larger culture. Some of this work will be at the political level, some social/systemic, some personal. It will follow short, medium, and long-term timelines and require the commitment of every Canadian.

## An Evolving and Still Divided Field

The child abuse field is still relatively young. Our knowledge continues to evolve and is far from complete. Most front-line workers, treatment professionals, academics, and researchers with a professional interest in the area know only too well how much more effort needs to be put into refining our definitions, concepts and ideas about assessment and caring for survivors.

The general public is more aware of the problem of sexual abuse due to increasing media coverage and the dissemination of federally funded research studies on the issue. However, in spite of these efforts and public education programs widespread apathy and denial about the seriousness of the issue persists.

This young field requires our constant attention if it is to survive and thrive. However, lately it has become highly politicized, and, unfortunately, divided along gender lines.

In a competition for resources, government funding, public sympathy, and media attention "camps" have formed. There is the female victims camp, male victims camp, and the male offenders camp. It won't be long before we see the female offenders camp, sexually-intrusive children's camp, and possibly others. Enmity between and within these groups has hindered the development of the field, in general, and inhibited the cooperation and consensus-building needed to develop a comprehensive community strategy to stop sexual abuse of all persons. The competition between the different parts of the field is siphoning off energy that could better be used in the service of clients. Perhaps most tragic of all is that in our rush to diminish each others' needs or experience we are modelling the same type of dysfunctional patterns of relationship and communication so characteristic of the families from which many survivors come.

Struggles between the camps has also blinded us to the sexism that has crept into the literature and professional practice. This is easily observed in the child abuse literature that discusses prevalence or impact with respect to male survivors. Many people, including professionals in the field, would be surprised to learn there are quite literally hundreds of books and articles on male victims. Despite this explosion of literature in recent years male victims still remain a marginal, if any, part of most conferences on violence, victimization, or sexual abuse.

Sexism remains a powerful force minimizing women's experiences. We have yet to validate women's fears and concerns about sexual assault, sexual harassment, and wife assault. Shelters for abused and battered women continue to struggle for funding and the other resources they need to ensure that women and their children receive adequate care.

## Combining Voices

We should not be naive about the strained communications between the camps these days. Nor should we believe the media lie that an all out war is raging between the sexes. It is not. The time has come for women and men of good will to find a way to each other to create a powerful healing movement with a vision to end violence in all its forms and to speak with a common voice.

We need to move from rhetoric to a more inclusive discourse on violence and victimization; one that recognizes inequities, does not appropriate any survivor's voice, and strives for a common understanding and a shared language of experience. We need a fundamentally new dynamic to give shape and meaning to our social relations, a new model of power that will move us toward achieving a balance between collective and individual rights and interests, and a model which will promote egalitarian relationships, and a renewed sense of community. This is no small task, yet it is fundamental to the work of addressing sexual, and other forms of, violence at their source.

# Appendix A
# References


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# Appendix B
# Resources for Adult Survivors of Child Sexual Abuse

## Women

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*Ritual Abuse*
by Smith, M.; San Francisco: Harper, 1993.

## Native/Aboriginal

*The Spirit Weeps*
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## Multicultural

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by Aronson-Fontes, L.; Newbury Park, CA: Sage, 1995.

## Sexuality

*The Sexual Healing Journey: A Guide For Survivors of Sexual Abuse*
by Maltz, W.; New York: Harper Collins, 1991.

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## Partners

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# Appendix C
# Selected Bibliography
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# Appendix D
# Selected Bibliography
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# Appendix E
# Summary of the Canadian Foster Family Association Survey of Service Providers to Adult Survivors of Sexual Abuse

*The Canadian Foster Family Association (CFFA) conducted a survey of over 2,800 social service agencies/organizations across Canada. Responses to the survey were used to compile a National Directory of service providers to adult survivors of sexual abuse. Following is a brief summary of the survey results.*

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A total of 535 surveys were completed and returned to the CFFA. Out of this total, 357 agencies indicated that they provided support and assistance to adult survivors; 335 agreed to be listed in the National Directory. Also, 223 of the 357 agencies providing services to adult survivors reported that they provided services to children as well.

*LENGTH OF TIME PROVIDING SERVICES.* Approximately 35% have been providing services for 1 - 5 years, 24% for 6 - 10 years, and 36% for more than 10 years. Slightly less than 5% have been providing services for less than a year.

*SEX OF CLIENTS.* Though all 335 agencies provide services to women survivors, only 232 offer any type of support or assistance to male survivors. Quebec, Ontario, and British Columbia have the lowest levels of service to males relative to females. The Northwest Territories and New Brunswick are the only areas of the country where services to adult female and male survivors appear to be offered in equal ratios.

However, though services may be offered to both males and females across the country, the numbers are deceiving. Survey results reveal that few services are specifically designated as male survivor programs, and even fewer have staff members trained in male survivor specific issues. Most programs are designed for female survivors, and simply try to accommodate males if service is requested.

***SERVICES.*** Agencies offer a variety of services to adult survivor clients. The following table shows the percentage breakdown of agencies offering specific types of support services.

| | | | |
|---|---|---|---|
| 85% | Individual Counselling | 67% | Group Counselling |
| 59% | Emergency/Crisis Intervention | 25% | Self-help |
| 53% | Short-term Consultation | 33% | Long-term consultation |
| 51% | Family Support | 11% | Residential Treatment |
| 36% | Follow-up Services | 10% | Child Care |
| 61% | Referrals | 55% | Advocacy (social Issues) |
| 58% | Training (professional/self-help) | 42% | Legal Information |
| 81% | Inter-agency networking | 50% | Advocacy (client) |
| 70% | Public Education/Prevention | 42% | Court Support |
| 62% | Networking/Resource Development | | |

***OTHER SUPPORT SERVICES.*** Some agencies also offer support services to persons other than therapists involved in the care of the survivor.

| | | | |
|---|---|---|---|
| 63% | Partners of survivor | 63% | Family (siblings/children) |
| 41% | Friends of survivor | | |

***TYPES OF CLIENTS SERVED.*** Agencies also report working with a diverse group of clients, as the following list indicates.

| | | | |
|---|---|---|---|
| 71% | Visible Minorities | 69% | Former Youth In Care |
| 67% | Former Resident of Institution | 72% | Gays/Lesbians/Bisexuals |
| 63% | People With Physical Disabilities | | |
| 71% | People With Mental Disabilities | | |
| 75% | First Nations/Metis People | | |
| 80% | People With Below Average Literacy Skills | | |

***WAITING LIST.*** Approximately 59% of reporting agencies have waiting lists for their services. Out of this group only half are able to provide services to those on the list.

***TYPE OF ORGANIZATION.*** Most agencies providing services to adult survivors are government funded community-based agencies.

| | | | |
|---|---|---|---|
| 67% | Non-Profit Community Agency | 3% | Self-Help |
| 2% | Religious | 10% | Private Practice/Agency |
| 1% | Cultural | 15% | Government |
| 2% | Other | | |

*FEE STRUCTURE.* Most agencies across the country are able to offer their services free of charge to clients. Others charge a fee, have a sliding scale, or ask for a nominal donation.

| | | | |
|---|---|---|---|
| 72% | Free | 19% | Fee For Service |
| 17% | Sliding Scale | 6% | Other |
| 5% | Donation (pay what you can) | | |

*SOURCES OF FUNDING.* Agencies were sometimes supported by only one source of funding, while others had multiple funding sources.

| | | | |
|---|---|---|---|
| 28% | Federal Government | 77% | Provincial Government |
| 20% | Municipal Government | 26% | United Way |
| 40% | Donations | 27% | Client Fees |
| 9% | Health Care Insurance | 36% | Fund Raising |
| 3% | Other | | |

*EVALUATION.* Only 45% of agencies have been evaluated in any systematic way.

*CONSUMER INVOLVEMENT IN AGENCY.* In 61% of the agencies, consumers were involved in various capacities; 69% as volunteers, 39% as peer workers, and 53% as board members.

*GAPS IN SERVICES FOR ADULT FEMALE SURVIVORS.* Survey respondents identified a need for more services overall. Specific areas included: shorter waiting lists; more group programs; more individual counselling; child care for survivors attending counselling; better advertising of programs/resources; more accessible programs; long-term treatment resources; more self-help groups; more crisis intervention groups; more services for those with multiple-personality disorder; more resources for treatment of ritual abuse; more and better trained staff; more affordable or free programs; more residential treatment programs and safe houses; more programs for female sex offenders and physical abusers; more programs for lesbian survivors; and, more culturally-specific types of services.

Some identified systemic gaps, such as: the need for more female police officers; more female physicians; better coordination and integration of services; more funds made available to criminal compensation funds; more advocacy and support from the legal profession; more networking between agencies and systems; better training for criminal justice system professionals to help avoid re-traumatization of survivors in court; and, multi-service program models.

Other commonly reported gaps involved the need for more supports or services for others. For example: the need for more public education; supports for partners, non-offending family members, and children; and, relationship counselling.

*GAPS IN SERVICES FOR ADULT MALE SURVIVORS.* Survey respondents identified an overall need for more programs and services for male survivors. They specifically mentioned: the need for training for treatment providers around male survivor issues; crisis intervention services; early intervention; long-term counselling; culturally sensitive programs for men; shorter waiting lists; need for self-referral; safe houses for battered men; more group treatment; services in rural areas; free, more affordable and accessible services; services for gays; better advertising of existing programs; lack of services for young males; addiction counselling; anger-management skills; services for male survivors who are also sexually abusing; programs that support the transition of teen male survivors into adult programs; outreach programs to males; services for the mentally challenged or handicapped male survivor; and, supports for partners of male survivors.

Other gaps in supports or services for men identified by respondents included: the need for more public awareness of the prevalence of male sexual abuse; better coordination and integration of services for male survivors; services for males abused in prison or other institutions; more male counsellors; more community mental health services for men; and, services for male offenders who are not in the justice system.

*IMPORTANT POINTS TO CONSIDER WHEN DEVELOPING SERVICES FOR ADULT FEMALE SURVIVORS.* Survey respondents felt that there are a number of issues we need to focus on when developing services for female survivors. They reported that as opposed to men, female survivors are: more likely to end up in the sex trade; more likely to be single parents or to be carrying additional burdens such as running a household; more likely to suffer from depression and low self-esteem; more likely to be in an abusive relationship; may be more likely to be revictimized; may have more difficulty getting in touch with or expressing their anger; are more willing to commit to a long-term healing process; may be more likely to be self-mutilating; are less likely to be concerned with sexual orientation issues; and, are more often in crisis when they come into treatment.

*IMPORTANT POINTS TO CONSIDER WHEN DEVELOPING SERVICES FOR ADULT MALE SURVIVORS.* Survey respondents indicate that services for adult male survivors of sexual abuse are often not available. They attribute this to a number of factors: a reluctance on the part of men to acknowledge their abuse or to come forward and disclose; lack of training for caregivers on male victim issues; public belief that male sexual abuse is not a valid concern; a backlash against the nascent male victims movement; and, little public knowledge or understanding of

male survivors. Respondents feel that there is greater societal willingness to help women because they are more readily accepted as "victims". Male survivors also lack advocates to do the development work that will lead to supports and services. Some provincial Ministries restrict agencies to the provision of survivor services to females only. Males often feel that the legal system is less supportive to males who wish to take action against their abuser.

Some respondents report that male survivors: feel too much anger and shame to enter therapy; experience social stigma for "not being men enough" to protect themselves; receive little social validation for their claim to the status of "victim"; may be more likely than female survivors to be self-abusive or become involved in anti-social behaviour as a reaction to their victimization; and, more likely to deny their abuse because they fear that they might become an abuser.

Others felt that: males tend not to get service for their victimization needs until after they are in treatment for sex offending behaviour; male survivors question their sexuality/sexual orientation, especially if abused by a man; males frequently hide in alcohol/addictions groups; males don't recognize their abuse as abuse, especially if it involved an older woman or adolescent female. Some feel that men have more difficulty engaging with others and remaining in group treatment because they are socialized to deal with their pain on their own.

***POINTS TO CONSIDER WHEN DEVELOPING SERVICES FOR ALL ADULT SURVIVORS OF CHILD SEXUAL ABUSE.*** Survey respondents replied overwhelmingly that support services should be designed to meet the real needs of adult survivors, and to allow clients to set the tone and the pace of their healing work. Respondents felt that services should offer: choice; empower clients; meet the highest ethical standards; be egalitarian; be non-judgmental, empathetic, and based on respect for clients; focus on the strength of clients; be sensitive to power issues in the therapeutic relationship; provide outreach; encourage self-help; help clients address their housing, employment, legal needs; involve partners and family members in care of survivor; provide a psycho-educational component on effects of sexual abuse; offer a thorough assessment of client needs; be sensitive to specific gender-based needs; and, ensure complete confidentiality.

Some respondents focused their responses on the structure of programs and felt that services should provide: flexible hours; a safe, secure, and comfortable environment; advocacy for clients and the sexual abuse issue; be accessible by public transportation; have enough well-trained staff to meet the community's needs; ensure staff self-care; have stable funding; offer the least intrusive service possible; be culturally and linguistically appropriate; and, be multi-faceted and linked to other community services.