

THE ASSESSMENT AND TREATMENT OF SEXUAL ABUSE

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SEXUAL ABUSE

TEXAS FAMILY CODE

- SEXUAL ABUSE INCLUDES THE FOLLOWING ACTS OR OMISSIONS BY ANY PERSON: SEXUAL CONTACT, SEXUAL INTERCOURSE, OR SEXUAL CONDUCT, AS THOSE TERMS ARE DEFINED BY SECTION 43.01, PENAL CODE, SEXUAL PENETRATION WITH A FOREIGN OBJECT, INCEST, SEXUAL ASSAULT OR SODOMY INFLICTED ON, SHOWN TO OR INTENTIONALLY PRACTICED IN THE PRESENCE OF A CHILD IF THE CHILD IS PRESENT ONLY TO AROUSE OR GRATIFY THE SEXUAL DESIRES OF ANY PERSON;

FAILURE TO MAKE A REASONABLE EFFORT TO PREVENT THE SEXUAL ABUSE BY ANOTHER PERSON;

COMPELLING OR ENCOURAGING A CHILD TO ENGAGE IN SEXUAL CONDUCT; OR

CAUSING, PERMITTING, ENCOURAGING, ENGAGING IN, OR ALLOWING THE PHOTOGRAPHING, FILMING, OR DEPICTING OF THE CHILD IF THE PERSON KNEW OR SHOULD HAVE KNOWN THAT THE RESULTING PHOTOGRAPH, FILM, OR DEPICTION OF THE CHILD IS OBSCENE OR PORNOGRAPHIC

CHILD SEXUAL ABUSE OCCURS WHEN A CHILD IS USED AS AN OBJECT FOR THE SEXUAL GRATIFICATION OF AN ADULT THROUGH MANIPULATION, EXPLOITATION, THREATS, OR PHYSICAL FORCE; OR A MINOR, UNDER 18 YEARS OLD WHO IS TAKING ON THE PARENTAL ROLE, AS IN BABYSITTING.

COOPERATION IS NOT CONSENT

SEXUAL ABUSE IS ANYTHING SEXUAL WITH A CHILD WHERE THE INTENT IS TO SEXUALLY AROUSE OR CONTROL THE CHILD. IT CAN BE CONFUSING, VAGUE ARRAY OF SEXUAL INTERACTIONS WITH HUNDREDS OF PRIVATE MEANINGS ON ONE END OF THE CONTINUUM TO INTERCOURSE ON THE OTHER END. IT'S FRENCH KISSING, INAPPROPRIATE TOUCHING DURING BATHING OR CHANGING OF CLOTHES, ALLOWING CHILDREN TO SEE PARENTS MAKING LOVE, NUDITY, ORAL SEX, FONDLY, PORNOGRAPHY, ETC.

HISTORY AND STATISTICS

- SEXUAL ABUSE HAS BEEN IN EXISTENCE FOREVER
- CROSSES ALL BOUNDARIES: RACE, CULTURE, EDUCATION AND ECONOMIC
- 1 OUT OF 4 FEMALES
- 1 OUT OF 5 MALES
- ALL SEXUAL ABUSE IS GREATLY UNDER REPORTED

REASONS FOR UNDER REPORTING

- LACK OF KNOWLEDGE AS TO LACK OF RECOGNITION OF THE PHENOMENON BY PROFESSIONALS
- HOW TO RECOGNIZE AND TREAT
- FAILURE TO OBTAIN ADEQUATE MEDICAL CORROBORATION
- RELUCTANCE OF THE VICTIMS TO REPORT
- INFREQUENT ENFORCEMENT AND SMALL PENALTIES

TEXAS LAW

- ALL ADULTS, TEACHERS, PRINCIPALS, DOCTORS, NURSES, LAW ENFORCEMENT, COUNSELORS, CLERGY, PARENTS, RECREATION WORKER
- CRIME IF UNREPORTED

PROBLEMS

- 1990 RAND CORP. SURVEY FOUND 40% OF PROFESSIONALS ADMITTED THEY HAD NOT REPORTED AT LEAST ONE INSTANCE OF SUSPECTED ABUSE
- 2008 STUDY PUBLISHED IN THE JOURNAL OF PEDIATRICS, NOT REPORTED ABUSE BECAUSE OF UNCERTAINTY AND WORRY THAT REPORT WOULD DO MORE HARM THAN GOOD

KEY FACTOR IN SECRECY

- 90% OF THE OFFENDERS ARE FAMILY MEMBERS OR TRUSTED FRIENDS OF THE FAMILY
- VICTIMS ARE MADE TO FEEL IT IS THEIR FAULT
- VICTIMS BELIEVE THAT THERE IS NOTHING THAT THEY CAN DO ABOUT THE ABUSE

PHILOSOPHY OF TREATMENT

- SURVIVOR ORIENTED THERAPY SPECIFICALLY FOCUSES ON THE ORIGINAL ABUSE AS ONE OF THE KEY ISSUES IN TREATMENT, RELATING THIS EARLY TRAUMA TO LATER AND CURRENT EXPERIENCES AND BEHAVIOR

PRESENTING PROBLEM

THIS IS TYPICALLY NOT SEX ABUSE THEREFORE, INTAKE PREOCEDURES MUST EVALUATE SEXUAL ABUSE HISTORY

DEVELOPMENTAL TRIGGER

- THIS IS ANY DEVELOPMENTAL MILESTONE THAT CAUSED A NEGATIVE EFFECT OF SEXUAL ABUSE TO EMERGE AFTER SOME PERIOD HAS ELAPSED SINCE THE SEXUAL ABUSE STOPPED.
 - PUBERTY, INTIMATE RELATIONSHIP, MARRIAGE, DEATH OF THE OFFENDER, BIRTH OF A CHILD

THERE ARE NO CRITERIA TO DETERMINE HOW EACH PERSON WILL REACT TO SEXUAL ABUSE

- SOME VICTIMS' PERSONALITY MAY BE PLASTIC AND HIGHLY ADAPTIVE, WITHOUT INDICATION OF TRAUMA
- SOME BECAUSE OF FAMILY PATHOLOGY HAVE THE TRAUMA CARRY OVER INTO THEIR ADULT LIFE AND FAMILY RECREATING THE DYSFUNCTION

EVALUATE THE DEGREE OF NEGATIVE EFFECT

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| <ul style="list-style-type: none">• ONSET & LENGTH OF ABUSE• MENTAL & EMOTIONAL HEALTH OF VICTIM• TYPE OF ABUSE• RELATIONSHIP OF THE OFFENDER• SECRECY, DUPLICITY AND SILENCE LEAD TO ISOLATION, GUILT AND SELF-ESTEEM | <ul style="list-style-type: none">• NUMBER OF OFFENDERS• SUPPORT FOR THE VICTIM• THREATS AND VIOLENCE• THERAPY OR NO THERAPY• OTHER ISSUES IMPACTING VICTIM AND OR FAMILY |
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FORMAL EVALUATION

- CLINICAL INTERVIEW
- REVIEW OF CPS, POLICE RECORDS
- DIAGNOSTIC TOOLS
- PSYCHIATRIC REFERRAL
- MEDICATION OR HOSPITALIZATION

SYMPTOMS

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| <ul style="list-style-type: none">• SLEEP DISTURBANCES• EATING DISORDERS• STOMACH PAIN• ENURESIS, ENCOPRESIS• DEPRESSION• LOW SELF-ESTEEM• POOR SCHOOL PERFORMANCE• SUBSTANCE ABUSE• RUNNING AWAY• DELINQUENT BEHAVIOR | <ul style="list-style-type: none">• PHOBIAS• DRESSING SEDUCTIVELY• OVER DRESSING• VENEREAL DISEASE• PROMISCUITY• PREGNANCY• PROSTITUTION• SUICIDE• DISSOCIATIVE DISORDER• NONE OF THE ABOVE!!! |
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BEHAVIORAL CLUES IN CHILDREN....

- BEDWETTING
- REGRESSIVE BEHAVIORS
- FIRE SETTING
- CRUELTY TO ANIMALS

THE KILLING AND TORTURING OF ANIMALS IS A SIGNIFICANT CRY FOR HELP

- THE CHILD IS BEHAVIORALLY RE-ENACTING THEIR OWN ABUSE ON A SMALLER VICTIM
- THE CHILD IS REHEARSING SUICIDE
- THE STRONGER THE CHILD'S EMOTIONAL ATTACHMENT TO THE ANIMAL, THE MORE ALARMING THIS BEHAVIOR

MASTURBATION IN CHILDREN

- SEXUALIZED CHILDREN SHOW DISINHIBITION OF MASTURBATORY BEHAVIOR
- A CHILD WHO HAS NOT BEEN SEXUALLY ABUSED WILL ABRUPTLY STOP MASTURBATING WHEN SOMEONE ENTERS THE ROOM
- THERAPIST MUST SET AND ENFORCE LIMITS THAT PARENTS MUST ALSO ENFORCE; SUGGEST ALTERNATIVE BEHAVIOR

TYPES OF DISCLOSURE

- INTENTIONAL
- UNINTENTIONAL
- ACCIDENTAL

IT IS NOT UNUSUAL FOR A CHILD, ADOLESCENT OR ADULT TO RECALL THE DISCLOSURE.

PRESSURE FROM FAMILY, SAFETY ISSUES, GUILT, SHAME

VIDEO
Stories No One Wants to Hear
28 minutes

THERAPIST QUALITIES

- ADMIT THAT SEX ABUSE EXIST
- BE ABLE TO ASK DIRECT QUESTIONS
- EXAMINE THEIR OWN BELIEFS ABOUT SEX ABUSE AND WHAT IS NORMAL, MYTHS, ETC.
- RULE OF SECRECY- DO NOT KEEP IT!!!
- BE WILLING TO TALK FRANKLY AND USE CLIENT'S WORDS
- BE FAMILIAR WITH SEX ABUSE LIFE PATTERNS-BE CLINICALLY PARANOID
- BE IN TOUCH WITH YOUR OWN FEELINGS AND IF YOU HAVE TRUAMA IN YOUR PAST, GET IT TAKEN CARE OF

THERAPIST QUALITIES

- JOIN A SUPPORT GROUP OF OTHER THERAPISTS TO DEAL WITH SECONDARY POST-TRAUMATIC STRESS DISORDER
- READ, READ, READ PROFESSIONAL MATERIAL AS WELL AS MATERIAL WRITTEN BY VICTIMS
- ATTEND A VICTIM'S PANEL
- ATTEND TRAININGS

ASSISTING DISCLOSURE

- ASK DIRECTLY IF SEXUAL ABUSE OCCURRED DURING CHILDHOOD
- IF CHILD, ESTABLISH RAPPORT IN A STRUCTURED ENVIRONMENT FIRST
- USE A STRUCTURED QUESTIONNAIRE SUCH AS AN INTAKE AND DO A GENOGRAM
- EXPLORE SYMPTOMS THAT ARE TYPICAL OF SEX ABUSE
- DEFINE SEX ABUSE TO THE CLIENT/PARENT
- BE PERSISTENT IN PROBING BUT DO NOT LEAD

ONCE DISCLOSURE TAKES PLACE...

- REPORT TO APPROPRIATE AGENCY
- IDENTIFY SEX ABUSE AS PRIMARY CAUSE OF CLIENT'S DIFFICULTIES
- ACKNOWLEDGE AND VALIDATE SIGNIFICANCE OF ABUSE
- RELATE SPECIFIC DIFFICULTIES IN CLIENT'S LIFE TO COPING SKILLS DEVELOPED TO SURVIVE
- DO NOT MINIMIZE SEX ABUSE EVEN IF IT OCCURRED ONE TIME
- ENCOURAGE CLIENTS TO WORK ON THE SEX ABUSE

THERAPIST NEED TO REASSURE THE CLIENT....

- CLIENT WILL BE BELIEVED AND NOT BLAMED
- RESPONSIBILITY FOR THE ABUSE BELONGS TO THE OFFENDER
- CLIENT DID THE BEST THEY COULD HAVE DONE TO SURVIVE
- AS CHILDREN, CLIENTS WERE NOT IN CONTROL OF THE SITUATION
- DETAILS OF THE COUNSELING WILL BE CONFIDENTIAL, WITH CERTAIN EXCEPTIONS
- CLIENTS ARE SURVIVORS AND CAN AND DO RECOVER

- CLIENTS CAN GET OVER THEIR FEELINGS OF SHAME
- THERAPIST'S FEELINGS TOWARDS THE CLIENT WILL NOT CHANGE AS A RESULT OF HEARING ABOUT THE ABUSE

TREATMENT INTERVENTIONS

- EVALUATE THE SITUATION- MAY NOT BE ABUSE
- PREVENT FURTHER ABUSE
- STABILIZE THE SITUATION
- PROVIDE THERAPY
 - INDIVIDUAL, NON-OFFENDING PARENT, SIBLING,
 - PLAY THERAPY
 - VICTIM'S GROUP, PARENT GROUP
 - FAMILY, MARITAL
 - OFFENDER/VICTIM, OFFENDER TREATMENT

PLAY THERAPY

- DONE ONLY AFTER ABUSE HAS BEEN REPORTED OR IF ABUSE IS NOT REPORTABLE OR CAN NOT BE ACTED ON
- EVALUATION TO INCLUDE FAMILY AND COLLATERAL INFORMATION FROM CHILD'S SYSTEM
- CONFIDENTIALITY AND REPORTING LAW

TECHNIQUES....

- ESTABLISH RAPPORT
- ANATOMICAL DRAWINGS
- THERAPEUTIC DRAWINGS
- ANATOMICAL DOLLS
- WRITING EXERCISES
- EDUCATION OF CHILD AND PARENT
- SUPPORT GROUP FOR PARENTS
- INDIVIDUAL, FAMILY AND GROUP THERAPY

WRITING EXERCISE...

Letter to the offender

Letter to the child who was victimized

Who I am today

Letter to other survivors

MATERIALS USED IN ASSESSING CHILDREN

- PUPPETS
- ANATOMICAL DOLLS
- DRAWINGS
- DOLL HOUSES, TELEPHONE
- PREVENTION BOOKS FILMS
- FACES (SAD, MAD, GLAD, ETC.)
- SAND TRAY

SECRECY.....

- ABUSERS KNOW HOW TO TRICK AND MANIPULATE CHILDREN AND PARENTS
- THIS MUST BE ADDRESSED IN EDUCATION AND THERAPY
 - GOOD VS BAD SECRET
 - SAFE PEOPLE TO TELL
 - NO PUNISHMENT OR REJECTION

A COMMON DANGER IS TO MOVE FASTER THAN THE CLIENT IS ABLE TO FOLLOW

- RESPECT THE CLIENT'S NEED TO REGULATE THE FLOW OF THERAPY
- SINCE SEXUAL ABUSE OCCURS IN A CONTEXT OF POWERLESSNESS, INTRUSION AND AUTHORITARIANISM THE THERAPY MUST REMEDY THE EFFECTS OF SUCH DYNAMICS NOT RECAPITULATE THEM

ABUSE FOCUSED THERAPY IS MOST SUCCESSFUL WHEN IT FOSTERS A RELATIVELY EGALITARIAN ATMOSPHERE, WHERE THE CLIENT IS SEEN AS AN EQUAL PARTNER IN TREATMENT

NINE AREAS TO BE ASSESSED...

- GUILT
- FEAR
- DEPRESSION
- LOW SELF-ESTEEM
- POOR SOCIAL SKILLS
- REPRESSED ANGER & HOSTILITY
- INABILITY TO TRUST
- ROLE CONFUSION
- PSEUDO MATURITY
- SELF MASTERY/ CONTROL

THERAPIST NEED TO ENCOURAGE AND VALIDATE THAT...

- CLIENTS MAY TEMPORARILY FEEL WORSE BEFORE THEY FEEL BETTER
- CLIENTS HAVE A RIGHT TO FEEL ANGER AND GRIEF
- CLIENTS HAVE A RIGHT TO HAVE POSITIVE FEELINGS TOWARDS THE OFFENDER
- CLIENTS DID NOT DESERVE THE ABUSE
- CLIENTS ARE MAKING GAINS DESPITE HOW SMALL THEY SEEM
- COPING MECHANISMS ARE SEEN AS "SURVIVOR SKILLS" AND ADAPTIVE

EMPOWER THE VICTIM

PROCESS OF THERAPY

- METAPHOR FOR THE THERAPY
- WORK NEEDS TO BE FLEXIBLE
 - TYPE, DURATION, "VACATIONS", HOSPITALIZATIONS
 - COORDINATION OF SERVICES WITH PSYCHIATRIST IS NECESSARY FOR CLIENTS ON MEDICATIONS
 - COURT CASES, COORDINATION WITH ATTORNEYS, PREPARATION FOR COURT

MALE AND FEMALE DIFFERENCES

- EXPRESSION OF TRAUMA
- MANNER IN WHICH DISCLOSURE TAKES PLACE
- EMPOWERMENT ISSUES
- MANY SIMILARITIES

VIDEO
MALE VICTIMS' GROUP
35 minutes

FOUR KINDS OF PSYCHOLOGICAL EFFECTS THAT ARE THE RESULTS OF SEXUAL VICTIMIZATION

- POST TRAUMATIC STRESS DISORDER
- COGNITIVE EFFECTS
- EMOTIONAL EFFECTS
- INTERPERSONAL EFFECTS

POST TRAUMATIC STRESS DISORDER PTSD

- REFERS TO THE PSYCHOLOGICAL REACTIONS OF THE SURVIVORS ACCORDING TO THE DSMR
 - PSYCHOLOGICALLY DISTRESSING EVENT LIKE SEXUAL ABUSE CAN PRODUCE EITHER CHRONIC OR DELAYED PTSD
 - REEXPERIENCING THE TRAUMA THROUGH DREAMS OR FLASHBACKS
 - NUMBING OF GENERAL RESPONSIVENESS TO OR AVOIDANCE OF THE EXTERNAL WORLD (DISSOCIATION, WITHDRAWAL, RESTRICTED AFFECT OR LOSS OF INTEREST IN DAILY EVENTS)

- A WIDE VARIETY OF OTHER REACTIONS OR SYMPTOMS SUCH AS SLEEP DISTURBANCE, DIFFICULTY CONCENTRATING, MEMORY PROBLEMS, IRRATIONAL GUILT, EXTREME ALERTNESS TO DANGER IN THE ENVIRONMENT, AND AN INTENSIFICATION OF SYMPTOMS UPON EXPOSURE TO SITUATIONS THAT RESEMBLE THE ORIGINAL TRAUMATIC EVENT
- TRIGGER, CAN INVOLVE ALL THE SENSES AND MAY LOOK LIKE HALLUCINATIONS

DISSOCIATION: A DISTURBANCE OR ALTERATION IN THE NORMALLY INTEGRATIVE FUNCTIONS OF IDENTITY, MEMORY, OR CONSCIOUSNESS. THIS MAY BE SUDDEN OR GRADUAL, TRANSIENT OR CHRONIC.

DISSOCIATION SYMPTOMS...

- SPACING OUT
- DEREALIZATION: THE EXPERIENCE THAT THINGS AROUND ONE ARE FALSE OR UNREAL
- DEPERSONALIZATION: THE SENSE THAT ONE IS DIFFERENT FROM ONE'S SELF
- OUT OF BODY EXPERIENCES: SENSATION OF FLOATING OUTSIDE OF ONE'S BODY AND TRAVELING ELSEWHERE

- BLANKS IN MEMORY
- MULTIPLE PERSONALITIES

TECHNIQUES FOR ADDRESSING DISSOCIATION

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| <ul style="list-style-type: none"> • DEVELOP A LANGUAGE • ASSESS PATTERNS OF USE • HELP DETERMINE DISSOCIATIVE SEQUENCING • EXPLAIN IT AS ADAPTIVE | <ul style="list-style-type: none"> • UNDERSTAND PRECIPITANTS • ADDRESS THE TROUBLESOME EMOTION • GIVE ALTERNATIVES TO THE FLIGHT RESPONSE |
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COGNITIVE EFFECTS

- ABUSE CAN PRODUCE NEGATIVE CHANGES IN THE WAY IN WHICH THE VICTIM PERCEIVES AND UNDERSTANDS THEMSELVES, OTHERS AND THE FUTURE
- SUCH ALTERED BELIEFS AND PERCEPTIONS ARE OFTEN LONG-STANDING AND RELATE TO THINKING AS OPPOSED TO FEELING

COGNITIVE CHANGES....

- NEGATIVE SELF-EVALUATION AND GUILT (SEE SELF AS BAD, EVIL, RESPONSIBLE FOR THEIR OWN PAIN)
- PERCEIVED HELPLESSNESS AND HOPLESSNESS BECAUSE OF LOSS OF CHOICE. VICTIM FEELS POWERLESS
- DISTRUST OF OTHERS
- EMOTIONAL EFFECTS-ANXIETY, DEPRESSION

- INTERPERSONAL EFFECTS- FROM THEIR ABUSE CHILDREN LEARN CERTAIN PATTERNS OF BEHAVIOR THAT ARE HARMFUL TO THEMSELVES OR OTHERS, OR THAT RESTRICT THEIR DEVELOPMENT AND PREVENT THEM FROM ATTAINING ADEQUATE FUNCTIONING. THESE EFFECTS ARE ASSOCIATED WITH FEELINGS OF:

- ALIENATION, CHRONIC NEEDINESS, ANGER, RAGE, FEARFULLNESS

REVICITIMIZATION

- **WHY?** VICTIMS SEE "MEN" IN A POSITIVE LIGHT MAY OVERLOOK CUES OR BEHAVIORS THAT NONABUSED INDIVIDUALS WOULD SEE AS DANGER SIGNS
- WHEN CONFRONTED WITH ABUSIVE BEHAVIOR THE SURVIVOR MAY BE MORE PRONE TO "FORGIVE AND FORGET". HOPE THAT CURRENT ABUSER WILL REDEEM THEMSELVES IN WAYS THAT THE ORIGINAL ABUSER DID NOT
- THE SURVIVOR'S LOW SELF-ESTEEM AND SELF-PUNITIVENESS MAY ATTRACT HER TO ABUSIVE INDIVIDUALS

-THE LEARNED HELPLESSNESS ARISING FROM SEXUAL ABUSE MAY CREATE VICTIMS WHO BECOME PASSIVE IN THE FACE OF IMPENDING VICTIMIZATION

-ABUSIVE MEN AND WOMEN MAY LEARN TO IDENTIFY OTHERS WHO HAVE BEEN PREVIOUSLY ABUSED AND THUS ARE EASY PREY

COMPULSIVE SEXUALITY

- SURVIVOR FEARS THE VULNERABILITY AND INTIMACY INHERENT IN SEXUAL RELATIONSHIPS.
- THIS MAY LEAD TO SEXUAL DYSFUNCTION, DISSOCIATION, AND/OR DISTRUST OF SEX PARTNERS AND MEN OR WOMEN IN GENERAL
- SURVIVOR LONGS FOR NURTURANCE AND CARE THEY DID NOT RECEIVE IN CHILDHOOD, THEY LEARNED THAT THEIR MOST POWERFUL ASSETS IN GAINING CONTACT OR CONTROL WAS THEIR SEXUAL AVAILABILITY, THEY ENGAGE IN PROMISCUITY OR COMPULSIVE SEXUAL BEHAVIOR

MANIPULATION

- THIS IS A SURVIVAL TECHNIQUE BASED ON SEVERAL UNDERLYING DYNAMICS:
- LOW SELF-ESTEEM
- THE SURVIVOR'S BELIEF THAT NOTHING GOOD IS FREELY GIVEN
- THEIR PREVIOUSLY DEVELOPED SKILLS AT EXTRACTING NEEDED RESOURCES FROM A HOSTILE ENVIRONMENT

ACTING-OUT AND ACTING-IN

- ACTING-OUT: ACTS THAT ARE SELF-DESTRUCTIVE OR HARMFUL TO OTHERS AND THAT ARE THOUGHT TO ARISE FROM INTERNAL CONFLICT
- ACTING-IN: SURVIVOR TURNS CONFLICT INWARD, PUNISHING SELF RATHER THAN OTHERS FOR ABUSE RELATED PAIN

EXAMPLES.....

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| • TRUANCY | • DRUG & ALCOHOL |
| • SCHOOL PROBLEMS | • SELF-MUTILATION |
| • RUNNING AWAY | • PROSTITUTION |
| • AGGRESSION | • SUICIDE |
| • DELINQUENCY | • PROMISCUITY |

SELF-MUTILATION

- THIS IS A WAY TO TERMINATE DISSOCIATIVE EPISODES
- DISTRACT ONESELF FROM PAINFUL MEMORIES OR FLASHBACKS
- REASSURE ONESELF THAT THEY ARE ALIVE AND IN REALITY
- INCREASE ONES SENSE OF AUTONOMY

SURVIVORS WHO SELF MUTILATE DESCRIBE....

- A PERIOD OF ESCALATING GUILT, SELF-CRITICISM AND INCREASING DISGUST WITH SELF JUST PRIOR TO SELF INJURY LEADING TO AN OVERWHELMING DESIRE FOR PUNISHMENT
- AFTER SELF INJURY THESE NEGATIVE COGNITIONS USUALLY ABATE AND A PERIOD OF CALM AND RELIEF ENSUE

SELF MUTILATING BEHAVIOR SHOULD ALWAYS BE ASSESSED CAREFULLY

- THE FUNCTION AND MEANING TO THE SURVIVOR IS IMPORTANT BEFORE DIAGNOSTIC OR PROGNOSTIC ASSUMPTIONS ARE MADE BECAUSE SOME INTENSELY SUICIDAL INDIVIDUALS ALSO SELF-MUTILATE

WITHDRAWAL

- SYMPTOMS ASSOCIATED WITH PRIOR SEX ABUSE INVOLVE THE SURVIVOR'S EXPERIENCE OF ESTRANGEMENT, ISOLATION AND ALIENATION FROM OTHERS
- THESE RESULT IN A TENDENCY TO WITHDRAW FROM THE SOCIAL MILIEU OR TO BE REJECTED BY IT

OTHER EFFECTS OF SEVERE ABUSE

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| <ul style="list-style-type: none">• ABILITY TO AVOID, DENY AND REPRESS• HYPERSENSITIVITY AND EXTREME EMOTIONAL REACTIVITY TO OTHERS• GULLIBILITY AND SUGGESTIBILITY | <ul style="list-style-type: none">• COMPLAINTS OF ISOLATION AND NEEDINESS IN THE ABSENCE OF SELF-SUPPORT• BOUNDARY PROBLEMS• CHRONIC PERCEPTION OF DANGER• SELF HATRED |
|---|---|

TRANSFERENCE ISSUES

- RAGE
- SEXUALIZATION-FLIRTATION, SEXUAL SUGGESTIONS OR INVITATIONS, DRESSING OR ACTING IN A MANNER INTENDED TO BE SEXUALLY INTERESTING OR AROUSING
- SEXUALIZATION DOES NOT MEAN SEXUAL INTEREST

TRANSFERENCE IS A LOGICAL EXTENSION OF THE CLIENT'S CHILDHOOD EXPERIENCE

- IT PROVIDES VALUABLE INFORMATION
- IT PROVIDES THE OPPORTUNITY TO REDO OR RECONSIDER IMPORTANT CHILDHOOD ISSUES AND EXPERIENCES
- IT IS IMPORTANT FOR THE THERAPIST NOT TO PERSONALIZE THE TRANSFERENCE

HOW TO RESPOND TO TRANSFERENCE

- NONPARTICIPATION- DON'T RESPOND TO OR REACT TO THE HOOKS
- BOUNDARY CLARIFICATION- BE CLEAR ON THE NON-NEGOTIABLE LIMITS OF THERAPY
- REFRAMING-ANALYZE INTERACTION AND DEFINE ITS PURPOSE; FOCUS ON FEELING THAT UNDERLY THE BEHAVIOR

COUNTERTRANSFERENCE

- THIS IS THE THERAPIST'S BIAS BEHAVIORS THAT ARE BASED ON EARLIER LIFE EXPERIENCES OR LEARNING
- TWO MAJOR SOURCES
 - THERAPIST'S OWN CHILDHOOD ABUSE
 - ISSUES RELATED TO THERAPIST GENDER

THERAPY TECHNIQUES

- NORMALIZATION
- INFORMATION/EDUCATION
- CONTACT WITH OTHER SURVIVORS
- CLARIFICATION
- FACILITATE EMOTIONAL DISCHARGE COMMON FEARS:
 - BEING OVERWHELMED OR SWALLOWED UP BY INTENSE AFFECT
 - LOSING CONTROL AND ACTING ON SADNESS OR RAGE
 - OF SOMEHOW MAGICALLY RETURNING TO THE ABUSE BY VIRTUE OF FEELING ABUSE CONNECTED PAIN

THE JOB OF THE THERAPIST IS NOT TO PUNISH THE ABUSER BY PROXY BUT, TO PROVIDE AN ENVIRONMENT WHERE THE SURVIVOR CAN INTEGRATE HIS/HER EXPERIENCES AND RECOVER TO THE BEST OF THEIR ABILITY

MOST IMPORTANTLY

- A THERAPIST WHO IS CARING, NONEXPLOITIVE AND RELIABLE
- A THERAPEUTIC ENVIRONMENT THAT FOSTERS SELF-AWARENESS, SELF-ACCEPTANCE AND INDIVIDUATION/ INDEPENDENCE
- THE CORRECTIVE INTERPERSONAL EXPERIENCE OF ABUSE FOCUSED PSYCHOTHERAPY IS AS MUCH ABOUT HOW THE THERAPIST IS AS IT IS WHAT SHE/HE SAYS

RECOVERY ONGOING PHASE

- DECISIONS ON FAMILY AND OTHER LIFE DECISIONS
- DEVELOPMENT OF NEW COPING SKILLS
- NEW OUTLOOK ON THE WORLD
- ID FUTURE TRIGGERS, CLIENT AND SUPPORT SYSTEM
- TEMPORARY BREAK FROM THERAPY

PREVENTION

- EDUCATION OF CHILDREN AND ADOLESCENTS
- EDUCATION OF ADULTS
- EDUCATION PROGRAMS IN OUR COMMUNITIES ARE YOUR RESPONSIBILITY
- EDUCATION PREVENTS ABUSE

PREVENTION VIDEO
2 MINUTES

ROSIE VIDEO

WHO TO CALL.....

- LOCAL POLICE OR SHERIFF
- CPS: 1-800 252-5400
- CHILD ADVOCACY CENTERS
- NATIONAL CHILD ABUSE HOTLINE:
1-800 422-4453

QUESTIONS.....