Generating a handbook for the adult survivor of child sexual abuse.

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GENERATING A HANDBOOK FOR THE

ADULT SURVIVOR

OF

CHILD SEXUAL ABUSE

A Dissertation Presented

by

CYNTHIA CROSSON TOWER

Submitted to the Graduate School of the University of Massachusetts in partial fulfillment of the requirement for the degree of

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Education
ABSTRACT

GENERATING A HANDBOOK FOR THE
ADULT SURVIVOR OF
CHILD SEXUAL ABUSE

September 1985

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Survivors of child sexual abuse are often plagued by a miriad
of residual effects which have the potential to limit their function¬
ing and interfere with their interpersonal relationships. Twenty-three
successful survivors were interviewed to determine what problems they
attributed to the abuse and the process they had gone through to
reach some degree of wholeness. Eight therapists of survivors were
interviewed to determine how they treat past victims of sexual abuse.
The content of these interviews was used to generate a book directed
to the layperson who might be a survivor of sexual abuse, friend/
family member of such a survivor or a therapist interested in
treating these individuals. Major themes addressed are: a
definition of sexual abuse, a discussion of who abuses children,
outline of the residual effects experienced by survivors from both
a male and female perspective, a discussion of therapies and other
aids for breaking the cycle of continued victimization, suggestions
of what survivors might experience while going through therapy, a consideration of the complications of sharing the facts of the abuse with the survivor's children, an exploration of the difficulties in learning to trust again and a discussion of what is meant by a "true" survivor. The book is interwoven with first person accounts of survivor's experiences with both incest and extra-familial abuse. Sexual abuse is seen in the context of other assaults on childhood such as alcoholism and physical abuse.
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CHAPTER I

INTRODUCTION

Background

Approximately one out of three to four girls and one out of five to eight boys will be sexually abused or at least approached before they reach the age of eighteen. (Finkelhor, 1984; Tower, 1984) With these statistics it becomes evident that child sexual abuse is a major problem for society today. Over the last few years there has been an increasing amount of attention given to the subject—mostly in the area of raising public consciousness that there is such a problem and how it can be recognized. Slowly, treatment programs have begun to emerge—from Henry Giaretto's treatment efforts in California (Giaretto, 1982) to the spawning of self-help groups such as Parents United and the inclusion of sexual abuse victims among the population addressed by Parents Anonymous. With equal reluctance schools and youth groups have begun to open their doors to prevention programs geared to teach children to protect themselves from sexual abuse. Most recently this author consulted with Walt Disney educational productions in their efforts to produce two films—one for children, to help them recognize sexual abuse and protect themselves from becoming victims, and the second to promote adult awareness of the problem and suggest to concerned parents and teachers what they might do to help.

In the training that I have done of professionals dealing with...
children, it has become increasingly clear to me that our consciousness raising efforts have created another problem. As people learn about sexual abuse the information calls up for them old experiences, old conflicts or remnants of fears related to being abused or approached as a child. Often in the recall of these fears and conflicts the survivors feel further victimized—victims of their inability to understand what has happened to them.

Problem

For centuries society has abused the child in a variety of ways. Books have been written on how adults have survived childhoods which were threatened by physical abuse, alcoholism, and war. Another such assault long unaddressed is that of child sexual abuse. (Rush, 1980)

Now that the media and a variety of writings and workshops have created an awareness that sexual abuse exists, there is nothing comprehensive in either the professional or popular literature to inform adult survivors of the ranges of experiences or conflicts they might have as a result of being sexually abused. By the same token little has been written to aid the families of these survivors (husbands, wives, children) in understanding what it was like to be sexually abused and what the consequences may be. There is nothing which tells survivors what they can do about the feelings they are experiencing, how to seek help if they feel the need of it, and what direction this therapy may take.

If one is experiencing midlife crisis there are books which can be referred to which will explain to the layman what he/she is
experiencing. If a loved one dies, there are books which can aid understanding of this loss and promote healing. Therapists dealing with grieving patients will often suggest an easily understood volume to aid the client as he/she progresses through the therapeutic process. I have frequently been asked by therapists seeing sexual abuse survivors if there is one book which they can suggest to their patients which will be helpful in dealing with their problems. To date no such book exists.

Society's reaction to that which it does not understand is to deny or to stigmatize—often blaming the victim. Since sexual abuse is, for the most part, a newly discussed (at least openly) phenomena, survivors have felt that keeping their secret was the only way to avoid the censure of society. (Bass and Thornton, 1983) There is a pervasive fear on the part of survivors—which is validated by society's attitude—that the sexual abuse has somehow damaged them. (Sgroi, 1982) The abuseds' fervent attempts to keep the secret has made them feel even more isolated, vulnerable and victimized. There is a need for survivors of sexual abuse to understand their feelings and deal with them so they may be allowed to make appropriate choices in the future. (Silver, Boon and Stones, 1983) It is hoped that they might be empowered by this understanding. There is also a need for those living with or working with survivors to understand, not only what sexual abuse is, but what the survivor has endured emotionally and continues to experience as he/she tries to further understand.
Purpose

I would like to pull together information in the area of child sexual abuse, translate this information, especially residual effects of the abuse, treatment implications, and the healing process into an easily understandable form which would provide a handbook for adult survivors. The purpose of such a handbook would be to:

1. Place the concept of surviving child sexual abuse within a larger context— that of assaults on childhood in general; whether it be from war, physical abuse, alcoholism or sexual deviance, children frequently emerge as the innocent victim. By demonstrating the universality of the surviving experience (as well as its uniqueness) I hope to help sexual abuse survivors to understand their kinship with survivors of other assaults. (For this document I will use several other assaults as representative). This may actually aid them in their ability to understand the experience and resolve their conflicts.

2. Define briefly the problem of child sexual abuse, including an attempt to explain the motivation of the perpetrator.

3. Aid survivors in understanding what feelings they might currently be having in regard to past abuse.

4. Suggest ways in which the survivor can resolve these feelings whether through knowledge and understanding or perhaps through formal therapy. Treatment options will be outlined.

5. Provide an opportunity, through understanding, for empowering the survivor. Acceptance of the past may well free
him/her to make better choices for the future.

6. Discuss what the survivor might experience while undergoing treatment or seeking understanding.

7. Provide a medium through which the concerned spouse, sibling, child or parent of a survivor can understand the implications of sexual abuse and therefore have an opportunity to appreciate what the survivor has experienced or is experiencing in his/his struggle toward healing.

8. Provide a resource for therapists working with survivors in two ways:
   a) therapists may need a deeper understanding themselves,
   b) therapists may wish to encourage their survivor patients to read the book as an aid to therapy.

The underlying intent of such a book would be to help the survivor gain control of his/her life through understanding and secondly to help others to understand what the adult victim of child sexual abuse might be experiencing, and/or has experienced.

Method

The method used to develop this handbook will be to interview survivors about their residual problems related to the sexual abuse and about what has helped them in dealing with these problems. Therapists treating survivors would also be interviewed to consider the techniques they have used in treatment. From this point,
using the results and analyses of these interviews, as well as suggestions made in the literature available, the actual handbook would be written to translate the research into useful explanations and applications for other former victims. Upon completion, the manuscript will be submitted to reviewers and their suggestions used to make final revisions (for further discussion, see Chapter on Methodology).

Significance

The goal of this study is to generate a handbook for survivors of child sexual abuse. I would hope that the handbook would be published in the future and distributed to help the public—survivors and non-survivors—deal with the issues resulting from having been sexually abused as a child. Such a handbook would not only inform, but would empower the survivor to make better choices for the future. In addition, the handbook could be used as a tool for family members, to help in their understanding of the survivors' experiences. Therapists may see this book as an aid not only to their comprehension of the problem, but also as a tool to provide to their patients during the course of therapy. The data generated from interviews may also provide the seeds for future research in the comparison of different types of childhood assaults as well as the understanding and treatment of child sexual abuse.

Limitations

The research done to produce and augment the writing of the handbook would be aimed at generating suggestions for other survivors
and perhaps arriving at hypotheses for future study in the area of surviving child sexual abuse. It is not meant to be an empirical study designed to prove any specific hypothesis. The samples of survivors and therapists are not true random samples purported to be representative of a particular population. Therefore generalizations from this data could be made only with appropriate caution.

The reportive findings will be included in the handbook directed to the lay person and not presented as a scholarly work.
The concept of child sexual abuse has been of late much discussed in the literature. It is my intent, through this survey of the existing resources not only to define the issue by definition, incidence, participants and impact on the victim, but also to consider a sample of literature from several other types of assaults on childhood, to place the child sexual abuse victim within a context shared by other survivors. Only by recognizing the similarity of this type of assault on childhood to other such assaults, as well as recognizing the uniqueness of child sexual abuse, can we hope to treat adult survivors effectively.

Child Sexual Abuse—defined

Child sexual abuse is defined as—the use of a child for the sexual gratification of an adult. (Walters, 1979; Burgess, et. al., 1978; Finkelhor, 1979; Sgroi, 1982) Other authors broaden this definition by referring to "... any childhood sexual experience that interferes with or has potential for interfering with a child's normal healthy development." (National Center on Child Abuse and Neglect, 1980, p. 3) The above definitions encompass not only the actual genital manipulation of a child, the request that a child touch the adult, but also the compelling of the child to observe sexual acts or have pictures taken for the purpose of child pornography. (O'Brien, 1983) Various authors refer to sexual...
misuse of children in other terms, such as assault (Burgess et al., 1978), victimization (Finkelhor, 1979), or molestation (Sanford, 1980), but they would all concur with the definition used above. Child sexual abuse is further categorized according to the identity of the perpetrator and his relationship to the victim.

**Incest** is the sexual relationship between a blood relation (mother, father or sibling) who is usually considered to be part of the child's nuclear family. (Herman, 1981; Renvoize, 1982; Goodwin, 1982) Mayer presents the more precise definition that incest is:

"... any sexual contact or interaction between family members who are not marital partners." (Mayer, 1983, p. 4) Forward and Buck expand the incestuous family to include relationships "between people who ... perceive themselves to be closely related (including step-parents, stepsiblings, half-siblings, and even live-in lovers if they have assumed the parental role)" (Forward and Buck, 1978, pp. 3-4)

Mayer cites categories of incestuous activity in families and attaches to these categories an assessment of harm to the child. She calls the first category—the least damaging to the child—sexual molestation. This includes non-coital sexual contact, results in sexual stimulation of the perpetrator, includes petting, fondling, exhibitionism and voyeurism. The second category—sexual assault—is characterized by manual-oral and/or genital contact with the genitals of the victim, masturbatory activities, fellatio, cunnilingies and is non-consensual. The last and most damaging category which Mayer calls forcible rape, includes forced sexual contact resulting in
assault with the penis and using fear, violence, fraud and threats. (Mayer, 1983, p. 5)

Pedophilia is defined in the light of the adults preference for children. Pedophilia is a term coined in "... the late nineteenth century to describe a psychosexual perversion in which an adult is erotically attracted to children." (deYoung, 1982, p. 97) The word literally means "love of children."

Pederasty refers to sexual relations between an adult male and a male child and was practiced intensively in some early cultures. (Rush, 1980)

Child Pornography is a specific type of child sexual abuse, i.e., the use of children to produce sexually explicit materials such as graphics, photographs, films, slides, magazines, books, etc. (O'Brien 1983) Using a child for pornography may be part of the engagement process—a form of initiation of the child by the perpetrator—or the pornography may be an end in and of itself. New evidence gives increased credence to the possibility that child pornography actually stimulates perpetrators to commit the abuse act. (Finkelhor, 1984)

The two types of abuse most often discussed in the literature—incest and pedaphilia (or molestation) usually have a progressive element to them. The spectrum of behaviors recognizable as part of this progression are:

1. nudity (on the part of the adult)
2. disrobing (of the adult in front of the child)
3. genital exposure (by the adult)
4. observation of the child (bathing, undressing, or excreting)
5. kissing (the child in a lingering, inappropriate manner)
6. fondling (of the child's breasts, genital area, thighs, buttock)
7. masturbation (mutual or solitary)
8. fellatio (to perpetrator or to child)
9. cunnilingus (to child or to perpetrator)
10. digital penetration (of anus or rectum)
11. penile penetration (of anus or rectum)
12. digital penetration (of the vagina)
13. penile penetration (of the vagina)
14. "dry intercourse" the rubbing of the perpetrator's penis on the genital-rectal area or inner thighs or buttock of the child. (Sgroi, 1982)

Sgroi also suggests that there are five separate phases of the abuse. a) the engagement phase—when the perpetrator gains access to the child, engages him or her and conveys to this child that the behavior is acceptable; b) sexual interaction phase—when the actual sexual contact is made; c) secrecy phase—when the perpetrator, through domination, promises or bribes, emotionally blackmail or threat, compels the child to keep the secret and insures that the abuse can continue; d) the disclosure phase—when accidental or purposeful disclosure of the abuse takes place. (For many survivors of child sexual abuse this last stage is never realized until adulthood) and e) suppression phase—when those close to the child try to
suppress publicity, information and intervention. (Sgroi, 1982)

Whatever the semantic definition of sexual abuse of children or the inclusion of categories citing its damage and progress, sexual abuse appears to be the use of sex by the adult to obtain power, dominance and control over the child. (Finkelhor, 1979; Sanford, 1980) The child is manipulated through force, coercion, cajoling, enticement or threat to comply with the adult's desires. (Burgess, et. al., 1978; Rush, 1980) Researchers have seen a similar type of misuse of power throughout other assaults on children perpetrated by adults. As in other contacts with adults, there is inherent in this assault that children "participate" as a result of their awe, trust, respect and love of the adult.

Incidence

Although sexual abuse dates back to ancient times (Rush, 1980) study in the area of incidence and treatment is a relatively recent phenomena. The two groups who appear to have stimulated the more recent research are the feminist movement and the child protection advocates. (Finkelhor, 1984) The first group have seen child sexual abuse within the context of the victimization of the female within our society. They emphasize the male-perpetrator--female-victim and propose that sexual abuse is stimulated by our patriarchal social structure and the socialization of our children. (Rush, 1980; Sanford, 1980; Herman, 1981; Finkelhor, 1984)

The child abuse/protection movement has taken a more family
systems approach—seeing the family as contributors either to the abuse or at least to the child's trauma over what has happened. (deYoung, 1982) Sexual abuse is seen as one type of child abuse/neglect and is studied and treated accordingly (i.e., as a family issue). (Walters, 1975; Giaretto, 1982)

The research undertaken to study the scope of the problem has been sponsored by proponents from these two schools of thought. Meiselman cites studies on the nature of incest which go back as far as 1934. (In the United States, the earliest was Bender and Blau in 1937) (Meiselman, 1978) More recently, in 1969, Vincent DeFrancis in association with the American Humane Association (Children's Division) studied 263 cases in the New York City area and concluded that the incidence was much greater than those who were actually reported. (Rush, 1980) Peters' study of one hundred victims in 1976 gives additional credibility to the theory that incest does create trauma for the victim. David Finkelhor of the Family Violence Research Program at the University of New Hampshire (in 1978) took a sample of 796 students from several New England Colleges and Universities and discovered that a significant number had been sexually victimized as children: 19.2 percent of the female subjects and 8.6 percent of the male. Russell in the 1980 study found that thirty eight percent of 930 San Francisco women polled had had at least one experience with being sexually abused prior to the age of eighteen. Further, it was concluded that twenty eight percent had had such an
experience prior to fourteen years of age. (Finkelhor, 1984) Most recently (1981) Finkelhor undertook a study with 521 families in the Boston area to look at not only the parents attitude toward sexual abuse, but also to determine if the parents themselves had been abused. The findings show that fifteen percent of the female parents and six percent of the male parents had themselves been sexually abused (the sample was made up of a high percentage of female, single parents). Of the children in these households, four percent had been involved in abuse—known to their parents. It should be noted, however, that thirty nine percent of the parents admitted not telling anyone when they had been abused years before. (Finkelhor, 1984) Based even on this prevalence rate Finkelhor concludes that "... in a population rate of about sixty million children under eighteen /the result should be/ . . . over 210,000 new cases of sexual abuse every year." (Finkelhor, 1984, p. 232) He further concludes that given the National Incidence Study (NCCAN) in 1981 that estimated 44,700 cases of sexual abuse are uncovered by professionals every year, this would mean that only one out of five cases come to the attention of professionals in any given year. (Finkelhor, 1984)

Reported Cases vs. Unreported Cases

Although the incidence of sexual abuse of children seems significant, it is postulated by many theorists that these reported cases represent a very small proportion of the children actually abused. Walters concludes that sexual abuse was reported less frequently and sexually abused
children were less likely to be treated for several reasons.

1. Sexual abuse is difficult to identify and prove and easy to deny.

2. Children are given few legal rights and are often not believed.

3. Efforts to treat have focussed on punishing the offender. In family situations, the other family members were less likely to report as prosecution upset the family balance both economically and physically.

4. Those investigating cases felt discomfort in talking about sexual issues and did not screen cases properly or did not recognize signals that sexual abuse was occurring.

5. Treatment methods have not been coordinated or sufficiently effective to elicit a desire for treatment on the part of families or victims.

6. Society's taboo on sexual deviations has placed a stigma on both victim and perpetrator, therefore, not to report is not to be stigmatized. (Walters, 1975)

Finkelhor suggests that not only is there an issue of not reporting, as a result of the family not wanting to be involved in "informing" on others or "interfering" in the affairs of another, but also many adults may not know where to report. Many parents also felt they could handle the situation on their own. And finally, some of those in Finkelhor's sample felt unsure as to whether or not the abuse was "actually occurring." (Finkelhor, 1984)
Perhaps the most universal reason why more reports are not substantiated is adults' reluctance to believe children and their reluctance to attribute such behavior to other adults. (Walters, 1975; Burgess, et. al., 1978; Finkelhor, 1979; Sanford, 1980; Sgroi, 1982; Finkelhor, 1984)

The Abused Child

Research shows that girls are more likely to report as the victim of abuse than boys. (Groth, 1979; Nasjleti, 1980; Sanford, 1980; Finkelhor, 1984) This appears to be a result of our culture which indicates to male children that they should be "strong" and run from danger. Becoming involved in a situation which places them in the role of victim identifies them as "a sissy." (Sanford, 1980; Nasjleti, 1980) Boys are also less likely to have to account for their whereabouts and therefore are not as likely to be confronted by parents about unusual behaviors. (Nasjleti, 1980)

The average age of the abuse is between eight and twelve years (Finkelhor, 1984) although protective workers report seeing children who were abused at a much younger and considerably older age. Burgess contends that there may be more adolescents between the ages of twelve and seventeen abused than we recognize. Statistics are difficult to formulate for several reasons. Adolescents are especially reluctant to report due to the fear that parents will curb their freedom in order to punish or protect them in the future. Further, due to age, the offense, if reported, may be likely to be categorized within
the area of adult rape. Our dating culture (i.e., early, unchaperoned
dating as well as the popularity of dating bars) makes teens especially
vulnerable for strangers, acquaintances or so-called "date rape."
(Burgess, 1985)

It is difficult to determine why some children are abused while
others are not. Several factors do put children at risk for sexual
victimization. Social isolation is an important factor. Children
who are left alone, are unsupervised, or who do not have the physical
presence of numerous friends and neighbors are more likely to be abused.
(Justice and Justice, 1979; Sgroi, 1982; Finkelhor, 1984) The child's
mother has an influence on the child's vulnerability. Studies showed
that a mother who was absent, who was not close to her child emotionally,
who was sexually punitive or religiously fanatic or who never finished
high school and kept herself isolated was more likely to have a child
who would be abused. (Finkelhor, 1979; Sgroi, 1980; James and Nasjleti,
1983; Finkelhor, 1984) Finkelhor suggested that the presence of a
stepfather in the home made a child more vulnerable, not only for
abuse by the stepfather, but also for abuse by others. He theorized
that statistically the girl (especially) whose mother had remarried
was probably exposed to a variety of men (i.e., mother's previous
boyfriends) who may have had an opportunity to abuse her. Further,
the friends of the stepfather may not perceive as strong a taboo
against molesting the adopted daughter of their friend as they would
against abusing a child who was a blood relation. This may be based
on the perception that the stepfather may not have as great an emotional investment in this child. (Finkelhor, 1984)

Why a child is chosen to be abused has long been a subject of debate. In incestuous situations deYoung found that of her sample of sixty victims of paternal incest, eighty three percent were oldest daughters and five percent were only children. Other theorists feel that a father may approach his eldest daughter but if she refuses he may go on to abuse other daughters. (Justice and Justice, 1979, Sgroi, 1982) Davies in his 1979 study found that children with handicaps (physical limitations or emotional disturbance) are more likely to be victimized. (deYoung, 1982) Meiselman concludes that the attractiveness of the daughter plays little role in whether or not she is abused. (Meiselman, 1978)

There is some debate as to the seductiveness or promiscuity of the female incest victim prior to victimization. Although offenders often described their victims as seductive, this allegation was usually felt to be part of the perpetrator's rationalization. More recent studies which question the promiscuity of the daughter as a contributor to incest (Maisch, 1972, Meiselman, 1978) show that this behavior could more appropriately be seen as behavior toward which the daughter has been predisposed by her already character-disordered family. The patriarchal nature of the incestuous family may also have created a child limited in her ability to say 'no' and thus vulnerable to all types of sexual exploitation. (Meiselman,
1978, Herman, 1981, deYoung, 1983)

A composite of male victims is less easy to formulate. Finkelhor cites five studies done of adult men to assess the incidence of abuse among boys. From these he estimated that the prevalence of abuse reported among boys under thirteen years was between twenty five and five percent. "This should mean a total of 550,000 to 1,100,000 of the currently twenty two million boys under thirteen (census estimate, 1980) would eventually be victimized." (Finkelhor, 1984, p. 155) Yet, despite these figures it is difficult to get a picture of the boy involved. From what we do know from the research thus far, boys are abused at a younger age (median age 8.46) than girls (median age 12.40). The abuse may take place for shorter periods of time and be more likely to take place outside the family. (Finkelhor, 1984) Statistically, boys are from poorer socio-economic backgrounds than girls. There is more likely to be physical abuse in their families (Finkelhor, 1984) and which boys are chosen (youngest, eldest) has not been fully researched. Since both the female perpetrator and the male abuser in a father-son relationship are seen as more pathological (Forward and Buck, 1978) their choice of victim may not be as significant. Some theorists believe that the less assertive boy is more likely to be victimized. (Finkelhor, 1984)

The Perpetrator

Much debate has surrounded not only the treatment of the perpetrator, but also his personality. Between ninety five and ninety-eight
per cent of perpetrators are believed to be male. (Maisch, 1972, Walters, 1975, Rush, 1980, Groth, 1979) In a later study and analysis of the date, however, Finkelhor questions whether there are not more cases of female perpetrators than we have previously recognized. (Finkelhor, 1984) Between fifty and seventy per cent of the offenders were themselves victims of sexual abuse as children. (Seghorn and Boucher, 1979, Groth, 1979) Cohen, Seghorn and Mehegan (1979) described offenders as having a lack of "... joy and /having/ a relative absence of non-sexual emotional qualities of human relationships such as warmth, tenderness or caring. Although many manifest a severe self-depreciatory attitude, some appear grandiose; some present themselves as weak, passive and helpless, but there are others who affect a super-normal autonomous picture." (Cohen, Seghorn and Mehegan, 1979, p. 2) In short, these authors concluded that there were no typical offender characteristics. The incestuous father is most widely described in the literature. This offender has usually experienced mild to extreme levels of childhood deprivation, (Meiselman, 1978, de Young, 1983) and have usually left home at an early age. Herman (1981) depicts incestuous fathers as overbearing and tyrannical—often involved with alcohol abuse. Intellectually incestuous fathers presented an average picture. (Meiselman, 1978). Mayer presents what she feels are typical characteristics of incestuous fathers. She describes them as having poor impulse control, low frustration tolerance, social and emotional immaturity, faulty ego operation and frustrated dependency needs. In
addition to a passive aggressive expression of affect, low ego strength and self esteem, the use of rationalization, denial and manipulation, they may also use or abuse alcohol. (Mayer, 1983) de Young further describes this father's proclivity for rationalization; he rationalizes about alcohol (that the alcohol caused him to abuse); that he is mentally ill (feels he must be "crazy"); that his daughter is his possession (and may therefore be used as he wishes) and his daughter's duty (daughters should be dutiful to fathers even to the point of having sexual relations). Another type of father also rationalizes that he and his family must be sexually liberated from archaic social mores. (deYoung, 1982) Justice and Justice see incestuous fathers as falling into several different categories. The first of these major categories is symbiotic personalities who hunger for the closeness, belonging and intimacy they have never had. They confuse sexuality with affection and try to satisfy their need for closeness with sex. These symbiotic men further fall into four categories. The introvert is someone who builds his family into a womb. He remains totally isolated and within this isolation derives pleasure from his child. He feels under attack from the outside world. (Justice and Justice, 1979)

The rationalizer is one who "... uses lofty words and sentiment or plausible-sounding, but specious reasoning for establishing an incestuous affair with his daughter." (Justice and Justice, 1979, p. 67) Some rationalizers see themselves as lovers, others as teachers,
others as protectors of their daughters. The tyrant is another sub-
type of symbiotic personality. This man rules his home and is very 
much the type of individual that Herman (1981) describes. The al-
coholic has a need to be dependent and be taken care of. (Justice and 
Justice, 1979) 

The other two major categories of incestuous fathers described 
by Justice and Justice are more pathological in nature. The psychopa-
thic father is not looking for affection, but rather seeks to "get 
even" for his own deprived childhood. He chooses the sexual exploita-
tion of his daughter as a way of expressing his hostility. The 
Justices' last category, the pedophiliac, describes an individual whose 
primary interest is in sex. His incestuous behavior is a manifesta-
tion of this disturbance.

In their categorizations, the Justices refer primarily to 
father-daughter incest. Other authors describe fathers who abuse 
sons as having latent homosexual desires which they have repressed. 
Usually they have married and appear to all who know them to be 
heterosexual. (Meiselman, 1978, deYoung, 1983) 

The incestuous mother who abuses her son is often looking 
for the closeness of another "man" in her life. She usually has an 
emotionally or physically absent husband and sees her son as able to 
fill her needs. (Forward and Buck, 1978, James and Nasjleti, 1983) 
The woman who abuses her daughter is a more disturbed individual who 
sees her daughter as an extension of herself. These sexual acts, 
therefore, actually have a masturbatory quality. (Forward and Buck,
Sexual interaction between siblings (beyond age appropriate exploration) has long been debated as to the possibility of trauma for the younger child. The newest data suggests that it is the exploitive nature of sibling incest which creates negative residual effects. (Cole, 1982, deYoung, 1983) If the older sibling has greater power, knowledge and resources, the younger often feels victimized. (Sanford, 1980) The sibling abuser is either modeling the role of an abusing parent or is seeking to dominate or punish the younger child (Forward and Buck, 1978) To engage his brother or sister the abuser often initiates the abuse in the form of play. (Meiselman, 1978)

The abuser outside the family situation exhibits similar characteristics in terms of a disturbed family history. There appears to be more childhood physical abuse present among these individuals. (deYoung, 1983) Many also have experienced sexual abuse as children and new data indicates that some pedophiles have witnessed rather than experienced the abuse and may be modeling the behavior in this manner. (deYoung, 1983) Pedophiles exhibit childlike behavior and severe personal inadequacies, (Groth, 1979, deYoung, 1983) which motivates them to want power and control over their victims. Only a few demonstrate a sadistic orientation. (Groth, 1979)

Perhaps the most widely used categorization to explain the motivations of perpetrators is Groth's typology of the fixated and regressed offender. The fixated offender is one whose primary orientation
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is to children—and predominantly male children. His compulsive, premeditated abuse is based on his need to repeat his own past victimization. Emotionally he is fixated in adolescence and his maladaptive resolution of life issues creates an individual who is not distressed or guilty about his behavior. He has little heterosexual interest in age mates unless a woman has children of the age which interests him (usually the age at which he had been abused as a child) (Groth, 1979, Sanford, 1980, Sgroi, 1982)

The regressed offender is one who has achieved a tenuous developmental level in adulthood, but who is motivated by crises and conflicts to regress to an interest in children. He chooses primarily female children in an attempt to find an undemanding adult female substitute and sees this child as a mini-adult ("She looked older than her alleged three years.") This individual's abuse is impulsive and episodic, precipitated by stress. He often seeks closeness and an "all loving mother." The regressed offender may also coexist sexually with an age mate, often appears to maintain a relatively normal relationship and may be involved in the use or abuse of alcohol. (Groth, 1979, Sanford, 1980, Sgroi, 1982)

Although Groth's categories can be used to describe incestuous fathers as well as pedophiles, his studies have been based upon work with incarcerated individuals the majority of whom were pedophiles. Researchers such as Maisch (1972) insist that there are primary differences in the above categories. For example, pedophiles' interest
in children will frequently begin around the age that that individual was traumatized (or ceased to develop emotionally) and continues often only until the child begins to develop secondary sex characteris-
tics. The incestuous father on the other hand bonds with his victim and will continue this relationship into her adolescence (and perhaps into adulthood unless she protests). (Maisch, 1972; Justice and Justice, 1979; Meiselman, 1979) Further some theorists point out that while the pedophile can be considered in the light of his own pathology, the incestuous father must be seen in the context of the total family dynamics. (Burgess, et. al., 1978; Justice and Justice, 1979; Meiselman, 1979; Sgroi, 1982; deYoung, 1983) New research also points to the possibility that the incestuous father--once thought to contain his abuse to within the family--will in fact abuse outside the family circle. This seems to contradict previous findings and highlights the need for more research in the area of perpetrator motivation and personality.

Perhaps the most convincing new research done in the area of understanding the perpetrator is that of David Finkelhor. Finkelhor explains that there are four preconditions which must exist in order for sexual abuse to take place. The first is that the perpetrator must be motivated to abuse. Motivation is based upon three factors: emotional congruence, sexual arousal and blockage of normal outlets. Emotional congruence describes the need of the perpetrator for the child to satisfy some emotional need. His choice of a child is as a
result of his need to feel powerful and controlling, due to his arrested emotional development or his re-enactment of his own childhood trauma. The perpetrator must then be sexually aroused by the child. Again a sexual trauma in his own childhood or his modeling of another's interest in the child can create such arousal. Some perpetrators misinterpret children's needs for affection/attention, assuming that they are being sexually seductive. Child pornography as well as the male tendency to sexualize emotions may contribute to the perpetrator's sexual interest. (Finkelhor, 1984)

Further, the perpetrator's motivation to abuse is a result of a blockage of normal outlets for his sexual and affectional needs. A fear of adult females based upon an unresolved oedipal conflict, castration anxiety or early trauma complicated by inadequate social skills can create such a blockage. Marital problems and society's norms which censure masturbation and extra marital sex can also create an atmosphere of frustration for the potential perpetrator. (Finkelhor, 1984)

The second predisposing factor to child sexual abuse is based upon the perpetrator's lack of internal inhibitors. Alcohol, psychoses, senility, an impulse disorder can all prevent his "inner voice" from its task of prohibiting him from acting upon this desire to abuse. Society allows him to rationalize based upon the above factors that he is out of control by its weak sanction against offenders, support of patriarchial perogatives and toleration for acts committed under intoxication. (Finkelhor, 1984)
Precondition III refers to the external inhibitors which must be overcome by the perpetrator in order for the abuse to take place. The role of the mother of the potential victim (as previously mentioned) is an important factor. Mothers who are emotionally distant or who do not supervise present less of a deterrent to the perpetrator. The lack of privacy and unusual opportunities for the abuser to be alone with the child can also contribute to the abuse. (Finkelhor, 1984)

And finally, the perpetrator must overcome the child's resistance to the abuse. Children who have a poor self concept and lack knowledge of abuse are seen as more vulnerable. The closeness between child and perpetrator and society's teaching children to respect and obey adults may also place a child in a position where the abuse can take place. (Finkelhor, 1984)

Finkelhor's compilation of research into a precondition model appears to be based largely on the prevalence of the reports of the male perpetrator. There is some question as to whether women are not reported as perpetrators or whether they, in fact, are not as likely to abuse. Women may not be seen as abusive because a) they may be able to mask their behavior through normal nurturing activities such as bathing and dressing the victim, b) victims are less likely to report because of their dependency on the woman (especially mother) and c) the targets are often boys who are the most reticent to report. (Groth, 1979; Justice and Justice, 1979) Finkelhor estimates that the per cent of sexual abuse perpetrated by females is about twenty percent for male children and five per cent for female children. (Finkelhor, 1984) These findings contradict earlier statistics in terms of actual percentages, but do support the premise that most perpetrators are male. The reasons for this continue to be worth consideration. Perhaps women are not as likely to abuse based upon their socialization. Women are socialized to prefer older, larger, more powerful sexual partners who initiate the relationship. Children do not fit this picture. (Finkelhor, 1984) Women are socialized to be more maternal, caring for needs of children and identifying with the pain they feel when harmed. Thus, women would be less likely to perpetrate harm. (Herman, 1981; Finkelhor, 1984) Our culture teaches women that they are subservient, subject to domination and must sublimate their frustrated needs for sexual stimulation. (Rush, 1980)
suggests that the basic differences in men and women—i.e., men are more easily aroused by sexual stimuli such as pornography and men appear to sexualize their emotions more than women—accounts for the higher percentage of male perpetrators.

As we continue to look at the long term effects of sexual abuse, there is also evidence that men tend to act out their victimization in later life by becoming perpetrators. (Groth, 1979; deYoung, 1983; Finkelhor, 1984) while women are more likely to repeat the role of victim. (Herman, 1981; Sgroi, 1982; Sanford and Donovan, 1984)

Characteristics of the Adult Survivor of Child Sexual Abuse

The adult survivor of child sexual abuse is on one hand unique, but on the other a survivor of an assault on childhood—the effects of which can be compared with those of other assaults. As I studied the literature, I found myself noticing similarities in symptomology which I will note in the ensuing pages.

The degree to which a survivor is affected by the abuse suffered depends upon several variables.

1) the type of abuse (deYoung, 1983)
2) the identity and child's relationship with the perpetrator (Sgroi, 1982)
3) the duration of the abuse
4) the extent of the abuse (Sgroi, 1982)
5) the age at which the child was abused
6) the first reactions of significant others at disclosure
7) the point at which the abuse was disclosed (Sanford, 1980; Sgroi, 1982)

8) the personality structure of the victim (Meiselman, 1979)

Survivors of incest, whose relationship with the perpetrator was close, described being the most profoundly traumatized. (Meiselman, 1979; Herman, 1981; Armstrong, 1978; Justice and Justice, 1979). When abuse is compounded by physical abuse, an alcoholic family, or other type of assault the impact can be greater. (Sgroi, 1982)

Those individuals who make the decision to tell a trusted adult may receive help which can lessen the impact. This securing of therapeutic aid is often based, however, on the reactions of those who first hear of the abuse. If the adults in the child's life are not willing to believe, the child may be blamed or forced to keep the guilty secret until adulthood. (Burgess et al, 1978) Studies show that the secret keeping can in and of itself compound the trauma. (Sgroi, 1982; Woodbury, 1971; Bass and Thornton, 1983; Armstrong, 1978) The survivors who seek treatment in their adult lives usually are those who were not believed or did not disclose their secret. The years of hiding a vital segment of their existence has taken a toll. The effects are legion.

The incest survivor is particularly vulnerable to the adoption of a distorted view of self and of his/her body. Impaired body image—that is seeing one's self as deformed, too fat, too thin, or ugly—is a common phenomena among survivors. (Goodwin, 1983; Sgroi, 1981,
Past victims often somatize their conflicts presenting headaches, nausea, menstrual or vaginal problems, colitis and so on. These physical symptoms are based not only on an impaired picture of self, but are internalized anger/guilt. They often are presented as a cry for nurturing. Some survivors describe seeing their body as so plagued by problems that they can focus on that and do not have to consider the psychological memories of the abuse. Past victims will frequently see mind and body as almost separate entities. In fact, many researchers and clinicians describe a mind-body split which is a direct result of the victim experiencing so much emotional or physical pain during the actual abuse, that the mind separates from the body temporarily. (Such a phenomena is not to be confused with more serious psychoses unless it continues for inordinate periods of time). This type of splitting for the protection of the ego has also been referred to as self-hypnotic anesthesia. (Gelinas, 1983)

Survivors also report using alcohol or drugs as a means of either punishing the body, dulling the senses or escaping the memories of the abuse. (McNaron and Morgan, 1982; Cole, 1982; Gelinas, 1983; Gioretto, 1976; Meiselman, 1978) The feelings of wishing to harm the body, divorcing themselves from the body or inflicting it with intoxicating
substances are not peculiar to sexual abuse. Literature on survivors of physical abuse mention many of the same tendencies. (Walters, 1975; Helfer, 1978; Gil, 1983; Tower, 1984; Justice and Justice, 1976; Chase, 1975) Children of alcoholic parents too often find themselves seeking an escape through alcohol or drugs. These survivors also describe their attempts to divorce themselves emotionally from their bodies and therefore the situations they find themselves in. (Seixas and Youcha, 1985; Woititz, 1983; Black, 1981) Physical self mutilation is not uncommon in any of the above categories of survivors. The ultimate destruction of the body and mind is suicide. Suicide, the last escape, may be attempted once or regularly. (By definition of surviving to adulthood, these attempts have not been realized) (Meiselman, 1978; Goodwin, 1983; Van Buskirk and Cole, 1983; Justice and Justice, 1979; McNaron and Morgan, 1982; Bass and Thornton, 1983; Finkelhor, 1984) Surrounding the attempts at suicide are deep depression, self blame and a feeling of isolation and uniqueness. (Sgroi, 1982; McNaron and Morgan, 1982; Bass and Thornton, 1983; Armstrong, 1978; Woodbury, 1971; Cole, 1982; Gelinas, 1983; Gioretto, 1976; Gordy, 1983; Faria and Belohlavek, 1983; Herman, 1981; Justice and Justice, 1979) Children of alcoholics and adults who were physically abused as children describe this same sense that they are worthless and have somehow contributed to their abuse experience. They too describe bouts of depression which may make them vulnerable to thoughts of suicide. (Seixas and Youcha, 1985; Woititz, 1983; Black, 1981; Helfer, 1978; Gil, 1983; Chase, 1975; Justice and Justice, 1976)
The literature is less clear about whether children not abused in a family setting, experience the same types of issues related to body image, depression, and self blame. Some authors equate residual effects of abuse from outside as parallel to the rape trauma syndrome. (Burgess et al, 1978) The victim may experience intermittent depression, self-blame and body hatred based more specifically on the actual abuse experience(s), rather than on his/her total life experience.

Janoff-Bulman (1979) discusses two types of self blame—characterological and behavioral. Characterological self blame is esteem related. The victim believes that he/she somehow deserves whatever negative outcomes should prevail. Behavioral self blame, on the other hand, is related to the victim feeling that he/she made a particular choice which placed him/her in a given place at a given time where the abuse took place. The total character of this individual is not at stake. There is some indication in the literature that the victim abused by a non-trusted adult (i.e., stranger) may be more likely, as she reaches maturity, to assume behavioral self blame while the child abused by a trusted person feels more inclined to internalize the blame completely rather than give up trust in the adult. (Burgess et al, 1978) The flaw in this argument, however, is that children often tend to take blame as a part of their development. Thus any type of assault on childhood could create the tendency toward characterological self blame.

Closely related to self blame is the residual feeling of guilt, experienced by almost all survivors of familiar or non-familial abuse.
The past victim's guilt is based on an assumption that they somehow engineered or contributed to the abuse, kept the secret, and was responsible for whatever family unrest or disruption that resulted. (Sgroi, 1982; Gelinas, 1983; Giaretto, 1976; Brady, 1979; Sanford and Donovan, 1984; Gordy, 1983; Faria and Belohlavek, 1984; Nasjleti, 1980; Justice and Justice, 1979) Further the victim may feel guilty about enjoying (either physically or emotionally) the attention that accompanied the abuse. (Gelinas, 1983; Sgroi, 1982) Guilt is a fundamental part of the parentification process which is so much a part of incest.

The role reversal is engineered by encouraging the child to feel that no one else will do the parenting tasks unless he/she does. Eventually the child is made to believe that these tasks are his/her particular responsibility. If they are not done, the child is held accountable. Being held accountable transfers into guilt in the adult years. (Gelinas, 1983; Sgroi, 1982; Herman, 1981; Brady, 1979; Justice and Justice, 1979) This role reversal, parentification and ensuing guilt is also central to the problems experienced by both adult children of alcoholics and past victims of physical abuse. (Seixas and Youcha, 1985; Woititz, 1983; Black, 1981; Gil, 1983; Helfer, 1978; Walters, 1975; Chase, 1975)

Another type of guilt—called survivor's guilt—is often present in past victims of a variety of assaults on childhood. Survivors' guilt results when the victim recognizes that he/she has survived either emotionally or physically while others close to her/him who have
experienced similar abuse, have not. This phenomena was spoken of in relation to holocaust survivors who grieved for those who had been killed in death camps and agonized over why they had been spared. This guilt over survival was often passed down to their children. (Epstein, 1979; Rosenbloom, 1983) More recently survivors of other assaults on childhood have described feeling guilt over the fact that they have gained some control over their lives or have survived the abuse at all. Incest survivors describe being plagued with guilt as they watch brothers and sisters react with more pathology to the abuse. (Brady, 1979; Woodbury, 1971; Sgroi, 1982) Even siblings of children who were abused echo the cry, "why them and not me" and carry these scars into their adult lives. (Fontana, 1973)

It is not difficult to understand how the combination of self blame, guilt, hatred of one's own body, would translate into feelings of low esteem. Past victims may feel undeserving, powerless, and as though they are not a worthwhile person. (Gelinas, 1983; Meiselman, 1978; Brady, 1979; Courtois, 1980; Gordy, 1983; Van Buskirk and Cole, 1983; Nasjleti, 1980; Herman, 1981; Justice and Justice, 1979; Sgroi, 1982; Armstrong, 1978; Finkelhor, 1984; Cole, 1982) This low self esteem seems to permeate the lives of all survivors of childhood assaults. Much of the literature for, by, and about children of alcoholics describes this feeling. (Seixas and Youcha, 1985; Woititz, 1983; Black, 1981) Helfer (1978) and Gil (1983) have both directed books on improving self esteem to survivors of physical abuse. Self concept is derived from how we have come to see ourselves based upon
how others see us. (Helfer, 1978) It is interesting to note that survivors of the holocaust and children of those survivors often demonstrate a feeling of worthlessness, of low self esteem. (Epstein, 1979) It is also encouraging, however, that the banding together of these survivors has created, in some, a compensation for this feeling. It is a kind of assertion that they—and their culture—are, in fact, not to blame. (Rosenbloom, 1983)

Survivors of various assaults on childhood experience a difficulty coping with losses. For holocaust survivors this fear is real. They have lost those they loved in an unexplainable manner. (Rosenbloom, 1983) For incest survivors the fear of loss is psychological. Incest as a symptom is the bond that holds the family together. The incestuous family fears separation—fears that they cannot survive without the incest. (Justice and Justice, 1979) The children, therefore, carry with them the fear of loss—of isolation from their family. Also inherent in the incestuous family is the role reversal mentioned earlier. The child is parentified and is therefore robbed of his/her childhood. Much of later treatment must be centered on the grieving over the lost childhood. (Sgroi, 1982; Gelinas, 1983; Forward and Buck, 1979; Armstrong, 1978; Bass and Thornton, 1983) Incest survivors are not unique in this regard, however. Any dysfunctional family tends to reverse roles, parentifying the child and causing grief in later life over this loss of childhood. Whether an individual's family is alcoholic or abusive the result is the same. (Seixas and

Feeling robbed of a childhood, feeling betrayed or feeling powerless all create in the survivor an anger which often becomes an intense rage. (Sgroi, 1982; McNaron and Morgan, 1982; Bass and Thornton, 1983; Armstrong, 1978; Woodbury, 1971; Brady, 1979) The source of that anger (type of assault) may differ. Likewise the direction that anger takes may differ as well. Some survivors turn their anger inward attempting to destroy their bodies in a number of ways. Some merely express it verbally. (McNaron and Morgan, 1982; Bass and Thornton, 1983) Other survivors direct the anger at its source by confronting the perpetrator or a non-protecting parent. (Brady, 1979) Still others use the anger to perpetrate against others. (Groth, 1979)

Often a by-product of this anger for survivors of sexual abuse is sexually acting out through promiscuity or prostitution. Some theorists would contend that such deviations are combinations of anger, mind-body split, feelings of worthlessness, and the feeling that the "body-has-been-used-already-so-why-not." (Finkelhor, 1984; Forward and Buck, 1979; Giaretto, 1976; Meiselman, 1978; Faria and Belohlavek, 1984) Incest victims or those who have been abused over a period of time would be most likely to fall into these particular patterns.

Sexuality may become an issue for sexual abuse survivors in other ways. Some experience sexual dysfunction. (Becker, et al, 1982; Courtois, 1980; Meiselman, 1978; Faria and Belohlavek, 1984) Becker, Skinner, Abel and Treacy (1982) cite among these arousal dysfunction, desire dysfunction, and difficulty in achieving orgasm. Other authors
describe confusion in sexuality or homosexuality. (Grosso, 1984; Nasjleti, 1980, Meiselman, 1978; Faria and Belohlavek, 1984; Bass and Thornton, 1983; McNaron and Morgan, 1982; Goodwin, 1982; Woodbury, 1971; Finkelhor, 1984) In his research, Finkelhor, (1984) found that "Boys victimized by older men were over four times more likely to be currently engaged in homosexual activity than were non-victims." (p. 195) He also notes that it is difficult to determine if the abuse was the precipitating factor in homosexuality or whether young boys with a potential to make a homosexual life style choice were more vulnerable to abusers. (Finkelhor, 1984) Both Nasjleti (1980) and Finkelhor suggest, however, that having been abused may predestine a boy to become homosexual.

Grosso (1984) discusses homosexuality as a choice for a female past victim due to her conflicts surrounding her non-protecting mother. Forward and Buck (1978) suggest that a woman who was abused by her mother may adopt the same pathological symptomology and choose women as sex partners. Homosexuality seems to be more prevalent among survivors of sexual assault than in other types of survivors. Since the initial trauma is related to sexuality, this fact is understandable.

Repetition is an issue for sexual abuse survivors, as well as other survivors. Repetition may take the form of having flashbacks or nightmares (deYoung, 1982; Allen, 1981) of the abuse. Repetition may also be evident in the individual being victimized again and again (Cole, 1982; Finkelhor, 1984; VanBuskirk and Cole, 1983; Herman, 1981). Being multiplely victimized seems to be based upon having a prior
self concept, feeling and looking vulnerable and needing to repeat what has happened. Past victims often become victims of future assaults, rapes, harmful relationships and often marriages to perpetrators. (Sanford and Donovan, 1984)

Another way in which repetition is seen is in the individual's propensity for dysfunctional relationships. (This phenomena seems to be present more in incest survivors). Crippled by an inability to achieve true intimacy (based upon poor self concept and an inability to trust and risk) the past victim seeks out the familiar--often people who are similar to the abuser or non-protecting parent. A liaison with this memory of the past sets her/him up for a repetition of the abuse in the same (sexually) or similar (battering, emotional abuse, alcoholism, etc.) ways. (Gelinas, 1983; Courtois, 1980; Van Buskirk and Cole, 1983; Faria and Belohlavek, 1984; Herman, 1981; Sgroi, 1982; Armstrong, 1978; Forward and Buck, 1979) Gelinas (1983) gives an excellent description of the formation of the incestuous family by two individuals whose own unmet needs and abusive backgrounds set the stage for the cycle to repeat itself. We often see this repetition of an abusive cycle in children of alcoholics and children of physically abusive families. (Seixas and Youcha, 1985, Chase, 1975; Helfer, 1978)

Survivors of familial assaults on childhood--including incest--have learned their parenting skills from the models their parents have set. Since these pictures of parenting are usually not conducive to healthy homelife, the survivor may have difficulties parenting his/her
own children. (Sgroi, 1982; Goodwin, 1982; Gelinas, 1983; Seixas and Youcha, 1985; Woititz, 1983; Helfer, 1978; Gil, 1983) It is often through problems with their own children that survivors' conflicts are brought to the surface.

Perhaps the central issue for survivors is that of trust. If the victim was from an incestuous family that basic trust between parent and child has been betrayed. Betrayal of such a fundamental form of trust is earth shattering. Incest survivors learn that they can not trust those they love or the world as a whole. Many turn this inward and become convinced they can not trust themselves either. (Goodwin, 1982; Grosso, 1984; Van Buskirk and Cole, 1983; Herman, 1981; Justice and Justice, 1979; Sgroi, 1982; Cole, 1982) This feeling that they cannot trust their environment—that it will somehow betray them—appears peculiar to all types of survivors. (Seixas and Youcha, 1985; Epstein, 1979; Helfer, 1979) For survivors who had trust relationships in their childhoods, the mistrust may be directed more toward their own judgment and to specifics related to the perpetrator. (deYoung, 1983) Whatever the type of abuse, however, difficulty with trust appears to be a residual effect.

When an individual is assaulted as a child—in the formative years of life—the effect can be profound. So difficult is abuse for a child to explain that he/she may choose to deny it instead. Denial is a common defense mechanism used by survivors. (Sgroi, 1982; Armstrong, 1978; Gelinas, 1983; Goodwin, 1982; Nasjleti, 1980) The denial
may be conscious, but more often becomes repressed—with the memories relagated to the corners of the mind. There are several instances which may trigger the recall of repressed memories. Developmental issues, milestones or conflicts or crises inherent in normal adult development can create anxiety. Often the onset of adult sexual behavior triggers memories. Success in work can create a kind of survivor's guilt which uncovers issues. Events which arouse similar feelings—such as being trapped—can call up images. (Gelinas, 1983)

For incest victims, relational imbalances with their betrayal of trust, exploitive relationships, and lack of caring can create in the victim anxiety sufficient to recall the past. Individuals who were parentified as children find themselves once again being the primary caretaker—while their own needs are still unmet. (Gelinas, 1983) And finally, as their own children reach the age that the victim was at the time of the abuse, survivors began to feel identification with the child as a potential victim. (Gelinas, 1983)

The differences in residual effects between incest survivors and survivors of molestation outside the home seems not to be entirely clearcut. Incest victims do suffer more from residual symptoms brought on by a dysfunctional family—symptoms shared by survivors of other types of dysfunctional families. The capacity to trust becomes impeded, and taking control of one's life seems hampered much more severely by incest than by other types of sexual abuse. Although trust issues do enter into abuse outside the family, the betrayal of that trust by a loved and significant person seems to be what does the
most damage. It is perhaps for this reason that I found that the closest comparison could be drawn on one hand between survivors of incest, physical abuse and alcoholic homes and on the other, survivors of other types of sexual abuse and of the holocaust (first or second generation). The trauma for both groups can be profound. It differs somewhat, however, in the type of trauma and how it is expressed.

Treatment Modes, Methods and Process

Since "Secret Scars" will be a book particularly designed to help survivors, it was important that I explore what was already being used to help them.

Inasmuch as "... the passage of time does not appear to heal. . ." (Becker et al, 1982) most theorists have a strong bias toward therapy. It was originally felt that as in other disturbances, survivors could best be seen in individual therapy. (Woodbury, 1971) Such therapy can still be very effective, but new research indicates that other therapies can be as effective. Many therapists today favor group therapy for survivors. This model provides support from others and communicates that they are not alone. (Courtois, 1980; Gordy, 1983; Van Buskirk and Cole, 1983; Yassen and Glass, 1984) The self help model long used by alcoholics and their families has become increasingly popular. Individuals, especially women, are banding together to use such tools as writing to provide support for each other. (Bass and Thornton, 1983)

Whatever the type of therapy used there is agreement among
clinicians that the individual must a) be assured that he/she is believed; b) be encouraged to develop a relationship with the therapist or group; c) be assured that he/she was not to blame for the abuse; d) be encouraged to believe that he/she is now able to take control of his/her life. (Meiselman, 1978; Faria and Belohlavek, 1984; Forward and Buck, 1978)

Yassen and Glass (1984) outline the development of a female survivors' group in detail. Leaders and group members each have their functions. For each the first step is bonding with its goal setting, establishment of guidelines and climate generating. Further, therapists and members develop a closeness which encourages interdependence, the development of a support system, commitment and caring. And finally, the letting go involves not only separating from the group, but putting the memory of the abuse behind in order to go on with life.

Faria and Belohlavek (1984) suggest goals which are necessary for female incest victims to come to terms with their experience. They cite commitment to the process as a beginning step. Next, therapist and victim begin to identify old patterns which create vulnerability. Development of a mutual working relationship is a third goal. Fourth, the therapist builds the client's self esteem about survival and fifth, encourages her to express anger constructively. Finally the survivor is helped to develop control over her self defeating behavior.

A variety of therapeutic tools are mentioned by a variety of
researchers and clinicians; two of these are letter writing and journal keeping. (Faria and Belohlavek, 1984; Bass and Thornton, 1983; Mayer, 1983) These were felt to be particularly helpful in helping survivors to express inner feelings.

Therapists dealing with survivors of any type of assault on childhood tell us that past victims approach therapy for a variety of reasons—often not specifically presenting the childhood experience. (Seixas and Youcha, 1985; Justice and Justice, 1976; Woodbury, 1971) In fact, some sexual abuse survivors have been in therapy previously, and the problem of sexual abuse has never been uncovered. (Woodbury, 1971; Faria and Belohlavek, 1984) For this reason it is vital that a therapist screen for sexual abuse at the onset, allowing the victim to be relieved of the secret if in fact she/he is ready.

Many past victims describe going through an intense period of soul-searching—searching for the meaning in what happened to them. Silvers Boon and Stones (1983) explored this quest that female incest survivors undertake. They concluded that the search for meaning may reach no conclusion. Like the holocaust, sexual abuse is an unexplainable happening. These authors comment that:

"... incest may be comparable, on the theoretical level, to the interminable existence of life in the concentration camps during World War II. Benner et al (1980) write that the concentration camp experience produced fundamental changes in survivors' belief systems
and permanently altered the individual's evaluation
of his or her relationship with the world. . . ."

(Silver, Boon and Stones, 1983, p. 24)

It stands to reason, therefore, that any trauma so deeply seated
may not be easy to call forward and may need time and dedication, on
the part of the therapist, to understand.

Unfortunately most of the literature written on the treatment of
survivors refers to women and to incest victims.

There is a great need for writings to guide therapists who wish
to treat non-familial abuse survivors or men who are not either
homosexual or currently perpetrators. Most of the information I was
able to uncover in this area came from talking with survivors who
have themselves started therapy or self help groups. One such group for
male survivors was written up in the Gay Community News (Mitchell,
1985) although the group itself welcomes heterosexual as well as
homosexual men. The absence of material for men especially is probably
based upon the fact that the movement for treatment of survivors is a
relatively new phenomena. This movement has a good deal of momentum
from the woman's movement which brought together female survivors
many of whom were incest victims. (Finkelhor, 1984) Despite these
efforts on the part of women, it is unfortunately still not common
for male survivors to initiate such groups. This reticence to either
admit having been abused or to seek help for the residual effects
seems deeply rooted in our cultures socialization of males.
(Finkelhor, 1984; Nasjleti, 1980)
Throughout this literature review I have explored the key issues for survivors and some of the therapy used to address these issues. It is assumed that these categories of concerns will be used as guidelines to formulate the questions asked in interviews with survivors and therapists. (see Appendixes B and C for questions)

The area of dealing with survivors is still relatively new and since there appears to be similarities between survivors of sexual abuse and those of other childhood assaults, I have also considered sources in the fields of alcoholism (children of), physical abuse, and to some extent the holocaust. This was done in an effort to suggest the formulation of new hypotheses and the augmentation of treatment methods based upon those successfully used in dealing with similar assaults on childhood.
CHAPTER III

Methodology

Although books have been written in which survivors attest to the long-term effects of child sexual abuse (Armstrong, 1978; Brady, 1979; McNaron and Morgan, 1982; and Bass and Thornton, 1983), as well as articles which suggest to other therapists methods of treating the residual effects in survivors (Becker, et. al., 1982; Woodbury and Schwartz, 1971; Van Buskirk and Cole, 1983; Faria and Belchlacek, 1984; Grosso, 1984; Nasjleti, 1980; Courtois, 1982; Grady, 1983; Cole, 1982), little has been written specifically to help past victims to come to terms with their experience or to help them determine how to heal these scars. The answers to date lie only in the testaments of those adults who have apparently "survived" and are currently functioning with a minimum of disruption to their lives.

Therefore, the method used in developing this handbook was to interview adult survivors about their residual problems related to the sexual abuse and about what has helped them to deal with these problems. Therapists who have treated survivors were also interviewed concerning characteristics they have observed and approaches they have used to treat these problems.

This study followed an exploratory design as defined by Arkava and Lane (p. 91) and Atherton and Klemmack (p. 29). Using these interviews as well as the literature available, the actual handbook
was written to translate the research into useful explanations and applications for other former victims.

Sample Selection

Engagement of subjects – due to the sensitive nature of this study, survivors were encouraged to approach the author to be interviewed, rather than the reverse. This was accomplished in several ways.

1) The author announced in college classes that such a study was being done and invited participants.

2) The author offered the opportunity of being interviewed to several clients already being seen in private practice.

3) The author contacted several therapists and asked them to extend the invitation to their clients.

4) The author published a notice in the faculty newsletter suggesting faculty members invite students who were survivors to participate.

It was the intent to choose individuals who appeared to be "surviving" as defined by: having the ability to function within society in a relatively conventional manner i.e., holding employment or pursuing their studies, maintaining the appearance of relative stability in social relationships, not being currently institutionalized in a mental health or correctional setting, and not currently abusing any substance which would tend to limit functioning (e.g., drugs, alcohol.) Further, the interviewees defined themselves as having survived the abuse to a greater or lesser degree. Since suicide or serious self-
destructive behavior is not uncommon among victims, the very fact
that the interviewee was available for this study might attest to his/her survival.

It was concluded, prior to the study, that if any one came forward
who did not fit the author's definition of "a survivor," they would be interviewed, but the information would not be used in this study. While, in fact, there were several individuals whose stability was tenuous, they did fall minimally within the definition of survival. There were several (3) individuals, however, who asked to be interviewed, but never kept the appointment. All three appeared to be in a type of crisis which would have excluded them from the defined population.

Of the twenty-three survivors who were interviewed, their involvement came about in the following manner:

Students of the author who volunteered to be interviewed (after class invitation) 10

Individuals who came forward as a result of hearing from other survivors that the study was being undertaken 8

Clients of other therapists who had extended the invitation 3

Individuals from the community who had heard of the study (one through a lecture by author one through word of mouth) 2
The type of sampling used may be defined as 'accidental sampling' (Arkava and Lane, 1983) which refers to "gathering data from available persons" (p. 158). However, the above authors do state that although this form of sampling is not always the best, when "the phenomena being investigated are homogeneous within the population, however, the bias may not be too great" (p. 158) This type of non-probability sampling seemed most appropriate for this particular project.

The second part of the sample was to interview therapists. These subjects were obtained in one of two ways:

1. The author asked specific therapists known to have treated survivors if they would agree to be interviewed.

2. The author encouraged colleagues to refer interested therapists to me.

The method used to obtain the sample, while affecting a certain randomness, and because this was an exploratory study undertaken to generate specific kinds of information, once again, seemed to insure the best results.

Of the eight therapists interviewed, four were approached directly by the author and four were referred by other sources. These therapists had varying degrees of experience and contact with survivors. The following indicates their area of expertise.

   Treating predominantly survivors in group and individual therapy

   Treating a variety of mental health clients including survivors
Treating specialized areas other than sexual abuse
but tend also to see survivors
(one treats alcoholics and children of alcoholics,
the other treats battered women)

Consultant in area of sexual abuse who occasionally
also sees survivors

It is interesting to note that it was difficult to find therapists
who dealt exclusively with survivors of sexual abuse. In fact, another
reason for the sampling technique used was that it was also difficult
to find therapists who have sufficient knowledge in the area of
child sexual abuse. Not having this knowledge makes it difficult for
them to treat the full range of survivor issues even when the survivor
seeks treatment for another problem.

Sample Description

During this study the author interviewed a total of twenty three
survivors and eight therapists. Of the survivors, seventeen were
female and six were male. Of the therapists, six were female and two
were male. The dearth of male subjects may reflect the assumption
made in current literature that males, especially survivors, have more
difficulty discussing sexual abuse than females (Finkelhor, 1984)

Some authors suggest that fewer men are victimized; others con-
clude that few come forward but many more than we realize are victim-
ized. If fewer men are victimized it may be due to the fact that women
are less likely to be abusers.
The subjects ranged in age from their early twenties to mid-fifties with the following specific breakdown.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-25 years</td>
<td>7</td>
</tr>
<tr>
<td>26-30 years</td>
<td>5</td>
</tr>
<tr>
<td>31-35 years</td>
<td>4</td>
</tr>
<tr>
<td>36-40 years</td>
<td>2</td>
</tr>
<tr>
<td>41-45 years</td>
<td>2</td>
</tr>
<tr>
<td>46-50 years</td>
<td>2</td>
</tr>
<tr>
<td>51-55 years</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

The socio-economic status of the survivors was from low to high with most individuals falling within a middle range. Professionally, survivors fell into the following fields.

- **Students** (graduate and undergraduate) 8
- Employed in Mental health field 8
- Employed in Business 4
- Employed in Education 3

One of the dangers of the type of sampling used was not having representation in the various abuse categories. This was not the case. Although most individuals were survivors of incest, others fell into the additional categories of abuse. Of the sample there were:
Incest survivors (defined by parent, surrogate parent or blood sibling) 12 4 8

Abuse by relative outside nuclear family 3 0 3
Abuse by friend or acquaintance 4 0 4
Abuse by a stranger 4 2 2

Considering the incest survivors more closely, the following indicates the identity of the abuser.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse by father</td>
<td>8</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Abuse by stepfather</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Abuse by brother</td>
<td>4</td>
<td>2*</td>
<td>2</td>
</tr>
<tr>
<td>Abuse by mother</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Abuse by sister</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*One survivor was abused by both father and brothers and was included in both categories, although the original abuse was by the father.

Instrument and Recording of Data

The initial contact was made by the survivor either by phone or in person depending upon which gave him/her the most comfort. The purpose of and procedure for the study was explained at this time. If the individual agreed to continue, a later interview was scheduled. Interviews
were held in a private setting (e.g., a private office, or the interviewee's or author's home) which was chosen by the survivor. At the onset of the interview the interviewee was assured of complete anonymity as well as confidentiality. Therapists were insured the same to protect their clients from being identified or survivors by association with them. Interviewees were asked to sign a consent form (see Appendix A) prior to the interview. The subjects were shown the interview questions (see Appendix B & C) and were told that this was the type of information in which the author was interested. To encourage spontaneity the questions were then put away. It was explained that the interview would be taped and later transcribed, and that their names would be changed.

Once the interviewee felt comfortable, the tape recorder was turned on. The individual was then encouraged to recount his or her experiences and feelings with the researcher intervening only to insure comfort or elicit more material when necessary. The format for each interview was similar except that the questions the author injected differed depending upon the spontaneity of the interviewee and the direction he or she chose to take.

The author insured that each interview with a survivor covered the following:

--the nature of the sexual abuse
--the residual effects of that abuse
--the individual's attempts to seek help
--how the individual perceived that he or she learned to trust again
--the process the individual went through in healing
--if and how these experiences would be communicated to the survivor's children
--the individual's assessment of what brought him or her through the abuse
--the individual's definition of a "true survivor"
--what 'gift' would the individual like to give other past victims

Each interview with a therapist included the following:
--what were the presenting problems brought by survivors
--what approaches had this therapist used with survivors
--what processes were most effective
--how would the interviewee suggest that a survivor look for a therapist
--what qualities should a therapist possess to enhance his/her work with survivors
--what process do survivors go through in their healing
--what is this therapist's perception of a 'true survivor'

Following the interviews, the tapes were transcribed and then analyzed for such data as:

1. the demonstrated residual effects of the abuse (these were compared to suggestions made in the literature).
2. the presenting problem of the survivor seeking therapy and what type of therapy sought; their evaluation of its effectiveness
3. The stages of healing which brought the individual to be considered a survivor.

Feedback on the Handbook

Upon completion of a second draft, the handbook was sent out to twelve reviewers who were as follows:

- Survivors: 5
- Therapists (working with survivors either exclusively or inclusively): 5*
- Educator in Child Sexual Abuse prevention (formerly a social worker, working with survivors): 1
- Educator (College) (trained in psychology): 1
- Publisher (educational): 1

*one therapist is also a survivor of child sexual abuse

Of the therapists, their areas of expertise are as follows:

- Therapist with alcoholics and children of alcoholics (often sees child sexual abuse survivors): 1
- Dance movement therapist (currently has a group of child sexual abuse survivors): 1
Therapist in a prison setting
(often treats survivors)  
Therapist seeing a variety of mental health issues, including child sexual abuse  
Therapist with battered women, many of whom are survivors of child sexual abuse

A cover letter/questionnaire (see Appendix D) was also provided asking the reviewer to respond to specific questions about the manuscript as well as offering any suggestions for revision they felt necessary. The remarks made by the reviewers were used to revise the finished book. The results of the review are discussed in Chapter V on Evaluation.

Limitations of the Research

The research was done primarily to produce a handbook for survivors and was not meant to be an empirical study designed to prove any specific hypothesis. The sampling of survivors and of the therapists was not purported to be random or representative of a total population. The experiences described by those interviewed, however, do appear to reflect those described in the literature.

The handbook itself is directed toward the lay person and is not presented as a scholarly work.
CHAPTER IV

SECRET SCARS

A Handbook for the Adult Survivor

of Child Sexual Abuse

by

Cynthia Crosson Tower
Survivors Creed

Tired of fear, I turned to hate;
Tired of pain, I turned to rage;
Tired of living, I tried to die;
Tired of failing, I decided to live;
Tired of losing, I decided to love;
Tired of being a victim;
I became a survivor
Tired now, even of just surviving--
I want to WIN

by Jan

This book is dedicated to survivors who want to understand and to WIN, and to all those who wish to help them along the way.
"I don't want to be interviewed. I don't want to understand. I just want to forget," the note had been crumpled several times I noticed as I removed it from my mailslot. The push and pull of indecision had rendered some of the penciled lines almost unreadable. The writer was responding to my invitation to be interviewed as an adult survivor of child sexual abuse for inclusion in this manuscript.

How many times have I heard these words expressed by both men and women survivors—sometimes spoken in desperation, sometimes in denial or in depression. The reality is that the abuse has had an impact on their lives and on the lives of those around them, to a greater or a lesser degree. Forgetting may not be entirely possible; understanding is.

Not everyone who has been sexually abused reacts in the same manner. For some former victims the experience permeates their lives; the memory reoccurs again and again haunting them to the point of rendering them incapable of achieving any degree of peace and sometimes even making day to day functioning torturous. At the other end of the continuum are those who have resolved most of their feelings about the incident(s) but are left with the haunting question, "Why?" And in between these two positions are as many varieties of reactions as there are victims. Some individuals don't even remember having been abused until some other life event creates a conflict or dysfunction and from the recesses of their minds the memory of the sexual abuse comes to the surface.

Studies (many of which have been done by clinicians treating survivors)
have shown us that a large number of former victims are plagued by similar problems in varying degrees. Having difficulty trusting, problems with intimacy and sexuality, poor self esteem are only a few. This writer has interviewed a number of survivors—both men and women—who seem to agree with the research. Most of the interviewees were individuals whom society would perceive as having "survived." By "survived," I mean in this case, that most have a job or are still pursuing their studies; most appear to get along well with peers, most present a relatively attractive, confident picture, and most appear to be functioning fairly well. As a part of my interview I also asked them 'how' they survived. The answers varied—and are included in the following pages as an aid and perhaps an inspiration for other former victims.

I have interviewed both men and women, some heterosexual and some homosexual. I intentionally chose not to focus just on incest, but to include molestation of all types. So often I have heard former victims say, "Well, I wasn't involved in incest, so it wasn't as bad for me." Any episode of sexual violation—manipulative or abusive—when you are a child and powerless against an adult—has the potential for leaving scars—often secret scars.

Emphasis in the media today implies that if you have been sexually abused you will always experience conflicts surrounding the experience. Many victims do, but for others, although traumatic, the experience is nevertheless integrated, allowing the individuals to go on with their lives. Survivors must learn to recognize when issues associated with the abuse are still coming up and to reach out for help when they need it.
No person will work out his or her conflictual feelings surrounding being sexually abused, in the same manner. For some, therapy is helpful; others find that life is its own therapy. It is important to be able to tune in and realize when someone else is needed to offer a hand on the road to understanding.

One of the biggest issues faced by past victims of sexual abuse seems to be the issue of control. We can learn control of our lives early in our childhood, or we may never learn how to internalize control and make it our own. Those who allow the outside world to control them, rather than taking control of their own lives, may fall prey to being victims over and over again.

The following chapters are designed to open the doors of understanding and communication for survivors of child sexual abuse. Chapter one looks at how society traditionally or historically looks at the child. It has, by its structure, allowed or even engineered assaults on childhood. Child sexual abuse is just one of these assaults.

Chapter two discusses what is meant by sexual abuse. It, and the ensuing material may actually stimulate memories of sexual exploitation that has long been relegated to the dusty attic of the mind. Chapters three, four and five discuss feelings or scars with which many survivors may be able to identify. This may help them put into perspective the origin of their uncomfortable feelings or destructive patterns. Chapter three looks at some universal feelings which survivors have described; Chapter four focusses primarily on the experiences of women while Chapter five looks at the problem from a male perspective.

Chapter six explores the concept of multiple victimization. Past
victims of sexual abuse often find that they become victims over and over again. This chapter gives some suggestions as to why this happens.

Now that the victim recognizes what has happened and how it has made them feel, the paramount question may be—why would someone do this to a child? Chapter seven explores the needs and motivations of perpetrators with the hope that the abuser—once understood—will seem less of a threat.

Survivors, tired of living with the remnants of their experience, look for ways to break the cycle. Chapter eight discusses types of therapies and other methods that survivors can use to feel better about themselves. Chapter nine de-mystifies the therapeutic process and helps survivors understand what feelings and behaviors they may experience as they begin to work out their conflicts.

As they near the end of the road to wholeness, survivors recognize that a big hurdle to be overcome is that of learning to trust. Chapter ten explores trust as one of the most central lessons survivors must master.

What do you do with your understanding once it has become part of you? Should your children be told about the abuse? How can you protect your children from the pain of being abused? Chapter eleven explores how survivors’ experiences affect their children.

And finally, Chapter twelve looks at survival—what does it mean to have survived child sexual abuse? How have others survived? These questions are answered by other past victims—individuals who have had all types of experiences, but who now feel—to a greater or lesser degree—that they have survived. They have agreed to be interviewed in the hope that their reflections will help others make sense of this painful assault.
on childhood.

"Secret Scars" is a book dedicated to survivors—celebrating survival—and is an attempt to aid victims in their understanding of sexual abuse and the abuser. It is also a tool to help individuals recognize the need for control of their own lives and begin to take that control. This book is not intended as a substitute for therapy. It can in fact be an aid to therapy by promoting further understanding. For others, who have already gained control over their own lives, "Secret Scars" may be a chronicle attesting to their progress. The past victims I have interviewed are all adults who find themselves on various levels along the road to the achievement of wholeness. Their identities have been disguised but their stories may be familiar to many.

In addition to the past victim of child sexual abuse, "Secret Scars" can be a useful tool to help those close to victims to understand them and their journey toward resolution. Family and friends who understand and can offer a knowledgeable, as well as sympathetic, response can be invaluable to the abuse victim.

Therapists have often asked me for a handbook which they could give to their patients to aid in the therapeutic process. "Secret Scars," hopefully, is just such a volume.
Society’s Assault on the Child

A mother cuddles her infant child singing to him softly.

Rock-a-bye baby, on the tree top
When the wind blows, the cradle will fall,
When the bow breaks the cradle will fall,
Down will come baby, cradle and all.

The baby cooes at her voice, watches her face intently, and curls his tiny fingers around his mother’s. For now he feels warm and secure yet paradoxically, these sweetly sung phrases tell the child clearly that it is acceptable for children to be hurt. Now he does not understand this of course. But as he grows, he will learn about Jack who “broke his crown,” the old woman who “whipped her children all soundly and sent them to bed” in their shoe home, and the multitude of adults who want to devour (Hansel and Gretel) children, neglect them (Cinderella) and even maim them (Red Shoes). Inherent in these tales seems to be the age old message that children aren’t worth much and are, for the most part, at the mercy of adults. (Walters, 1975)

Throughout history children have been used as barter, worked as hard as adults and expected to fill adult roles despite their limited abilities. (James, 1975) Admittedly the recognition that children need a childhood to explore and develop, is relatively new. Yet even today children experience assaults on childhood which make normal development difficult at best, without some intervention.

What allows us, as a society, to perpetrate these assaults on childhood over and over again? The answer lies in our underlying assumption about children.
Children are the property of their families

The family is considered to be the basic structure designed to nurture, teach and enculturate our children—the seeds of our future. In exchange for this responsibility the family has been granted a kind of sanctity, the dispute of which is intensely scrutinized. Goldstein, Freud and Solnit in their two books, *Beyond the Best Interests of the Child* and *Before the Best Interests of the Child*, discuss how the law protects this family unit.

"Children . . . are presumed to be incomplete beings who are not fully competent to determine and safeguard their interests. They are seen as dependent and in need of direct, intimate, and continuous care by the adults who are personally committed to assume such responsibility. Thus the state seeks to assure each child membership in a family with at least one such adult whom the law designates 'parent.'" (Goldstein, Freud and Solnit, 1973, p. 3)

These authors then explore in depth the circumstances under which society has a right to interfere in this sanctity agreement. (Goldstein, Freud and Solnit, 1979) So often, however, this debate does not go far enough or sometimes even while it is being waged, children are seen as family property and subject to the whims of a dysfunctional family. Any worker engaged in doing protective services will attest to the fact that it is often impossible to intervene in any meaningful way when a child is being emotionally abused or forced to live in a home tended by alcoholic parents. Even when obvious physical abuse
does occur, the protective agencies must be very sure they can prove their allegations in order to intervene. This is not to say that families should not have autonomy. In healthy situations the family uses its autonomy to provide a personal, intimate framework through which a child can learn. Too often, however, children are seen by society not as small members (albeit less powerful) of this team, but rather as the exclusive property of one or two adults. Many theorists in the area of sexual abuse feel that this sanctity of the family, compounded by paternal dominance sets the stage for father-daughter incest. (Finkelhor, 1984; Herman, 1981) Children of alcoholics and children who witness spouse abuse have told us again and again that no one intervened in their homes as it was assumed to be a "family matter." (Seixas and Youcha, 1985)

Children are seen as secondary to adults

Perhaps it is natural to hold one's peers--people with whose position you can identify--as possessing more credibility than those you may not understand. It does seem amazing that although we have all been children, we quickly lose our ability to understand the frustrations, needs and perspectives of childhood. How often do adults see children's needs as 'not as important' as their own. The father who misses a corporate business meeting to attend his child's school play (if he does in fact make this choice) feels compelled to explain with care "how important it is to his child" amidst raised eyebrows by executives who have outgrown their own childhoods and whose children may have outgrown them. As adults continue to see their own activities as more important,
Children suffer. Adults are verbal, powerful and in possession of financial resources. They, therefore, are heard. Children do not have the same type of power unless there is an adult to advocate for them; and all too often, there are not enough advocates to go around.

In addition, children are sometimes thrown into situations by virtue of their dependence upon adults. The adults' circumstance takes precedence over the child's needs. Children subjected to early almshouses had done nothing wrong. Yet, because society perceived their parents' poverty as a punishable offense, these children were subjected to the same degradation and more often death. The fate of these children was based not upon their own attributes, but rather on the fact that they were seen to be extensions of their adult caretakers.

Children don't speak the same language

It is interesting that despite the fact that we may be of the same cultural heritage, converse in the same tongue and have been children ourselves, we cannot always communicate with our offspring.

At a recent conference, child sexual abuse expert, Kee MacFarlane, discussed the difficulty we have in validating sexual abuse in young children because we have forgotten how to "speak child." "Children are concrete," she explained. They have their own terminology and their own literal understanding of concepts. The ability to communicate is also based upon their perception of how they will be received.* Well-

*From an address delivered at the Missouri Child Abuse and Neglect Conference, Columbia, MO., May 16, 1985.
versed in higher conceptual thinking, we forget how literal children can be.

Several days ago, I read my four year old son a story about a princess who was given to stamping her foot in anger and then to pouting when she did not get her way. I had chosen the story for its moral, which I felt my son, given his rather expressive personality, could profit from. The story pointed out how inappropriate and ineffective it was to pout and to have tantrums when things did not work out for you. During the course of the tale, the princess sees and wants to tame a unicorn. When her usual bout of anger does not result in the achievement of her desire, she is forced to seek another method. She tries to understand the unicorn, coaxes him with food and eventually learns that through patience and perseverance one can achieve one's goal. Sure that my point had gone home, I turned to my son and asked what he thought the moral was. "Don't be grouchy to unicorns," he said matter-of-factly and went off to play.

Unfortunately when we, as adults, fail to communicate with children we attribute it to their inabilities. Granted children do not have the volume of vocabulary words we adults possess, nor have they learned to conceptualize to the same degree we have, but this does not mean that their feelings do not reach the same depths. Often because children cannot regurgitate the "knowledge" we have provided in the exact manner we have given it, we assume that they have not grasped it, or that they do not understand. In the same vein, we often feel that children should be protected from concepts that we
find it difficult to explain. Even the most enlightened parent who recognizes a child's need to know about such topics as death and sex may be occasionally stumped by a child's original questions.

Because children are unable to speak "our language" and we often do not take the time to speak theirs, we minimize the impact of events on them. We may assume "they will get over it" while the hurt lays deep within often festering as they reach adulthood. Our inability to recognize children's inner feelings, and perhaps our own discomfort with traumatic events, leaves some children with scars—scars which may later inhibit their continued growth as functioning adults.

As we review the current and not so far removed assaults that society has perpetrated on children we recognize the previously mentioned assumptions about childhood. Some assaults are administered 'behind closed doors' in the home. Every year thousands of children grow up in alcoholic homes, learning to cover for their drinking parents and often keeping the home together themselves in a desperate attempt to survive. While a protective services worker, I encountered Joey, son of an alcoholic father who used his veterans disability to drink himself into oblivion. Eight year old Joey had learned, however, that if he helped his usually inebriated father cash the check, a portion of the cash could be quickly pocketed to buy groceries, pay rent, and provide for the two of them until the next check. No one was sure where Joey had learned to cook, clean and insure some semblance of regularity to their lives. His mother had died four years before. A typical day for Joey consisted of seeing that his
father was up and getting himself off to school amidst lunch preparations and force-feeding his still incoherent parent black coffee. When he returned from school he cleaned up, made dinner and then collected his father from the local bar. It was these ministrations and force-feedings that actually kept the father alive. In fact, Joey was so skillful in his charade of normalcy that it took the social service agency three months of visits before they actually perceived the real situation. Relatives and school officials alike, unaware of the severity of the situation admonished that the father was the only family Joey had left and that this fact should be respected.

It is even more difficult for the children if the family is respected within the community.

"Everyone thought our house was so great! No one knew about the bottles you would find if you cleaned out drawers or moved books in the bookcase. My mother's 'headaches' which took her to bed sometimes were accepted by everyone we knew with no questions asked. No one cared about the emotional abuse that went on behind our seemingly normal door."

What types of scars are left by years of living in a home of secrets and lies?

Brad's eyes fill with tears. Finding it difficult to talk, the six foot man speaks of his years of witnessing drunken fights between his parents, covering up for them and fielding verbal assaults. He stops, chokes, as he mentions his father's burning his long-saved
and much-cherished baseball cards. Now he no longer sees his parents; their assaults were too cruel. He cannot tolerate even the possibility of these continuing. As an adult Brad has accomplished a great deal; he has graduated from a highly prestigious college and is an extremely intelligent and diligent young man. He does not see it that way, however. Plagued by doubts about himself, Brad continues to search for identity, feeling sad and guilty over so many things in his life. He does not feel he can ask others for help and is not sure they would be there if he did. Yet here is a young man with a wealth of potential, bound by his lack of trust in himself or in others.

Experts tell us that along with difficulties in trusting and a poor self-esteem, adult children of alcoholics may have an exaggerated sense of responsibility, feeling they must achieve to somehow justify their very existence. Control is an issue for them. They have been powerless for so long that they strive desperately to control their environments often getting lost in the intensity of their needs. Isolated and lonely, they may strive to please to the point where their own needs are forgotten. (Black, 1981; Seixas and Youcha, 1985)

Physical abuse is another type of assault on childhood which uses the sanctity of the family to mask its existence while leaving its scars.

"The first time I got hit?" responded the handsome, well-dressed young man who looked as though he had stepped out of an idyllic, fairy-tale home.

"I was three or four the first time I remember getting
hit, exceedingly hard for someone my size. It wasn't appropriate. I remember my father lying down; I went over and touched the bed. He smacked me so hard it threw me across the room. My mother sent me to live with relatives for a whole week because there was a handprint on my stomach and she was afraid someone would see it. My mother and father never got along. I think that's why I got hit. My father would get really mad at my mother. I think he'd go after her because I remember being six or seven and screaming "Daddy, don't.' I even remember when I got older I'd literally jump on his chest and wrap my arms underneath his armpits and my legs around his waist and hang my head onto his chest and say, 'don't hit her, don't hit her,' and so he'd hit me instead. This whole pattern lasted until I was sixteen. Then I couldn't stand it any more so I left."

Ross left home, but the scars of his childhood were part of the baggage he took with him. His path took him into taking and dealing in drugs, into numerous unsatisfactory relationships and into a search for who he was and where he belonged. His father's aggression has been translated into Ross' conviction that no one will take advantage of him again. Ross covers his scars well. His succession of female roommates appears not as much an indication of his unresolved conflicts but rather is perceived by others as a 'sign of the times.'

Yet other past victims of physical abuse and family violence may be obvious in their pain. They may feel they are of no worth, may
have difficulty trusting others, continually pursue destructive relationships, and practice self-destructive or self-defeating behavior. They may feel alone and isolated. (Gil, 1983) These past victims may never have learned to make decisions, meet their own needs, or separate emotions from behavior. (Helfer, 1978) Some researchers point out the possibility of abused children becoming abusers. Our best known assassins (e.g., Sirhan Sirhan, Lee Harvey Oswald, James Earl Ray, Charles Manson) have in fact been abused as children. (Chase, 1975; Fontana, 1973) The scars are many and varied. They may be well hidden or obvious, but they are undeniably there.

Abuse from within the family is not the only type of assaults we have inflicted upon children. During the second world war, children followed their parents into concentration camps to be beaten, starved and even put to death before their lives had hardly begun. Those who survived experience the memories—the nightmarish re-enactments of experiences that no logic can explain. Survivors denied themselves of pleasure, continued (often unconsciously) the already begun destruction of their bodies and harbored an excruciating guilt that they had survived. Their thinking was often altered to the point where they had little ability to dream, but lived in a world of concrete thinking. (Grubrich-Semitis, 1984). So intense were the remnants of their experiences that these survivors passed down to their own children many of the feelings and methods of relating. The guilt, the depression, the fear of loving again, the anxiety reactions became part of the legacy survivors gave to their
children. (Epstein, 1979) The children reacted to their heritage in different ways. Some accepted their parents' unspoken messages that silence was the best healer—quietly carrying the burden of their scars. Others have taken up the banner of finding meaning in what happened. (Rosenbloom, 1983) How children chose to deal with these family secrets seems to be related to the manner in which the experiences were inflicted upon them.

"In some families, the subject was taboo, never talked about. This led, as some children reported, to extensive fantasies about parental suffering and survival. In other families, children have been overwhelmed by unrelenting, detailed, descriptions of the horrors. Often, their responses to such over stimulation was to shut out not only the pain, but the total heritage. Some families, however, were able to find the inner strength to communicate to their offspring the grim story of the Holocaust in ways which were alive yet non-threatening." (Rosenbloom, 1983, p. 211)

As we look at just a few assaults on childhood, we wonder what brings survivors through their experiences and into adulthood. What helps them to survive at all?

Coles found in his studies of a variety of types of violence associated with children that:

"... many children facing war prison life or nuclear holocaust showed astonishing resourcefulness and precocity before disaster. Fighting for survival, waifs in the wake
of atomic bombs or Nazi armies, they formed gangs to seek
out food and shelter and to support one another." (Coles, 1964,p.325)

It is this same inner strength that enables these children to
survive—to become adults and, despite the scars they bear, live
amidst others. It is this same instinct to share the experience
that causes them, as adults, to band together in groups dedicated to
understanding their experiences, whether children of alcoholics,
children of physical abuse, or second generation survivors of the
holocaust.

Of late we have begun to recognize one more assault on childhood—
that of sexual abuse. It is certainly not a new phenomena. Children
have been used sexually since ancient times. (Rush, 1980) Even Freud
uncovered child seduction in staid Vienna and his discoveries have
impacted on modern times. Despite the prevalence of sexual abuse,
there has been much hesitancy about discussing the subject. Only in
the last few years have survivors been able to speak out about the
residual effects of this type of abuse. Interestingly enough, many
of the scars mirror those of other assaults on childhood. The child
of an incestuous family is caught up in the same chaotic sea of
emotions and family behavior as children of alcoholics and physical
abuse. A similar type of betrayal of trust is experienced.
Yet for the incest survivor, an even more basic taboo has been
violated making them feel somehow more personally violated. Parents
spank their children; some may spank too hard. Some parents drink,
in the process their children may suffer. Yet for someone who has
been sexually exploited by parents this idea may seem as incomprehensible as how one nation can all but obliterate another. We live by certain rules; the most fundamental ones we assume no one will break. The taboo against sex with children is one of our more fundamental taboos. If one's own parent breaks this rule, it seems somehow totally beyond understanding. Trust has been betrayed, a basic trust which may never be regained.

For children sexually abused outside the home, there may be a kind of disbelief experienced by survivors of other non-familial abuses. The assaulted child is confused; this is not supposed to be what life is like. The more intense the experience for the child, the more deeply rooted his/her confusion about why it happened.

Yet, if sexual abuse can be compared with other assaults on childhood, why haven't the survivors been able to work out their feelings? "If children are to adjust to trauma they must have some understanding of what is going on." (Kellerman, 1981, p. 244)

In our society many people have difficulty talking about sexual development to children, let alone sexual abuse. We have been able to explain alcoholism and aggression to children for years. Increasingly we search for ways to explain "man's inhumanity to man." And now we reach a time when the adult survivors of the broken taboo of sex with children are asking for answers. Amidst the similarities between sexual abuse and other assaults on childhood is the most obvious difference—not until recently were we able to talk openly about the scars of being sexually abused as a child. Now it's time to recognize that these survivors are in many ways no different from other
survivors. Yet our society has branded them as unique. By our discomfort in discussing with them what has happened, we further isolate them and hamper their progress toward understanding and resolving their conflicts. It is perhaps time we saluted the incredible resiliency of the human spirit and offered a hand in the form of open communication to these survivors.

One survivor came to me for help. A victim of physical abuse by two alcoholic parents, the woman had been in therapy for years. In fact, she felt she had worked out many issues and had developed her first trusting relationship—with her therapist. Yet, when she finally felt comfortable enough to tell him of the sexual abuse and her residual sexual conflicts, the therapist began to terminate. It was difficult for this woman to understand that the betrayal she now felt was not of her own doing, but rather as a result of the therapist's discomfort.

Survivors may be victims of one type of assault or many, yet of all their negative experiences, sexual abuse seems the most difficult for them—and for others—to discuss.

As we share the thoughts and concerns about what others have shared with me throughout this book, we will surely be reducing the difficulties in talking about sexual abuse—thus opening the dialogue and enhancing the possibilities of constructive survival for all concerned.
CHAPTER 2

WHAT IS SEXUAL ABUSE?

To facilitate a discussion and an understanding of the feelings a survivor experiences after having been sexually abused, consider with me how sexual abuse may be defined.

The sexual abuse or misuse of children is largely due to an adult's abuse or misuse of power. Adults, in a healthy context, are responsible for the molding of the future generation. In this capacity adults must have the influence to guide children, imparting their values and commanding a sufficient degree of respect so that their advice will be heeded. To accomplish the molding of our young, society endows adults with power by saying to children, "Listen to adults! They have the knowledge of experience; they know what's best for you. If you listen and obey, you too will grow to be a useful adult."

Thirsting for growth and knowledge, we, when we were children, believed. Ideally this relationship—this imbalance of power—served to protect us as children until we, with age, accumulated the knowledge, experience and self-confidence to assume the role of an adult responsible for guiding the next generation. The power with which adults are entrusted, therefore, is given by society expressly for the purpose of creating other healthy adults—an altruistic goal designed to propagate society's highest goals. But, what if adults in our lives abuse the power given them? What if society's precious endowment of power is used, not to nurture the budding individual, but to provide pleasure for the adult?
What of those who think that children enjoy the sexual encounter and the attention surrounding it, and therefore no harm is done? This is a distortion. Children learn through the nurturing provided by adults. Stimulation and attention from these adults is extremely important. Children enjoy physical contact—a hug, a touch of the hand, a warm pat—but sexually they will explore and learn at their own pace if not pushed into sexual contacts too early by adults. The growing evidence of the trauma created by a too early introduction to adult sexuality should be enough of a testament.

The passing down of society’s symbols, mores and customs to the next generation, is the positive of adult responsibility; sexual abuse is totally the responsibility of the adult from the negative side. In fact, children have neither the knowledge nor the authority to participate in sexual activities with adults. Their experience does not tell them the implications of being sexually involved. They have not had time to explore the complexity of mixed messages given off by society about sexuality. And in every other area of their lives, from having a paper route, getting a driver’s license, or staying out late, they need adult permission. (Finkelhor, 1979) How then can we expect children to be equipped for a sexual relationship or to be responsible if one is foisted upon them.

Sexual abuse, therefore, is clearly when adults abuse their power and use children sexually for the adult’s own gratification.

We are all becoming more aware of the prevalence of sexual abuse
in our society today. We hear, from a variety of sources, that one out of three or four girls and one out of five to eight boys experience some form of sexual abuse. But as prominent figures such as Florida Senator, Paula Hawkins, or writer, Gail Sheehy, attest to their own abuse, the statistics take on more gravity by becoming faces. Whenever I teach a class of students, at least two in the class will acknowledge that they have been abused. Several will identify themselves to me privately and in each class I know that there are others who are not yet ready to talk about their secret scars. But they listen with their guilt locked safely inside, hoping that knowledge will somehow expel it. Knowledge does help. But only confrontation of the secret and understanding can help them to put it aside and go on.

There are a variety of types of sexual abuse defined particularly by virtue of the identity and the closeness (in relationship) of the abuser. Incest—sexual abuse by a father, mother, step-parent or significantly older sibling (not to be confused with "playing doctor" between siblings with similarities in age, power and resources) can frequently be the most devastating. Here a well established trust is betrayed.

"I just wanted to be close to my father. I loved the attention he gave me. He used to tuck me in at night and after a while he started touching me all over—just fondling me like. I basked in the sensations. At first when he started touching my genitals I didn't think much about it. He'd just go over them fleetingly. Then he started concentrating his touch there. It didn't quite feel right."
Once I asked him to stop—but he stopped the whole thing—the talking to me softly, the hugs, everything. I guess some part of me decided that the rest of the affection was worth any price."

*   *   *

"I don't remember much before eight or nine. I know that my mother still washed me in the tub—pulling back the foreskin on my penis carefully—almost caressingly. I hated having her do it, but I figured all boys' mothers did. It was a real shock when I discovered it wasn't true. But by that time she'd already started touching me outside the tub as well. My Dad had left us and one part of me just felt I owed her something. As I got older, I avoided her more and more and I began to really feel angry with her. But she was my mother, and we were alone. How could I really hate her too much?"

*   *   *

"My brother—who was nine years older than me—said he'd show me what men and ladies did. I was curious, I admit it. At ten no one had talked much to me about sex. I had started to develop and I was really wondering what it was all about. He made me promise not to tell. After the first few times, I wanted to forget it, but he didn't and he started threatening me—he'd tell mom, he said. It never occurred to me that he wouldn't."
Abuse at the hands of other relatives can also be traumatic, especially since there may be a conscious or unconscious feeling that the parents may know or perhaps even condone what has occurred. Although this is usually not true, children rarely check out the validity of the assumption until they have built up resentment toward the parent for "knowing."

"We used to go over to my grandfather's on weekends. At breakfast and in the evening he'd always make a point of leaving his bathrobe open slightly—just so we could see him. Sometimes he'd take me on his lap—and bounce me—not like you usually do with a little kid. I could feel his penis. I guess I sort of knew what he was doing. After a while he started touching me. I thought my mother must know, but she never let on. But she thought the world of my grandfather so I couldn't tell her. She wouldn't have believed me anyway. Now as an adult I still wonder if she knew. The other day she sent me some pictures of a party we'd been to. It was my grandfather's 85th birthday. She said I should cherish the pictures. He was carousing and in one picture he was flirting with a young girl. I kept thinking he was just a dirty old man. But I felt angry with my mother for telling me to appreciate him."

Sometimes abusers gain access to children through caretaking situations. Children are sent to relatives for holidays or for some reason go to live with relatives.
"When my mother died, I went to live with my aunt and uncle. They were an older couple and they had a son who was around thirty. One night this son had been drinking and he came to my room. I didn't think too much of it other than the fact that he came into my bed. He was very affectionate, he was very touching. There was no sex at that point and the next day—I got the feeling he had forgotten which room was his—drinking and all. I said to him, 'You made a mistake and came into my room last night.' He said, 'Well, don't tell anyone. Keep it quiet.' Then I knew there was something going on that I wasn't totally comfortable with. So then it began to happen regularly. Maybe two, three nights a week after everyone else in the house was asleep he'd come to my bed and there he'd stay. I loved the affection, but I hated the sexual part of it. I think there were people who were aware of what was going on. My Aunt must have known, but no one did anything. I was afraid if I said anything I'd probably have to leave there and where would I go. I had no place to go."

Friends and acquaintances may also be abusive, the degree of trauma may be directly proportionate to the closeness, duration, or nature of the relationship. In some instances the child may recognize a relationship between the friend and the parent which implies to the child that the friend has the parents' permission for anything he or she does. This is usually done with apparent innocence on the parent's
part. The parent respects the abuser and makes this known to the child. The child may perceive that anything negative said about the abuser would not be acceptable to the parent. Sometimes the child feels the parent had actually condoned the sexual abuse.

"My stepfather hired this old farmer; a man in his seventies, I think. He was hired to help on the farm. I know that my stepfather had incredible respect for this man. I was afraid of him. He spoke very little; I'm not sure he spoke English very well. The thing I remember most were his eyes. And of this bearded, hairy face. His eyes either shot daggers at you or had incredible warmth to them. I was frightened of him, but he still fascinated me. He had a chair in our basement where he'd sit. I used to go down there and just watch him. He started exposing himself to me and I started feeling revulsion, yet I was still fascinated. Eventually he'd have me sit on his lap and he started touching me. I remember once hearing my older sister tell my mother that he was urinating in the garden. 'That's just the way he is,' she'd say. I remember thinking I couldn't tell my parents. I would hear them saying how great this man was. I could see my stepfather's whole face light up and become warm and affectionate in talking about this man. My stepfather had such respect for him; he was eighty and still out working hard. It didn't seem to matter to my parents that he was a dirty old man."
Strangers, although more suspect, represent the smallest proportion of abusers. Often parents feel that by the old, "Don't take candy from a stranger," admonition they have dutifully protected their children from sexual abuse. In fact, however, we rarely tell children why they shouldn't take candy!

"I had been told all the things like 'don't take candy' and so on; but when I thought of these strangers, I thought of old, ugly guys in trench coats. The guy at the playground was nothing like that. He talked to my friend and me about the little boy he used to have who was just our age. Then he cheered up and we talked about making a fort together. He'd help us find a place to do it. I guess I should have known better when he wanted to check out the maintenance shed with me. But I didn't. So he drew a knife and molested me threatening me if I made a sound. My friend never found us."

The lay person contemplating the subject of sexual abuse often assumes that there is violence involved. This may or may not be true. There is however coercion--sometimes in the form of violence or threats; but often through the use of guilt or gifts or just mental manipulation. Some perpetrators play on a child's sympathies by presenting themselves in need of affection or as being wronged by the normal sexual partner. ("Your mother doesn't understand me; she never lets me get close to her anymore.") Other abusers provide gifts or favors. Charlotte Vale Allen (Allen, 1981) describes finding bits of change in her pockets after a sexual encounter with her father.
Children may keep the abuse secret because they are getting the attention they crave. They may be abused and keep the secret just because of their natural awe of adults. ("It never occurred to me that I could say no to Uncle Ralph," said a former victim. "He was an adult whom I had been taught to respect. He wanted something and refusing to give it to him did not feel like one of my choices.")

Often a child’s initiation into sexual abuse is so subtle that he/she may not realize what is really happening until the relationship is well established. Sexual abuse—especially when the perpetrator has access to the child over a period of time—often follows a progression. (Sgroi, 1982) What may begin as innocent tickling or even observing between child and adult progresses usually over a period of time into mutual masturbation, oral and anal sexual contacts—and eventually sometimes—though not always—intercourse. By the latter stages the abuser has usually gained the child’s trust or at least his/her assured compliance. The child may also enjoy the attention he/she is getting. I have talked with people who, although they recognize that a child may bask in the attention/affection represented in this relationship, are outraged at the suggestion that children may enjoy the physical sensations inherent in the act of abuse itself. Enjoyment of such stroking or genital manipulation does not negate the fact that the responsibility for what society considers a taboo act rests squarely on the shoulders of the adult. Children are sensual beings. They learn through their senses. Although some children find these sensations blocked or overridden by the emotional conflict of what is happening, for others it is possible for them to appreciate the physical sensation
as much as the undivided attention of the adult/perpetrator. Yet
I have talked with former victims whose guilt is based largely on the
fact that they did enjoy the contact.

We can use the analogy of an inexperienced child being in a lovely
garden which if left alone he could explore, observing bits and pieces
of this and that until he learns to appreciate the whole garden in
his own time. Yet this thrill of discovery is taken from him by an
adult who with full knowledge feeds him a gorgeous and generous
handfull of unknown berries insisting that he tell no one. The smell
and taste may be delightful, but once the berries are eaten they
make the child ill. Not only that, but unbeknown to the child, eating
the berries is illegal and he is punished. In the end the result
makes the child hesitant to eat any other fruit and mistrustful of
anyone wishing to share these berries with him in the future. It
is easy to see in this story who is at fault. Yet we may find it
more difficult when the "berries" become the sexual relationship.

Like the story of the berries, there is usually a request for
secrecy from the perpetrator in sexual abuse. This is obviously true
if the relationship is designed to continue. Even strangers have
been reported to say: "Don't tell anyone about this or I'll come back
and really hurt you." The abuser may use threats of harm to ensure
that the secret is kept; or he may use bribes ("if you keep this our
little secret, we can go out and get you something 'real special'.")
Or he may play upon the child's desire not to hurt him—the perpetrator.
("If anyone finds out, I could go to jail"). Victims also say that
they kept the secret because they feared for their own well being
("If you tell they'll take you away" or "No one will like you anymore.").
or for the safety of others ("It will hurt your mom if she knows").
The child may keep the secret to protect other siblings ("I won't touch
your sister if you keep our secret"). And perhaps the most devastatingly
truthful threat of all: ("If you tell, no one will believe you.")

In fact, many children try to tell the secret several times through
innuendoes, metaphors and sometimes even point blank, and are not
believed.

"I remember hinting a lot to my mother about what was
happening. She would pass off my comments or not seem to
hear me. Once I even left her a book about someone having
sex with a kid. I found it in the trash later. No one
ever mentioned it. I finally told her once that my
stepfather touched me sometimes and it made me feel funny.
It took a lot of courage on my part to tell her. He had
just lost his job and he was home more and really after me
a lot. My mother told me that I'd have to make allowances
for him—he was upset. I wondered if she hadn't understood
me. I couldn't believe she'd say that. Later she said
she couldn't remember that conversation. But I did—and
I always will. That was when I decided there was no where
to turn and I'd better just accept it or get out."

Why do we as adults find it so difficult to believe a child when he/she
recounts sexual abuse? We find it difficult to believe for several reasons.
First, it is usually so foreign to our own motivations or frame of reference. Most of us find it very difficult to understand how an adult could sexually molest a child. Secondly, adults are our peers. We have more in common with them than with children. Adults speak our language. We think we understand other adults by virtue of being one. Therefore we find adults more believable. And lastly, there is often an investment in the perpetrator that blinds us to the facts. If the perpetrator is a spouse or a close relative the investment is more obvious. Yet even in friends and acquaintances there is some degree of emotional investment and trust. It is difficult to believe that that adult would betray our trust by abusing a child. Although it may be easier to believe that a child was abused by a stranger, we do not always feel children are entirely believable. Don't children spin fantasies? When an adult becomes more knowledgeable about sexual abuse, it becomes clear that children's fantasies are fueled by knowledge. Children who have been sexually abused will be able to relate graphic details; knowledge which under normal circumstances they would not possess. Yet even if adults hear the child, they may have difficulty accepting. The self blame may be too great.

"If my husband was turning to my daughter" admits one mother who was later forced to accept the truth of father-daughter incest, "it meant that I couldn't be too desirable. I just couldn't face that."

Another single mother broke down in tears as she recounted, "I had almost forced Barbara [her daughter] to go to her uncles each summer. She said she didn't want to, but I insisted. I needed that
time alone!" When Barbara finally was able to talk about the abuse, her mother dismissed it quickly and sent her to her uncle's for two more summers until Barbara finally ran away rather than go.

Even the parents of a child abused by a stranger punish themselves for the guilt they experience about not knowing where the child is every moment or letting a seemingly old enough child go to the playground alone. Such guilt may actually cause the parent to minimize the child's credibility. How can the parent be emotionally available to the child when the abuse stirred up so many feelings and conflicts in the adult's own mind.

As we look at how difficult it may be for adults to allow themselves to believe children we realize why many individuals become adults themselves before they are able to talk about their abuse or be believed. It is easy to feel angry at the adults who didn't believe us when we were children. It is more difficult to understand the blinders they wore.

What are the residual effects of sexual abuse?
"I think I've always wondered if I'm different. Do people who were assaulted as children still have the same fears? Do they still feel vaguely tainted—like everyone who sees them must know somehow what happened? Do other people feel like they must have done something which caused it to happen?"

No one victim reacts to being abused in exactly the same manner as another. In fact a victim's reaction to the sexual abuse is based upon several factors. First, the identity of the abuser may have an affect on how the child reacts; the closer the victim is to the abuser and the greater the trust involved, the more likely there is to be trauma. The duration of the abuse is another factor. If the abuse lasted three, four or five years, it is probably going to have more impact on the victim than abuse which occurred once or was of a shorter duration. We must also consider the extent of the abuse. A child who has been fondled, perhaps through clothing may find the experience less guilt-provoking than that of the child compelled to participate in oral, vaginal or anal intercourse. Physical harm may also intensify the trauma. The age at which the child was abused can also have a bearing on how well the experience is integrated. Different developmental levels hold different feelings and tasks to be mastered. At certain ages an impediment to
the completion of that developmental task will have more impact.

One issue found to be particularly important is the **first reactions of significant people to disclosure**. Some parents may react violently to reports of even the briefest molestation. Other parents may not believe or may even blame the child. The way in which parents and other important people in the child's life respond when the child tells them of the assault may contribute positively or negatively to the child's ability to integrate and understand. Even if children do not disclose at the time of the abuse, they may have attempted to. The manner in which adults respond—or are perceived to have responded by the child—is important. In fact, **the point at which and the way in which the abuse was disclosed** is another variable. Children tell adults about being sexually abused for a variety of reasons. It may be because the child realizes now that the abuse was wrong. They may be protecting other siblings; they may have a need to go on with their lives, or the control may be taken from the child when someone else realizes and reports the abuse. For some survivors the abuse is never reported until they, in their own adult years, have a need to do so. (Sanford, 1980)

The **personality structure** of each victim also governs how he or she perceives events and how he or she will choose to react to this experience. The same scenario may create an entirely different response in two different individuals. If there are so many variables which affect how a survivor will see abuse, how can we possibly hope to pinpoint anything to help survivors in their understanding? Despite these differences, it became obvious as I interviewed survivors that many
of them share similar feelings. Consideration of what many survivors feel may help you to recognize that you are not alone. Let’s look at some of these universal feelings.

Feeling damaged

Any type of assault can leave us with residual feelings. Sexual assault for a variety of cultural, social and psychological reasons is more likely to leave scars—often secret ones—than other types of assaults. One reason for this is based upon society’s view of sex and sexuality. It is not news to us that our particular culture has strong biases surrounding sex. We have ideas about when and where sex is acceptable and with whom. We also as a culture, recognize a developmental process in relation to understanding and practice, which we expect our children to follow. These rules are not written down, for the most part, but are imprinted in the form of norms in our societal-consciousness. Deviations from these norms are often met with censure and attached stigma.

When a child is exposed to sex at an early age this deviates from the expected pattern or the norm. The child may actually be seen by society as "damaged goods." Once the abuse is known, people are not exactly sure how to treat the child whom they now perceive as knowing "more." Children, due to society's perception that they know so much sexually, may even be subject to expectations of further deviance, (i.e., "you know she'll get pregnant with a background like that!" or "how could she help but be seductive?") or they may be treated as somehow "damaged" or "mysteriously altered" by the sexually abusive experience. (Sgroi, 1982, p. 113)
The conflict about sexuality bred in adults by their culture is activated by the child's premature experiences. Victims may be viewed with curiosity, guilt, fears and ambivalence by friends, neighbors and even family. People are unsure exactly how to relate to the child. Should he or she be treated more like an adult; after all sexual experiences are considered to be adult experiences. Or should the victim be treated as a child by virtue of his or her physical appearance and behavior. (Sgroi, 1982) Unable to sort out this dilemma adults may actually withdraw from the child— if not physically, at least emotionally. How many times have I heard former victims describe how alone they feel. Loneliness or aloneness to a lesser or greater degree seems to be inherent in the experience of being sexually abused.

"I felt very alone as a child. In fact to this day if I see a solitary leaf or scrap of paper blowing down the street, I'll pick it up and put it in my pocket. Maybe I'm trying to save it from being alone."

Where does the feeling of aloneness come from? Perhaps it stems from a feeling of uniqueness— as if the experience of being abused has happened to you and to no one else. But it is certainly compounded by the isolation imposed upon the victim by those around them. Even if the abuse has not been disclosed, the survivor may feel that any effort to disclose the abuse will be met with disbelief or rejection.

The child who has been abused may also feel somehow physically damaged by the experience itself.
"As he was rubbing my breasts, I remember him saying, 'are you going to have children when you grow up?'. The question seemed filled with irony. For the longest time I was convinced that because he had molested me, I'd never be able to have children."

★ ★ ★

"I once asked my older brother what made a guy a guy. He laughed like I was really dumb and told me 'a penis' of course. When I asked him if anything could happen to your penis that would make you less a guy, he just sneered and left the room. I think he thought it was a question too stupid to answer. But I really wondered if what I'd let happen to me—being abused, I mean—had done something to me or to my penis, permanently."

Not being clear about anatomy, children may fear that they have been somehow altered or changed. This can create a great deal of anxiety for them. Even when they become adults this fear may persist despite factual evidence which should assure him or her to the contrary.

"I was amazed when I carried a baby to term—amazed, frightened and sure there was something wrong with it. I had doubted I could get pregnant in the first place. So much had happened to me sexually when I was a kid, I knew I'd never get pregnant. Then when I had three miscarriages in a row all my fears seemed confirmed. Having a baby was just more than I could handle."
It is always possible to be actually damaged by sexual assault. Hospitals report that they see children with vaginal or rectal tears, children with venereal disease or children who have been beaten along with the sexual abuse. Thus, as adult survivors, they may be left with these concerns real or imagined about being physically damaged. The reality of the experience of physical harm certainly can intensify any future fears and phobias. Sometimes this contributes to the victim making inappropriate choices or in subjecting themselves to potentially self-abusive and injurious situations. For example, some former victims become sexually promiscuous—rationalizing that they have been violated anyway, so what more could happen.

Feeling guilt

Along with feeling damaged and isolated, the victims of sexual abuse may feel guilt—a guilt which has the potential of severely disturbing their adult lives. Part of this guilt is based upon the commitment to the idea that they are somehow to blame for the abuse; that they either engineered it, contributed to it, or did not resist the sexual abuse.

"I don't know why I kept going back when I knew he'd be there. Why didn't I stay away? He worked for my father. He had a little spot in our finished basement where he stayed. I remember going down there; I was somehow drawn to him. I can't remember that he'd say much; he knew my name, and he'd say, 'Come on, come on.' I remember going day after day—being fascinated by
this guy. He started unzipping his pants and exposing himself at first. Finally as it happened more and more, I'd be sitting on his lap. I'd still go down there; and then I'd start feeling revulsion and I'd run out. But the next day I'd be back again. Maybe I was curious; I didn't know what a penis was and I was fascinated about how much power I could have over it. Now it just makes me feel sick and dirty."

Another aspect of feeling guilty may be related to the physical sensations the child experienced while being touched. While for the most part children participate in the abuse as a result of a need for nurturing, or the trust of or the fear of saying no to adults, they may experience physiological reactions. Perpetrators are often skillful, gentle and play upon the victim's physical as well as emotional sensitivities. Genital manipulation for example may create pleasurable sensations with which the child is not familiar. As survivors look back on this experience (if, in fact, conflict about it has not been blocked it out) they may feel shame and guilt.

"I was angry with my body for feeling pleasure. I felt it had betrayed me. It had actually enjoyed something that my mind knew was wrong."

Often perpetrators have used a child's guilt over physical sensations as well as the guilt over contributing to the abuse as a method of assuring the child's silence.

One past victim describes how her father played upon her guilt by making her feel responsible.
"How could I resist you," he asked me. "You made yourself so attractive to me and I knew you wanted sex too. I knew it made you feel good."

Convincing the child that he or she has a part in the conspiracy is an effective method of being sure the child will keep the secret.

If and when children tell someone of the abuse they may also feel guilty about the disclosure itself. There may be a feeling on the part of the child that the perpetrator has somehow been betrayed. (Sgroi, 1982) The closer the relationship with the abuser, the more intense the sense of betrayal and guilt may seem.

"I had no idea how intense my father's reaction would be when I told my mother. I had just wanted the sexual encounters to stop. After I told, he treated me like I didn't exist. He was having trouble at work and managed to imply that I was at fault because of my 'dirty mind.' I felt like I was the one who had done something wrong. And above all I felt that he was terribly disappointed in me—as if I'd let him down. It was shortly after that that I made my first suicide attempt."

By the same token the victims who disclose see themselves as the center of family disruption. It is not difficult to recognize that in an incestuous family which might actually be broken up upon disclosure, the child's guilt over disruption would be especially intense. Yet even when the abuser is not a family member, the victim may experience guilt over disruption of relationships.
"It was three days before Easter when a stranger molested me near our house. I ran home to my parents thankful for their presence and support. What I didn't realize was the effect the event would have upon them. For the next few days there was a feeling of tension which permeated the house. I recognized intuitively the intensity of the anger that my father felt toward the abuser. I sensed, more than saw, the depth of conflict both my parents were feeling over what had been done to me. Amidst their desire to protect me, they also punished themselves over the frustration of their helplessness in the situation, their guilt over not having supervised me for that one brief moment and their inability to eradicate the experience for me. It was not our usual, relaxed and happy Easter. As I compulsively devoured jelly beans in an atmosphere of self blame and regret, I wondered not only if I had contributed to being abused, but if telling had inflicted pain and confusion on those I loved."

Certainly positive communication between parent and child is important and lessens the chances of the victim feeling responsible for the actual abuse. Children do perceive however the adult's intense reactions and difficulty in handling what has occurred.

How does the guilt felt by children soon after victimization translate into the adult years? As survivors move further from the abuse, their feeling of self blame may actually be intensified. As adults they may not remember how little control or power children actually have over the
events in their lives. If family disruption intensified after disclosure, victims often see themselves as the root of the problem.

"I know my Dad's alcoholic; he has been for a long time. But if you ask me when all the problems between him and Mom started, the age that I'd think of is when his abuse of me started. Until I got into therapy and realized differently, I used to think I'd made him drink.

Another type of guilt which seems to be a remnant of many types of assault of childhood is the guilt over having survived.

Survivors of the Holocaust often describe questioning why they survived when members of their families did not. (Epstein, 1979) By the same token incest survivors have agonized over why they survived when brothers and sisters have been so devastated by the abuse.

"My sister was so gorgeous, and now she isn't. She's played out. She got married really young. I'm sure it was to get away. She married a man who was schizophrenic. She had a hard life. For thirteen years she's been addicted to drugs. It started with a painkiller. She's really in bad shape. I feel so badly because when I was a kid she was the one who was there for me, emotionally. Sometimes I feel like it should be me who is where she is now—in and out of hospitals.

Sometimes past victims even wonder if their families would not have been happier if they had not been born. (Sanford and Donovan, 1984)
"I think my parents were happy before I was born—with just my brother. And then I came along. My mother had a really tough time with my birth and then she was sick a lot. I used to think that if she'd never had me, everyone would have been content. My father wouldn't have turned to me and they'd have been an idyllic family."

Having fears

Along with feelings of guilt over their contribution to the abuse and family disruption, many survivors report having fears—sometimes in the form of daytime anxieties or sometimes in the form of nightmares.

"I am still frightened if a man I don't know approaches me on the street. I know that I could fight back or get away, but I see myself as vulnerable. I'm afraid I'll just freeze and it will happen again."

* * *

"I used to have a lot of dreams—nightmares really. One of the nightmares was something that I can now say was a phallic symbol—it actually looked like a penis. It was just coming at my face—just closer and closer and at the time I didn't know what to do. I'd wake up screaming and in a sweat. I couldn't tell my mother about those dreams; I was so afraid she'd know why I was having them. I still had that dream until I got in therapy and understood where it was coming from."

The fears survivors experience may be specific, such as fear of
strangers, or more global. One survivor described "being afraid of so many things." Often, even if survivors recognize the root of the dream, the guilt over the abuse may give them the feeling that telling anyone about it will be tantamount to exposure.

Studies tell us that although many of the previously mentioned feelings are experienced by both sexes, there are differences in the way that sexual abuse affects women and men. Let's look at those differences.
As we discussed earlier, the residual effects of being abused by someone other than a family member may depend upon the circumstances of that abuse. For example, the scars produced by the violence and violation of being 'raped' by a stranger may differ from the self-blame of being involved with a relationship—however brief—which gave rise to the abuse.

Because children inherently trust adults and because the motivations of child molestation differ from those who rape adults (Groth, 1979), the rape of children is not as common as other types of abuse of children. The way in which abusers approach a child often depends upon the way they look at the world. (Sanford, 1980) Most child molesters are seeking comfort in one form or another from the child. The child rapist on the other hand may have no confidence in his ability to engage even a child. This individual uses only the amount of force necessary to compel the child to meet his demands. Another type of child rapist, due perhaps to his own past traumas, uses sexuality as the expression of power and anger. (Groth, 1979) This type of man may actually enjoy hurting the child.

A child who is victimized by a stranger intent upon forceful assault may experience similar reactions initially and perhaps the similar long-term effects to an adult rape victim (although the term rape is often
used to refer to forced or violent attack, actual penetration need not be the result. Legally many states refer to rape of a child as penetration of an orifice of the body with fingers or penis.) Initially the child deals with the disruption in her life and thinking brought on by the attack. Not only must the victim put into perspective the happening which may, with the violence, be different from anything previously experienced, but the child must also sort out the reactions of the adults around her. Initially she may cope with the experience by a kind of shocked numbness, which often convinces adults that she doesn't want to talk about it. Thus the emotions surrounding the experience are regressed. As time passes the victim may be plagued with reoccurring fears about what happened or even fears that the abuser will return and repeat the offense. She may feel the guilt of just being there at the wrong time or perhaps feel damaged by what has happened. (deYoung, 1982)

Assault by a stranger is not always a forceful, violent act. More often the molester engages the child by talking with her or playing a game. Marie was ten when she was abused by a stranger while she and a friend were playing near her home. The man coaxed her into a cellar and then grabbing her throat, threatened to kill her if she screamed or resisted.

Following the assault, Marie ran home in tears. Earlier she described the tension and conflicts the event created in her home over the Easter holidays. Although loving and supportive, her parents grappled with their own feelings and urged her to forget what had happened.

Marie remembers awakening with vivid nightmares and running into her
parents' bedroom for comfort. "Try not to think about it," they urged. Internalizing her fears, Marie assumed that whatever had happened must truly be too terrible to discuss. Anything 'that bad' must surely have damaged her in some way. She remembered too that the stranger had been playing hide and seek with her and her friend—a game which she had enjoyed and in which she had willingly participated. Did that not mean she had brought on the assault?

Unable to express her fears that she was to blame and was also somehow damaged, Marie built up a sense of guilt surrounding the event. She was unable to discuss it for fear someone else would reject her for "what she had done." Perhaps subconsciously Marie found herself again and again in situations where there was potential harm to her. Although not actually promiscuous she placed herself, again subconsciously, in positions where she could be taken advantage of. It was not until another stranger assaulted her and attempted to rape her that her emotions and fears spilled over in hysteria as she told a therapist of the assault and sometimes confusing the circumstances of one with the other.

Marie experienced many of the feelings spoken of earlier in this chapter. These feelings carried over into her adulthood. For some women the support of parental figures may have helped them to integrate and therefore live with the feelings. Marie did have the security of a family to turn to; her parents, however, caught up in their own feelings of helplessness repressed the memory of the experience not only within the household, but led Marie to repress the memory deep within her mind.
There are so many seemingly insignificant issues which contribute to residual feelings. For example, Marie remembers vividly being supplied with anatomical terms such as penis and vagina by her father as he tried to aid her in telling her story to the police.

"It was a long time before I could say the word 'penis!'" she recalls. "All I could think of when I said it was that man and what had happened."

Victims of an abuser who is not a family member may experience trauma at more than one level, unlike the victim of a disorganized abusive family. Some victims, due to the support system they have, are able to integrate the experience with relative ease and even seem to forget it. For others the abuse creates more visible scars—not in all aspects of their lives, perhaps, but conflict may appear in select areas.

**Abuse Within the Family - Abuse by fathers**

Most in-family abuse is father-daughter incest, where the father for a variety of reasons abuses his daughter or daughters.

**Feeling like the Parent.** When sexual abuse takes place within the woman's family situation it becomes compounded in a variety of complex ways. Along with the guilt, shame, taint she may feel about the abuse, the victim is also caught up in the dynamics of a disturbed family—one which is actually—albeit subconsciously perhaps—supporting her victimization. The woman from an incestuous family comes away not only with negative ideas about what family life is all about, but with a set of learnings which often throws her into later patterns of being a multiple victim.
Let's look at how the complexity of the family dynamics comes about. A man and woman meet and marry, probably at a young age. There is a very good chance that both of them have come from families which were disturbed and because of this have not met the needs of these two individuals. Each may have been "parentified" in his or her own family; that is, they may have taken on the responsibilities and roles of their own parents. Not psychologically ready to marry, the two often come together to get out of their own family situation and with the hope that this new partner will meet their formerly unfulfilled needs. Children may follow quickly—again in an attempt to establish the ideal family, and someone to love. As the first child becomes a reality, however, the parents begin to realize that the needs of the child are demanding and taking the attention previously given to one another. This realization is usually made independent of the other. And then there may be a certain amount of guilt as they recognize that there may be some resentment toward the child and an ambivalence about their own feelings. So the parents pull inward—each becoming more isolated from the other; each uttering a silent cry to the partner that says, 'help, I can't cope.' Yet the cry goes unheard as the partner is caught up in the confusion of his or her own emotions and needs. Quarrelling may ensue, creating further withdrawal from one another even more. The wife may dutifully meet the most basic needs of the family; the husband sensing her emotional unavailability, may increase his own demands for nurturing, affection and attention. As time passes, the rift deepens. As the children become older and/or
more are born, the wife may begin to ask for help from them as soon as the child can provide it. Exhausted by relationships she feels do not nurture her, she avoids them and asks for physical help—help around the house. The husband too is now feeling neglected and turns to the child, usually the daughter who has begun to fill mother's shoes. The child has become "parentified" taking over the tasks inherent in her parents' roles and providing the relationships—yes, even sexual—which her parents are unable to provide each other. (Gelinas, 1983) The danger is that, exhausted by being forced to be the parent to her own parents, the daughter will leave home seeking a prince-charming to take her away from the situation. Often prince charming is "Dad," (someone like him) and the pattern repeats itself. The child can break out of this generational repetition but often she will need help. Part of the problem is that on one hand she has grown up too fast, on the other her needs have not been met and emotionally she feels like a child.

**Taking the blame.** So caught up in this pattern (of being parentified) a victim of familial sexual abuse may have a feeling of guilt; a feeling that she is to blame for what has happened in the family. (Sanford and Donovan, 1984) The unhappiness around her seems so pervasive that someone must be responsible. As the father convinces her that his needs are not being met and that he is not understood and the mother alludes to this same lack of attention, the child may begin to feel that she is the only one left to assume the blame.

"One minute I'd be feeling, 'poor Dad, he's always losing his job and no one really understands him,' and the next, 'poor Mom, she's always sick.' And then I would
feel angry because if I couldn't blame Dad and I couldn't blame Mom for the rotten, lousy life we led, full of quarrels and unhappiness--then who was there left to blame? Me! After a while even getting angry took too much effort, so I just accepted the fact that it was me who was to blame."

Often the child feels or is told by the perpetrator that she is holding the family together. On the one hand this may promote good feelings, while on the other she may recognize the intense conflicts and wonder if holding the family together is worth it all. Her sense of blame may also stem from the fact that although she may be holding the family together by satisfying Dad's needs and keeping their secret, she can throw everyone and everything into turmoil by "telling." This gives her a kind of negative power. The negative power which incest victims carry into their later lives may make them feel a responsibility for the actions of others.

"My husband told me that I made him so mad that he beat me. I believed him and spent most of my time just existing with my primary goal being not to make him mad. It didn't work, of course. No matter what I did, I'd still get beaten. All the time I was sure it was my fault.

Feeling alone. Another result of an incestuous childhood is that the victim feels isolated--"no one else has problems such as my family does." "I am alone and no one will understand". (Sanford and Donovan, 1984) Often the feeling of aloneness is stimulated by the family
secretiveness which is necessary to protect the incestuous relationship. A perpetrator must cultivate the victim's sense of aloneness, of differentness, to keep her as his own and prevent her from reaching out to others and perhaps disclosing the abuse.

"When I realized what was actually happening between my father and me, I knew that no one else could ever understand. In fact, he used to tell me that. He'd say, 'no one would believe you, Fran, they'd think you were some sort of freak!' That word would run over and over in my mind. When I got older and thought about making friends with someone, it was like that word would flash like a neon sign. Freak! Freak! So, I'd back off and feel alone again."

The more alone the victim feels the less likely she will feel able to tell her story to anyone—either as a child, or later as an adult. She is convinced that she may have no one she can trust enough to tell. Even if she does begin to trust someone she may refrain from sharing her secret fearful that the 'awful truth' will drive this trusted person away and she will be alone once more.

This sense of aloneness and isolation can make it very difficult to become intimate.

"I've had lots of relationships—if you want to call them that. As soon as we'd get close, I'd screw them up. I'd make unreasonable demands or have almost a tantrum. Or, I'd just get moody. I drove a lot of people away like
that. I think I was testing them—saying can you still love me if I'm rotten. Unfortunately, most guys didn't understand that and just left. And then I was alone, again."

Feeling it's in your head. The victim also begins to feel that what has happened to her was really all in her head. It couldn't have really happened (Sanford and Donovan, 1984).

"When I was five or six my father raped me—just raped me—nothing leading up to it or anything. He came into my bedroom, took me on the floor and raped me. Afterwards I realized I was bleeding and I told him. His response was 'go wash yourself, you're dirty and disgusting.' So I did; I went and washed. It happened again and again. Yet between times he'd be kind and loving. I began to think it wasn't really happening. The feeling that no father is loving to his daughter and then rapes her persisted. As I got older I convinced myself that it hadn't happened, but the feeling didn't go away."

This feeling that her perception is somehow distorted may be intensified if the victim, as a child, had tried to tell someone and was not believed.

"I told my mother after it had been happening for about a year. She slapped my face and told me I should never talk that way about my stepfather again."

Unfortunately society may also communicate its readiness to believe that the child is at fault. The 1982 case of sexual abuse in Wisconsin resulted in the judge giving the perpetrator ninety days work sentence
because he concluded that the five year old girl the man had molested was 'sexually promiscuous.' (Finkelhor, 1984, p. 108)

Such an incident demonstrates clearly that it may well be easier to blame a child than to attach responsibility to the adult with whom it rightfully belongs. Thus, as an adult, the individual may find that carrying such shame is too overwhelming. It may be easier to doubt her own memories than to assume the blame. Assuming that the abuse experience was part of her own fantasies may also prevent her from recognizing qualities of people and of situations which may be potentially injurious to her. She may not trust her instincts and involves herself, blindly, in situations that repeat her past.

"I knew my fiance drank a little but I figured it was because he was lonely. I thought as soon as we got married it would be great. We were married for five years--five years of being mauled and beaten before I finally realized he was an alcoholic--just like my Dad. Then I could hear the old tapes playing--my mother saying, 'he's just upset, that's why he had a few drinks. He'll be okay in the morning.'"

Feeling worthless and out of control. Self-blame, denying one's own perception and being saddled with more responsibility than they can developmentally handle, causes victims of sexual abuse to grow up feeling worthless and inconsequential. (Sanford and Donovan, 1984) They may feel that because they have "failed in the past," their only purpose in life (or the only way they can make up for their inadequacies) is to serve
another—especially a man. The victim may have been told by her father that her role was to satisfy his needs or care for the family. The messages given her in childhood may actually indicate that any of her own strivings toward mastery over her own life or just being a worthwhile individual were immaterial and unimportant. The only way she can justify her very existence is to be of use to someone else. This makes her extremely vulnerable.

"I thought all I could do was to be a wife. It's all I knew how to do. I'd been my father's dutiful 'wife' for so long. No one was surprised when I was pregnant at fifteen. I figured, 'Boy, now I can really be someone—a mother.' But I didn't even do that well--and after all the practice I'd had."

This feeling of worthlessness—this extremely low self esteem is a prominent characteristic of most former victims. Unable to see themselves able to stand alone they feel dependent and unable to achieve. They may actually sabotage their own successes if one seems imminent. Coupled with this feeling of worthlessness is a feeling that they have no control over their lives. (Sanford and Donovan, 1984) Feeling out of control is perhaps the most pervasive sentiment expressed by past victims seeking help. This lack of control is manifested in many areas of their lives placing them in the role of victim again and again. In Chapter seven we will focus in more depth on the concept of multiple victimization.

If one feels out of control and worthless and as if life holds no
promise or hope, suicidal tendencies may be close behind. Many former
victims of incest have attempted suicide—some repeatedly.

"The second time I took the pills—a whole bottle—
I knew I needed help."

For other former victims their lives become a nightmare of attempts—
all cries for help.

"I can’t possibly remember how many times I tried to kill
myself. I remember when I was a kid I just felt that every¬
thing that was going wrong was my fault. I would climb a
tree as high as I could and jump. Sometimes I'd run out in
traffic and try to get hit by a car. Later, in my teens, I
started drinking and one time I took everything I could find
in the medicine cabinet. I got caught and had my stomach
pumped. I started cutting my wrists with regularity. One
attempt I made was in school—that got me into the hospital.
I was in the hospital a couple of times and one time while I
was in the hospital my uncle called me and bawled me out
because I was upsetting my mother. I had also just learned
that my father, who had been sent to prison for abusing me
had been beaten up by other inmates. When I got off the
phone after talking with my uncle I went over to the desk
and just set the leg of my jeans on fire. That time I
found something very strange; that hurting myself, for the
first time, really hurt. I started screaming and incredibly
no one came. It wasn’t until I ran into the hall with my
leg on fire that anyone came. No one expected to see a
human torch but there were a couple of level-headed people
and they threw me on the floor and put it out. I had
third degree burns all the way up to my knee.

Darlene's experience points out another residual effect of abuse. As
a child the pain of being abused or the humiliation of being violated
is so intense that the mind is unable to cope with it. Somehow the
victim envisions herself apart from the body--almost a spectator.

Karla remembers having intercourse with her father at an early age,
yet felt as though she was an observer—not really participating. Some
survivors describe having fantasies while their body is compelled to
participate in sexual activities. For some this splitting of the mind
and body becomes a method of handling these sexual encounters.

"I was promiscuous at an early age. Actually I
prostituted myself for a while. It was easy really, I
just pretended I wasn't there. My mind would go off on
a holiday while my body was being used. That's how I'd
stand it with my stepfather too. The problem was I got
so I'd do that no matter who I was having sex with. It
would really bother me because I couldn't keep my mind
from going off somewhere."

For others--this split in mind and body is not experienced with
such intensity as in the cases of Darlene and Karla. Victims have
described wishing to be elsewhere and just pretending they were.

Feeling the anger. Perhaps another reason why victims try to destroy
themselves is because they have difficulty facing anger or rage which
they may be feeling. They may, therefore, either suppress (a conscious
deliberate process) this anger or repress (a subconscious process)
the feelings they sometimes may not even identify as anger. On a
conscious level, some victims recognize that they are angry and that
this emotion is directed toward the perpetrator, or perhaps at the
non-protecting parent. Anger may also be related to being used--
being violated.

It seems natural that many victims feel anger and aren't able to
identify--or do not allow themselves to identify--the cause, when we
consider the fact that the sexual abuse has been shrouded in secrecy.
The victim often feels isolated. When something is too painful and,
in addition, is perceived as secret, it is often easier (in one way)
for us to deny its existence. Further, if the individual has learned
to split mind and body, she may be able to deny owning her experiences
and therefore be unable to direct the anger toward its rightful
recipient(s)--the perpetrator and/or the non-protecting parent. Thus
her anger becomes unfocused; sometimes directed toward self--sometimes
toward others, and she lives her life in angry confusion.

"I felt so angry--so very angry. I wasn't even sure why."

* * *

"I'd feel a rage--like I was fragmented. If I was angry
at a person I'd want to actually get my hands around their
neck. It was like being in an epileptic fit--just flailing
about. I'm so angry that it's not a concentrated attack at
I was losing control. I had to learn to control
my rage or it would have destroyed me."

The victim often wants to push the anger she feels out of her mind,
fearful that if she expressed it she would lose control totally. Some¬
times this is a conscious process, sometimes subconscious. The problem
is that anger which has been pushed under the surface festers and
intensifies. As a result the victim may become a potential time bomb—
ready to go off. The explosion can be frightening if and when it does
occur.

**Feeling the physical remnants.** If we do deny our anger or tell
it to go away without expressing it or even understanding it, it often
will express itself in another form. For victims of incest this anger
may come out in physical symptoms. (Meiselman, 1978)

"I've had headaches for years--really severe ones
when I finally realized that they were my anger trying
to get out and I expressed it and recognized it through
therapy, and my headaches went away."

Headaches, stomach problems, skin rashes, asthma, eating disorders
are not at all uncommon problems for survivors. Some women try to
ignore these symptoms no matter how demanding they become. Others
bask in the attention they receive as a result of these ailments. It
is understandable that a survivor may appreciate the outward concern
of others when they had been so deprived of this concern in the past,
however, many survivors discover that the symptoms are alleviated as
they learn to understand their origins.
Another type of physical problem experienced by survivors is obesity—especially during adolescence. Some therapists believe that this is seen by the individual as a form of protection against unwanted sexual advances. (Meiselman, 1978) Conversely, several of the survivors interviewed had at one time experienced anorexia nervosa, a psychological loss of appetite. (Kellerman, 1981) This seems to be related to a combination of body hatred and body obsession. (Sanford and Donovan, 1984) On one hand the woman feels a need to abuse her body while on the other she sees thinness as the only way she can conform to society's idea of beauty. The actual motivations inherent in these eating disorders are complex.

Dependence upon alcohol is another problem for some survivors. More and more therapists are seeing women whose alcoholism masks their inability to face the issues surrounding their sexual abuse. One survivor tells this story.

"I started drinking—I guess to blot it all out. I couldn't make sense of the incest so I figured I'd try to forget it. Instead I just got more hung up. I finally got to the point where I realized I had to dry out before I could hope to understand and deal with what had happened."

Drug addition may also be a way of seeking to avoid facing and understanding their victimization. One woman described becoming addicted to drugs after using them to treat her physical symptoms. The physical symptoms which included severe headaches and acute anxiety were eventually
traced back to her sexual abuse experience. If there was a history of using drugs or alcohol as a pattern of dependence in their own family of the past, victims may be even more prone to these addictions. Understanding the root of them may alleviate the dependence as well.

Feeling in conflict about sexuality. Some women also use substances such as alcohol or drugs to mask their difficulty with sexuality. It could be the splitting we discussed earlier or the association between the abuse and sexual experiences in adulthood, that cause problems, sexually, for some survivors.

"Everytime I'd get a relationship going and sex would get started, I'd freeze. One part of me just wanted to be held—no sex. The other part of me wanted it. If we did have a sexual relationship, I'd begin to feel used again."

Conflicts with sexuality may create such issues for women as not wanting to be touched; not being able to achieve orgasm, or finding intercourse physically painful. (Becker et. al., 1982, Meiselman, 1979) Sometimes these problems are related to the trauma brought on by the sexual abuse. The memory over what has happened is too painful or conflictual to allow them to enjoy adult sexual experiences.

"I kept thinking how evil I was to have had sexual intercourse with my own father. As a kind of punishment, I knew my body would never find pleasure in sex again."

Other women described having difficulties only if the men involved
possessed qualities that reminded them of the abuser.

Conversely, some victims become promiscuous. Many therapists feel that this is a compulsive self-destructive expression of their conflicts. By repetition of sexual contacts, victims may be trying to work through their anxiety over what they have experienced. (Meiselman, 1979) At the same time, equating love with sexuality, the woman may be attempting to "fill herself up" with as much human (sexual) attention as she can acquire. (Maisch, 1972) Or some therapists feel that the individual is working out her hostility toward her parents. (Howard, 1959)

Whatever the victims motivation her promiscuous behavior suggests a desperate reaction to her experience.

Feeling conflicted about intimacy and trust. Sexuality and intimacy may go hand in hand for some former victims. For others the two may be synonymous and for still others the two ideas may be completely separate.

Victims of family sexual abuse have not had appropriate models on which to base their understanding of intimacy or sexuality. They have witnessed constant fights and/or complete distance between parents. Often the only attention and affection they had was the sexual relationship with the abuser.

One survivor commented:

"When I first went into therapy I was asked to keep a journal. One of the questions I was to answer was--'how did I feel when the abuse was going on?' I had to honestly say I felt alive! It was the only human contact I ever really had. You abuse a child or you ignore him; which is worse?"
It's not surprising that some former victims equate intimacy with sexuality, but then do not understand why the relationship seems hollow or why their needs are not being met. Some women have described getting into sexual relationships prematurely in an attempt to find that dream of intimacy. For others, however, sexuality translates only into the disgust at what was done to them. To one woman intimacy meant a relationship completely divorced from sexuality.

"I used to plan activities with my boyfriends which would make being sexual impossible. I loved just sitting and talking in a quiet people-filled place. But then it would reach a point where he'd want to be alone and want to touch me. My husband and I dated for a while and he didn't seem to mind not being alone. When he admitted to me he had no interest in sex, I knew we'd get married. It was like a dream come true. It's been a wonderful marriage. In time we both learned to introduce sex, but it was nice to have the relationship before the sex, and not feel obligated to have it. That was the best part maybe—not feeling the horrible fear that if you don't have sex with me I won't love you."

Some women can never divorce the abuse at the hands of a man from relationships with other men. Still others constantly look for the magic prince charming who will be able to love her—no matter what she does or has done. Women sometimes report finding such a man—by chance, by design or by some strange trick of fate.
"I really can't believe where Harry came from sometimes. He accepted all that had happened to me and taught me to love myself."

For some other women, the search for the man of her dreams is never realized. She may actually go from one destructive relationship to another, convincing herself as she enters into it that this will be 'the one.'

"Finally, I smartened up," remarks Phyllis. "I'd heard an old Confucius saying, 'Man must be at harmony with himself to be in harmony with the world.' I figured that meant women too. So, I worked on getting me together, and surprise! Once I did that it didn't matter as much that I had or didn't have a man. Eventually I met him anyway—and I decided old Confucius really knew his stuff."

Unable to rebuild trust and confidence in men, a victim may choose other women as partners. This may also be a result of the damage to the woman's bond with her own mother. (Grasso, 1984) The woman may be looking for an all-loving protecting mother as much as rejecting the abusive father. In searching for that which will meet her needs, the survivor searches out the original sex who should have been nurturing—her own. One victim clearly states that she felt her father—and his abuse—had effectively robbed her of her mother. She couldn't forgive him—instead she went through life searching for her own mother in a variety of relationships with other women.

Some might argue that this is too simplistic an explanation of why
some female survivors choose other women as intimates and sexual partners. The fact remains, however, that former victims actually verbalize the incest as the basis for their choice. Some lesbians feel they would have chosen a lesbian life style whether they had been party to the abuse or not. It is difficult to understand which comes first.

Trust is an extremely difficult issue for past victims to deal with. Whether they have a problem choosing intimates due to an inability to trust or just choosing friends, this problem arises again and again.

"You really have to prove yourself to me in order to have me trust you," says one survivor. "I may test you over and over just to see if you can handle being my friend."

Inability to trust or difficulty with it stems from a number of issues we have already discussed. Trust is something we learn in the first stages of our lives. We learn it from those around us—especially our parents demonstrating a consistency in their love for us. They demonstrate their love with their actions, with their protectiveness, and instilling in us a feeling of our own worth. When one parent tells you you're worthwhile only if you satisfy his needs and the other parent is clearly not protecting you from his demands, the result may be profound confusion and disillusionment. And if you cannot trust your parents to love and protect you, who can you trust? Certainly trusting self is a by-product of trusting others, so even that is destroyed. The issue of trusting becomes fogged. The victim learns
that not only can she not trust others, but she cannot even have faith in her own ability to trust. The survivor therefore puts a high price tag on trust--insuring that anyone who wants hers in later life will really have to work for it. Sometimes no one can ever really meet these high expectations and the victim continues to feel isolated.

Debbie, on the other hand, vacillated between trusting with no discretion and being overly wary.

"I got sick of being alone because I couldn't trust anyone. I'd say to myself, 'you're nuts, you've got to give people a chance.' So then I'd make myself trust anyone, blindly, from guys I'd meet in bars to sales clerks--anyone. Then I'd get burned and I'd say to myself, 'See, I told you so, you can't trust anyone,' and the pattern would start all over again."

Debbie, still stuck in a child-like state, trusted indiscriminately, never having been taught by consistency and love how to choose wisely in whom she could place her trust.

Alice wanted to trust people, too. She was cautious at first, but sometimes someone would come along who really seemed to deserve her trust. If they appeared to get too close, however, Alice couldn't accept it. She would break off the relationship convinced that if she did not, the other person soon would.

Often women do not trust their own choice of persons with whom to invest themselves.
"If I liked a guy, I was sure he'd turn out to be a rat or I just knew I couldn't trust him. I couldn't pick a decent guy."

Learning to trust is not easy; in fact it is one of the most difficult issues a survivor faces. For that reason a whole chapter has been devoted to trusting.

Searching for the healthy child.

"The biggest thing my /incestuous/ relationship with my father robbed me of was my ability to play. I never really was a child. Sometimes I watch children play in the snow and feel so envious. Why can't I play like that?"

The role of the parentified child allows little time for the victim to be a child. In fact she begins to adopt a kind of pseudo-maturity which causes others to treat her like an adult. Thus the former victim may spend her adult life grieving over being robbed of her childhood. In the midst of learning to accept and understand what has happened to her, she may feel a need to set up situations when she can play.

"I met Doug when I was well into therapy. I'd actually begun to like myself a little bit. One day we went on a picnic and somehow—I'm not sure how—we started throwing the popcorn we'd bought at each other. At first I felt silly and then the more we laughed and the sillier we got, the better it felt. I had a fleeting fear of
losing control, but then that passed and I realized
I was acting like a kid. I laughed so hard that I
cried. It was the first time I'd really let go and it
felt so good."

Not all survivors learn to play as Maggie did. Some continue to
search for the childhood they never had.

Searching for a place to belong.

"A large part of therapy for me was figuring out
where I belonged. After a horrendous childhood I grew
up to marry two guys who were bad for me. One beat me
and one was an alcoholic. The idea that magically I'd
be taken away from it all persisted. The desire to
find an all-loving person who would give me unconditional
love was always there. But who was I—a mother, but a
lousy one; a wife—or had been three times without
apparent success. At thirty I finally became a student,
but felt I was in the wrong place at the wrong time.
Where was the place for me?"

Much of the confusion facing survivors has to do with finding a
niche for themselves. Often this is not possible until they begin
to understand what has happened to them which is responsible for their
wrong choices over and over again.

Abuse by mothers

Since most of the incest experienced by women is at the hands of
the father, we have discussed this at length. Mother-daughter incest
may be difficult to recognize because our society accepts a greater closeness between mothers and daughters. When the sexual component becomes too obvious to deny, the mother has usually abandoned her mothering role in favor of exploiting her daughter. (Goodwin, 1982)

Because more latitude is given in mother-daughter relationships, stepping over the line often creates more trauma for the victim. She may feel depressed and suicidal and confused about her own identity. It is not uncommon for daughters of this relationship to choose lesbian partners in later life in an attempt to discover a non-exploitive mother figure who will love her for herself and not for her sexual acquiescence. (Goodwin, 1982) If she chooses not to be a lesbian, the victim may be pursued by extreme fears of her own homosexual feelings.

Because our society has more difficulty accepting homosexual relationships between women than it does between men, the victim of mother-daughter incest may feel more guilty, more tainted, and bury her secret even more deeply than a daughter involved with her father. Since her mother—the abuser—is of her own sex the victim may experience more self blame and self-destructive behavior. The picture becomes quite complex as the daughter in fact has been "... the mother's magical symbol of herself. Through this process the aggressor's sexual activity is almost masturbatory." (Forward and Buck, 1978, p. 118) The victim of mother-daughter incest recognizes not how disturbed her mother is—rather how needy she is. (Forward and Buck, 1978) This is the ultimate in role reversal. Mother becomes the infant while the child is thrust into the nurturing role. The implication of
this in later life may be great. Some women will turn their anger inward. Others strike out at the other women in their lives. Forward and Buck describe a woman who fought back against other women by seducing their husbands (p. 125). Often women find it difficult to provide mothering to their own children so deep is the effect of the abuse. Because the "first" link in the chain of psychological development—the mother-child love bond—is contorted..." (Forward and Buck, 1978, p. 131), the road to achieving wholeness for the victim may be a difficult one.

Abuse by siblings

It is natural for siblings to use each other to gain their first insights into sexuality. For age similar siblings this is usually not traumatic. However, when one sibling has significantly greater power—usually by virtue of age—and resources than the other, the effect may be more traumatic. (Sanford, 1980). The degree of coercion, threat or force used by the older or more powerful sibling may also have an effect on the degree of trauma. There may be several motivators to sibling incest. As previously suggested the sibling may be engaged in exploration. An older, more powerful sibling, however, may be seeking retribution and seeks to degrade or humiliate for past perceived injustices. Or again, the incidents may stem from the older sibling's desire to control the victim. Such need to control may be based upon modeling such behavior. For example, Serena's father was extremely domineering often abusing and humiliating fifteen year old Leonard. Subsequently Leonard,
feeling a need to exercise control over someone weaker than himself
sexually abused nine year old Serena. And finally, there is an occa-
sional older sibling who is prone to sadistic acts. (Sgroi, 1982)
Obviously such abuse tends to have a more pronounced effect on the victim.

It is important to recognize the difference between exploration
and exploitation in sibling incest. For women who are exploited by
older siblings, the struggle with such issues as trust, self esteem,
intimacy and unresolved sexual issues may parallel the problems of
the victims of father-daughter incest. (Cole, 1982). Some researchers
feel that there is a definite connection between older brother-sister
incest and promiscuity.

"My brother approached me when I was quite young. We
had a relationship for quite a while. I guess I knew it
was wrong but he told me not to tell. Besides, we came
from a very religious home and my mother considered so
many things wrong that it got confusing. Anyway after our
relationship stopped--I was fourteen or fifteen maybe--I
started going out with married men--a lot of them actually.
It really didn't seem to matter who they were."
Former victims may find themselves having difficulty with relation-
ships.

When Lois was five her oldest brother began to molest her. The
relationship continued until she was twelve. By this time her next
brother had also begun to become involved.
"One of the hardest accomplishments in therapy," says Lois, "was to forgive myself—forgive my body for responding to any of it. Most of the time I still feel afraid and sick about the whole situation."

Lois' father she reports was uninvolved in the family.

"When I finally did tell my mother about the abuse, her response was 'don't do that—it will make you sick.' I'd apparently told her that they had had oral sex with me and had made me swallow the semen. All I know was the message was clear, it was my problem."

"When I reached adulthood I finally went back and told the whole family what had happened. I'd been afraid to, but I wanted my brothers to know what they had done to my life—like having relationships. I don't have them. I make mistakes but I don't have relationships. That was the major problem. I keep running after these jerks—these guys who trash me paralleling my relationships with my brothers. They always put me down and used me too."

"I got involved with one guy, got pregnant and decided to have an abortion. So he trashed me—that was it. It opened all the wounds again. I always pick emotionally unavailable men. I'm lucky I haven't married one yet."

"I do have some male friends, but they are all gay. Maybe I'm drawn to them because we can be just friends—no sex between us."
Other victims report having difficulties as adults relating to their own sons. (Meiselman, 1978) Perhaps having a son reactivates the conflicts. She may even relate to her son in a way that indicates that she is molding him into her brother's image. (Meiselman, 1978).

There continues to exist wide differences of opinion among researchers as to how deep are the lasting effects of sibling incest. Much of the answer to this question lies in the perception of the victim—how does she perceive what has happened to her and what value does she place upon it?

Whatever the type of incest, we know that it stems from a family which is fractured and unable to provide properly for the fundamental emotional development of its members. It is the child who suffers most. Recognizing that your family was not whole may help you realize that you were in no way to blame for what happened to you.
Feeling in and out of Control

"It's not just that someone has sexually abused you and you have to cope with that. It's more. In this culture boys aren't supposed to be abused--people think boys can get away or resist. So here you are--dealing with the feelings about the abuse and dealing with the disbelief communicated by adults because boys aren't supposed to be victims. Telling anyone just doesn't enter your head. Why tell and deal with one more stigma--being called a 'fag' or a 'sissy.' So you live with it--and it can eat away at your insides."

For men who have survived sexual abuse as children, there is, as the above speaker expresses, more than just dealing with the abuse. Males are given a clear message that they are the aggressors and as such are not expected to be victimized. Control--a paramount issue in sexual abuse--again becomes a key factor. Men are taught to be in control. Being victimized is not being in control. Some men have a dubious sense of control. For them to recognize that another of their sex has been victimized may actually be a threat to them as well.

"I couldn't tell my Dad that the guy had raped me. I kept thinking of all the lectures he gave me on 'being a man.' Anything I'd do which made me seem less like a man
in his eyes (like not sticking up for myself in a fight) he'd take as a personal afront. He saw fathers teaching their sons to fight well and be brave. That was his mission as a Dad. 'Take charge son.' he'd say. Do you think I could tell him about the assault? No way."

Feeling out of control by the victimization, the boy is not even given the outlet of telling someone. Not only does he fear he will be viewed as unmanly because he couldn't protect himself, but he may fear being accused of homosexuality if the abuser was a male. If he has been molested by a woman he may still feel that his masculinity is in question if he admits that the woman initiated the contact. (Nasjleti, 1980) After all, he has been carefully trained to assume that it is up to the male to make the first sexual move. On the other hand, the boy who claims that he was the initiator (which very few ever are) will then be blamed for the sexual contact. The boy cannot win. He fears that telling will at best be disbelieved, but at worse, it will affect his image of himself and others image of him as well. Instead of reporting he internalizes his doubts, fears and guilt. The residual effects of the experience may stay with him for life and influence—albeit perhaps subconsciously—the way he lives his life.

The type of scars he wears may differ according to the abuse he experienced.

**Abuse from Outside the Family**

"I guess I was twelve or thirteen—I don't even remember how old. I was down at a men's room in the city. This older
man just kept watching me. Finally he came up to me and
started talking. Then he asked me if I'd like him to
make me feel good—and described how. I didn't really know
how to react having that question asked of me. I just sort
of said no--timidly, I'm sure. I wasn't an aggressive
kid. I was scared because he was blocking my exit from
the men's room. He came closer and although he didn't
touch me with his hands, he pushed his whole body against
me and me against the wall, and wouldn't let me go. I was
really scared then and felt guilty that I'd even come there.
I remember the smells of the place--so musty and water
leaking and I just felt very dirty being near him.

I've never been an aggressive person. I'm always afraid
of hurting people's feelings. I was a sensitive kid, so I
know I wasn't able to protect myself at that point. I was
so scared that I guess I allowed him to do whatever he
wanted. After that all I remember is running out of there,
feeling so dirty and all I wanted to do was go home and
take a shower."

Ted was typical of the boy who with little sex education and a timid
manner falls prey to the child molester. He never told his parents for
many of the same reasons we have discussed earlier. First, he felt
guilty at somehow putting himself in the position of availability--
unable to recognize that he was not at fault for merely using a public
restroom. Ted describes himself as:
"... a skinny kid who didn't feel too good about himself. I was anemic, got tired easily and felt sickly a lot of the time."

He didn't feel he could tell his father, a robust man by whom Ted already felt rejected.

"I was scared of my father; he didn't understand us at all. I still have a lot of anger for him."

Ted had already become concerned about what he refers to as "feelings for other boys." The abuse resurrected his fears about homosexuality or at least of letting anyone know about his feelings.

Feeling out of control the male victim may actually try to repeat what has happened. Some do it by abusing other children, while others place themselves consciously or subconsciously in the role of victim again. Ted tells of another incident several years later.

"There were actually a couple of incidents after the first one. I think I was still searching for 'answers.' Once I went into this place— it was planned you see, and I met this person. He approached me in more or less the same manner as the guy in the men's room, but this guy was nicer. I started to talk to him. I was about fifteen, I think. He asked me if I'd like to go out of there and I did. He was talking, walking along and seemed almost like a big brother. Finally he asked if I'd like to get a hair cut, free. I said why not. We went through a beauty salon and down some stairs where there was a bed and a sink. He was treating me more
more like a friend. He talked to me and I told him about the guy in the men's room. He said he wanted to show me the 'right way to have sex.' I got scared again; I thought I couldn't get out of there. If I ran I'd have to go past all those ladies upstairs and what would they think. So, in essence he raped me. It hurt so bad and I didn't want him to, but he kept me down and started to be more and more mean. I thought I was dying. Again I couldn't tell anyone afterwards. After all this time I'd gone looking for it—sort of. And my father was drinking a lot and beating up my mother. I felt like I couldn't bring up more problems for the family."

Feeling confused about sexuality. Although he had several relationships with women as he grew to early adulthood, Ted did not feel comfortable in this role. He finally chose to acknowledge his feelings for other men and eventually chose a male lover. It is difficult to determine whether the influence of a mother who was strong, but reportedly sympathetic and a drinking, uninvolved father, gave rise to this choice or if the sexual abuse played a part. Ted feels he has integrated the abuse through his striving to understand and accept his homosexuality. He still verbalizes guilt over the incidents, however.

Still other men react to sexual abuse outside the family in different ways. Some may act it out by abusing children in their adult years. Others may invest themselves in destructive relationships with women or with other men. Few men are willing to admit that they feel
damaged or fearful. Rather they focus on their need to continue relationships in the future.

Because we have so few reported cases of boys being abused by women other than their mothers, it is difficult to comment on this situation. As men, these boys may not have the fears about homosexuality. In fact, our society often winks an eye at the boy—especially an adolescent—who makes a 'conquest' of an adult female. Two similar scenarios were once presented in one of my classes. The situation was that of an adult outside the family having an on-going relationship with a fifteen year old. The difference was that one study presented an adult male and a fifteen year old girl. The other told of an adult female and a fifteen year old male. The group with the man-girl combination felt it was sexual abuse. The group with the woman-boy scenario felt it was not.

Since I would guess that these attitudes are indicative of the beliefs of many people, the boy abused by a woman may also not be subject to the societal attitude that he is somehow damaged. Perhaps the one residual effect would be in the area of control. As a man, this victim may need to exert his control over women especially in sexual relationships. There is also a possibility according to the literature (Groth, 1979) that this man acts out aggressively against women or children.

The Family Affair

We have already considered the potential devastating effects of incest based not only upon the sexual abuse, but also on the dysfunctional
family structure which provides the child with little or no protection.

Although there may be latent feelings of sexuality between mother and a son, she is less likely to be the abuser than the father or older siblings. When mother does abuse, the boy is caught up in another conflict. On one hand his partner is female, and he is male—an acceptable combination in the eyes of society. On the other hand not only is she an adult and he a child (somewhat less acceptable) but she is, in fact, his mother—ideally the provider of comfort, security and his very being. Again society provides him with a series of stereotypes headed by motherhood and apple pie inherent in which is the idea that mother should be revered but not defiled. This confusion creates guilt in the boy.

Also coming to play in the mother-son-versus-father triangle is that as oedipus takes his prize, he lives with the guilt that he has cuckolded Dad and that Dad may in fact retaliate, perhaps through castration, literal or figurative. The result of this in later life may be a fear of other men as potential surrogate avengers.

"I have no trouble with women provided there's no other guy in her life—and I just don't mean other boyfriends. My fears can reach the ridiculous. There can't be fathers, brothers, or anybody. I once dated a woman and discovered after I'd seen her a couple of times that she had a twelve year old son. I met him and it was all over. I could never get an erection with her again."
If there is no father in the family, as there is not in many cases, the boy is confused by his need to take a role with which he is not comfortable, in spite of his desire to please his mother. The key to the confusion is the role reversal and its implications. (Forward and Buck, 1978)

As a man, the survivor may also seek out destructive relationships with older females to replicate the relationship he had with his mother and yet at the same time punish himself for these desires. Other men split their ability to relate to adult females into two distinct ways of relating—sometimes called a madonna-prostitute complex. (Mathis, 1972) When they are confronted with a woman whom they respect they may identify her with their mother—often seeing her as virginal—almost 'holy.' With this woman they are often anxious and unable to achieve an erection. On the other hand they may have no difficulty whatever with a woman they do not respect, or see as beneath them. With this woman they have little difficulty performing sexually. They may even exert their control by battering her or emotionally misusing her.

Doug met Rachael at the office. She was efficient, well educated kind and caring. He was immediately attracted to her, but felt totally inadequate—tongue tied in her presence. One evening he picked up Carla in a local bar and took her out several times thereafter, quickly ending up in his apartment in bed. Carla was not well-dressed, sometimes brash. She had left school at sixteen when she had become
pregnant. She had given the baby up for adoption. Now at twenty she supported herself as a waitress in a fast-food chain. Physically abused as a child, Carla craved attention and was thrilled when young, executive Doug, with his proverbially brilliant future, began to date her.

Doug finally mustered the courage to ask Rachael out. After several dates and Doug's unsuccessful attempts at sexual relations, he left Rachael, went directly to Carla, had sex with her and beat her. At first hurt, Carla remembering her childhood decided that that was what she must deserve and fell into a relationship of sex and beating until Doug, horrified by his own actions, finally sought therapy.

Researchers feel that it is not uncommon for men who have experienced an incestuous relationship with their mothers to act out aggressively in their adult lives. (Nasjleti, 1980)

The boy involved in incest with his father is the victim not so much of a family imbalance, but more likely of the pathology of one individual—his father. While his friends' fathers demonstrate their interest in their sons through football, sports, and other shared projects, this man uses sexuality as a price tag on his love and attention. (Sanford, 1980) Often as a result of this role model the incest pervades the family.

"My earliest recollection of the incest with my father is when I was around five years old. It went on until I was seventeen or eighteen. There was extensive incest in the family amongst the boys as well. I have memories of
very early on—my oldest brother in bed with me. The
brother next older than me and I also had sexual relations
for quite a while. My brother younger than me mentioned
to me once that my father had approached him. My sisters
were never involved. Incest was extensive in our family—
but not involving the women—only the men."

This victim of father-son incest is caught up in a complex frame¬
work of emotions. He may learn to hate his father in later life, but
because he is supposed to identify with his father, it is like hating
a part of himself. He may often become self-destructive and have
little respect for himself. (Sanford, 1980)

"I tried alcohol; I tried drugs; everything. I
remember trying to kill myself a couple of times. It's
all there. All the times I'd think—how could he have
done it! How could you have let the relationship go
on when I had those feelings; I wanted to destroy myself
for letting it happen!

The self-destructive feelings a survivor experiences may also be
acted out as he puts himself over and over again in relationships which
are not good for him. Adam talks of his experiences.

"I think I was responsible for much of the destruc-
tiveness in my relationships. I set it up. I set up
the scene. The other person may have no idea what was
going on. I love it that way. I'm controlling—I'm
sexually controlling and seductive, but at the same time
I'm not aware of the impact the incest has had on me."

As we mentioned earlier the boy who has been abused also feels a need to control situations later in life. Adam's desire to control his sexual relationships may well be an attempt to make up for the lack of control he felt he had as a child. He demonstrated this need to control when the abuse was actually going on.

"The abuse by my father started when I was five and lasted until I was about twelve. Initially I kept threatening to tell my mother—and finally I got angry with him about something and I did tell her. Her first reaction was to be angry at me, but she confronted him. My father said nothing. I still remember his face when he walked upstairs after she confronted him. There was a look of pure disgust on it. Then it was frightening, but now I love to remember that disgust. But then we had no contact—none. I missed the love I got through the sexual contact. I was craving affection. I was also coming into my sexuality and I needed Dad. So when I was fourteen I reinitiated the relationship. But what I didn't count on was its continuing until I was eighteen."

The victim of father-son incest may also feel anger toward his mother for not protecting him. Although Adam's mother did confront his father at one point, he feels she knew much earlier.

"I remember sitting there watching T.V.; my brother, my mother, my father and me. It happened a lot. I'd have a
pillow on my lap and my father would sit next to me and the rest of the family would be on the couch. They'd be watching T.V.—Walt Disney—and he'd masturbate me the whole time. Of course the feeling inside was excruciating—wanting someone to see. I'd think, 'why isn't someone looking at me? Why don't they do something;' and my mother was right there. Mickey Mouse is running around on the screen and she's more interested in that! She knew what was going on." (Mitchell, 1985)

This anger may permeate relations with women later on.

"I can't trust women" one survivor said. "Mother wasn't there for me emotionally; how could any other woman be?"

Feeling confused about sexuality. It is not surprising that many former victims of father-son incest, equipped with a basic mistrust of women and used to a sexual relationship with other males, would choose a homosexual life style. Although the father is usually not a homosexual, the normal process of discovery of his own sexuality has been distorted. (Sanford, 1980) Therefore the man of later years reaches out for what is familiar. Some survivors have argued with me that they do not feel the incest was the primary cause for their sexual choice. Perhaps a disturbed family situation may also contribute to their preference for same sex partners. Until we know more about homosexuality and sexual abuse, we can only speculate.

Not all men abused as boys choose homosexuality. However, most
involved in family assault carry the same scars of guilt, self-destructive tendencies, poor self concept and difficulties with sexual issues that women survivors do. Studies show however that men are more likely to act these out aggressively than are women. (Finkelhor, 1984). Perpetrators often describe sexual abuse in their background and their need to repeat what has happened to them is paramount for some. (We will discuss further men who do become perpetrators in a later chapter). Some need to "undo" what has happened or relive it in what they see as a manner less harmful to the victim. Other men are merely mimicing (perhaps subconsciously) the abusive models they have seen. (Groth, 1979) Of those I interviewed most had never repeated the abuse inflicted upon them as children; many, however, had worried about the possibility.

"I've had fears at different times about sexually acting out with kids. It's never been based upon a feeling. It's never been as strong as 'Gee, I feel like I want to do this.' It's more that I know that the rate of recidivism is high and victims can become perpetrators and I hope that won't happen to me. But sometimes I become paranoid about it. "Will I perpetrate?" The reality for me is at this point I have no interest in children--no interest, impulse or desire for them. I have an appreciation of them--but right now it's not an issue for me."

Whether or not a male victim becomes a perpetrator may not only be due to the differences between men and women mentioned earlier, but also
society's perscription that the man needs to control. By acting out rather than being victimized again they are achieving some degree of control. Fortunately, however, many male past victims have learned other methods of taking control rather than becoming perpetrators.

Sibling Abuse

The boy who is a victim of older sister-younger brother incest may feel the same sense of guilt, insecurity and difficulty relating to women that boys feel when victimized by their mothers. Often there are implications of family problems in this semi-maternal type of incest. The boy may involve his sister in his oedipal fantasies of his mother thus compounding his guilt perhaps to the point of impotence. (Forward and Buck, 1979) It is important to recognize once again that normal sexual exploration between siblings does not fall into the same category or have the same effects as exploitation on the part of a much older sibling.

The boy who is abused by his older brother may experience the same scars as father-son incest because two taboos have again been broken.

"The first experience I had with my brother was when I was between eight and ten. He came to my room after I'd gone to bed and went through a kind of seduction with me—a lot of it was verbal as well as physical. (He knew I'd had sex play experiences with age mates—perhaps that's what made him aware of my awakening
That was the beginning of a sexual relationship that lasted for quite a long time. I felt the sex play was wrong, but don't remember being aware of the implications of having sex with my brother until several years ago when I was talking with someone about sexual abuse and mentioned my experiences. Her reaction invited me to look at what had happened in that context. This came after years of therapy, disrupted relationships, much emotional confusion and even suicide attempts. I've been in a lot of therapy in my life—the implications of the abuse must have been buried awfully deep for it not to have come out before."

As the above survivor mentions, victims of homosexual incest may feel depressed, have a poor self concept and even feel self destructive. (Forward and Buck, 1979) They may also feel anger toward the older sibling which can persist for a lifetime.

"I never thought of my brother as a pedophile, but I know now that that's what he is. Sometimes I feel so angry with him—not only because of the abuse, but also because he can still not see what effect it had on me."

Brother-brother incest may take place independently as in the above narrative. The incest may actually take on a father-son guise, especially if the father is absent. In other situations the older brother models the domineering behavior of a non-abusive father. Here the brother seeks to domineer and control his younger sibling as he feels
dominated. The choice of the sexual expression may serve to degrade even further.

In other families the abuse by the older brother is in the context of an already incestuous family where father presents a role which male children follow. Earlier, Adam mentioned that the incest he experienced at the hands of his father reverberated throughout the family, so that brothers had sexual contact with each other.

The men I have interviewed are just as likely to appear to be survivors as the women I have interviewed. Many have begun to come to terms with what has happened to them. Perhaps society's requirements that men be in control has stimulated or even forced this process. For men who have chosen homosexuality, there may have been more of an opportunity to consider their secret scars as they consider the implications of their sexual choice. Other men may have been compelled to get therapy because of insurmountable problems in daily living. Some, unfortunately, (as we will consider in the next chapter) have repeated the pattern of victimization. As we begin to recognize that many males were abused as children (the latest research says one out of five (Finkelhor, 1984)), I hope that more men will feel able to discuss their experiences. Perhaps this openness will help victims be less likely to later victimize while their secret and society's censure eats away at them. Perhaps too non-abusive past victims will feel they have permission to seek help for the residual effects they are experiencing.
"I used to have nightmares about my uncle who abused me as a kid. In these dreams I would just see his face—it was huge and it was leering at me. His eyes were white as if nothing was there, and his teeth were huge and frightening. His lips were bright red. His face was all distorted and I kept hearing him whisper in this eerie way, 'It's our secret.'"

To a victim of sexual abuse the perceptions of childhood through the passage of time and the trauma of the experience sometimes creates a picture of the perpetrator as someone who is all-powerful or terribly menacing. Sometimes the memories are rife with conflictual messages—on one hand you may remember the perpetrator as someone warm and nurturing while at the same time you may think of him as threatening. Part of this perception of a threat is a remnant of the childhood conception that adults are omnipotent—the ruler of the child's world and the controller of the resources which satisfy the child's needs.

This chapter is designed to help the survivor look at the abuser from a more multi-dimensional perspective, as more of a human being with needs and conflicts and problems. This is not to diminish any of the responsibility of his act, but rather to create a less threatening picture of the perpetrator.
There is, in fact, more than one victim in a sexually abusive situation. Certainly the child is the obvious victim. Perhaps the least obvious victim is the perpetrator. This statement may be enough to infuriate many former victims who after years of self blame are finally able to attach the responsibility to its rightful owner—the abuser. If we look at the life stories of perpetrators, however, a pattern of victimization becomes clear.

"I was five when I first remember my stepfather fondling me. All I remember is how bad he smelled—like cigarettes and whiskey and sweat. But my Ma loved him and gave us all lectures on how we had to be good to him. I just lay there and let him do what he wanted. It went on for years. When I got older the kids on the block called me a 'whimp.' I guess I wasn't too aggressive—just short of being shy. I was ten when I was raped by one of the older guys in our neighborhood. It didn't seem too different except he was really rough and acted like he was in a hurry. I didn't say anything. I just blocked it all out."

Not only do perpetrators often have histories of being sexually abused themselves, but they are frequently products of disorganized families, many of whom were physically abusive or neglectful.

If the abuser has himself been victimized* why would he go on to victimize others? Wouldn't his own experience be enough of a deterrent? The answer lies—once more—in the concept of power. The abuser has in the past felt out of control. He has learned that those who have

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*I use the masculine as statistics show that 95% of reported abusers are male.
control are powerful. Power, to him, is an enviable commodity. Following the proverbial pecking order he turns to one less powerful than himself to achieve control. Usually the abuser has also discovered that he is ineffective—or at least he feels so—with his peer group. He may feel that other adults do not see him as masculine enough, powerful enough or of much worth. Some perpetrators have learned to take on the outward signs of success and power. The abuser may be a prominent community member or a man so apparently "macho" that no one would dare threaten him. Yet inside he remains a little boy—one who is a victim, feeling that he can achieve control only through victimizing another.

The manner in which the abuser seeks control, or the rationalization he uses differs from perpetrator to perpetrator.

Alex was thirty-eight and a child care worker in a residential school for young children. Alex said 'he loved kids.' He described himself as a 'big kid' himself and felt that working with kids was his forte. In fact, Alex had a great deal of difficulty getting along with adults. He had been married very briefly in his early twenties to a woman a few years older than himself. He described her as more of a mother than a wife; in fact, said Alex, it was she who decided they should marry. "But after awhile," admitted Alex, "I got sick of being mothered. It was too restrictive. I wanted to do things when I felt like it." Alex had had no real adult friends since. Instead he had submerged himself in a life devoted to kids. He would befriend a little boy—usually around eight or nine—and devote a lot of time and attention to that one child. No one on the staff of that particular
institutions at which Alex worked said anything about this favoritism. The boys Alex picked were usually vulnerable "problem kids" and for a while their behavior seemed to improve. No one thought much either about the fact that some of the kids became more secretive and as their relationship with Alex progressed, their relationship with their peers suffered. It was not until one young boy found Alex and his favorite classmate engaged in oral sex that anyone suspected the type of relationship that existed between Alex and 'his boys.'

Alex is typical of one type of sexual abuser—a man who feels much like a child himself and becomes close to little boys, eventually abusing them. This type of abuser has been called a "fixated" offender. Some trauma in childhood—frequently being sexually abused himself—has caused this man's emotional growth to become fixed at an early stage. (Groth, 1979) If we talked to Alex further we would realize that he had in fact been abused by a man at an early age.

"I was playing in the woods up near the railroad tracks not far from my house," reports Alex. "This guy—a bum, I guess—jumped off the train. He camped there for a while. I used to go up and see him, bring him food and stuff. Then one day he just raped me. I was so stunned! I thought he was great; I used to enjoy our times together. My parents worked—they never had much time for me anyway. My older brother was supposed to be keeping an eye on me, but he'd let me do what I wanted to. I used to like to go up there and see Jenks—that's what I called him. And then
he did that! I was really hurt. I didn't go back for a couple of days--and then when I did he was gone. I wondered if I'd insulted him because I had cried; it had hurt. I figured I'd driven him away."

Alex's rape by a person whom he'd grown to like and trust had a devastating effect on his life; so much so that he spent a good deal of his life trying to undo what had happened to him. The boys he befriended—usually about the same age as he was at the time of the rape—were vulnerable and in need of a friend. Alex offered them attention and companionship. Why would a man who admitted being traumatized by sex go on to sexually abuse other little boys? It is a confusing paradox, yet if we understand the basic human need for affection—at almost any cost—it is not so difficult to comprehend. Sexual offenders like Alex often confuse sexuality with affection. His life had been so devoid of attention by adults that even the violence he experienced at the hands of a vagrant was not enough to overshadow the attention he had also received. Alex even blamed himself for Jenk's departure, feeling that he had caused it by rejecting Jenk's sexual attention. To Alex other little boys were chosen as a symbol of himself—vulnerable, love-starved and in need of a benefactor. He would give them that attention and at the same time replay the sexual scenario—but this time in what Alex perceived as a gentle, caring manner.

In the process of working out issues of his own, this type of abuser sees himself as entirely justified and feels little or no shame for his
acts. Peer relationships hold little interest for him. In fact, if he is not forced into marriage (as Alex was) then he will marry only as a method of gaining access to stepchildren—a motivation which is often conscious, but just as often is not.

Another type of an abuser has been called the "regressed" offender. (Groth, 1979)

Gene was a grandfather before anyone realized he was an abuser. He was devoted to his granddaughter whom he and his wife frequently took during the summers. Shortly after Gene retired at sixty-five he began to feel lonely and isolated. His wife, always busy and removed from him, now was even busier with her volunteer work and senior citizen's activities. When his daughter dropped off five year old April more and more, Gene was glad of her company. April made him feel special and loved. They napped together in the afternoon and Gene's attentions to the child went from caressing to fondling and eventually to oral-genital contact. When April resisted he explained carefully that this made him feel good—and loved—but it would be their little secret. He gave her trinkets, bracelets and flowered sachets to seal the bargain.

"But I love April," protested Gene who eventually was confronted with the abuse. "I would never hurt her. She is the warmest person I have known. My wife never had much time for me and now she has even less. I think she hates having me around. My daughter Janet was always too busy too." Janet, at first horrified by her father's actions, finally recalled a time when he had tried to molest her.
"I just said no," recounted Janet. "He was in and out of jobs and I was really sort of angry with him for being out of work again. I knew he was upset about it—but my mother kept saying he was weak and I guess I sided with her.

It is not uncommon for an abuser to back down if the child refuses to cooperate. Often the perpetrator already feels under stress and insecure; he is looking for a sympathetic person and may find it in the person of a child.

Gene was also a victim—but not in an overt sense; he was not sexually abused. The product of constantly feuding parents, Gene was constantly drawn in by his mother who told him of the parental fights in graphic detail encouraging him to side with her. Her ministrations to him took on a sexual overtone and although he was never actually touched by his mother, Gene got the clear message that she saw him as her fantasy lover.

Indicative of so many unbroken patterns, Gene chose a wife who was as cold to him as his mother had been to his father. Still, to all who observed their relationship, Gene, Hazel and Janet had appeared to be a typical, happy family.

Like Gene, the regressed abuser is often married and appears to be functionally relatively normal. When his peer relationships become too conflictual he feels victimized and searches for an undemanding partner who will recognize and prove to him his worth. His choice is
a miniature replica of his normal love interest--i.e., a little girl. Yet he is not content to take his victim at her age level. He desires merely her compliance to and awe of him--her unthreatening, undemanding attention. He elevates her to a mini-woman, by dressing her with more sophisticated clothes, giving her gifts of jewelry, perfume and flowers and seeing her as a substitute for a mature woman. Paradoxically he may continue his sexual relationship with the woman (women) in his life--spurred on by the child's ability to make him feel more powerful.

This regressed abuser, however, having previously achieved 'normal' peer relationships does, on some level, recognize his failure and is subject to remorse. "I feel so badly," murmured Gene softly after the disclosure of his relationship with April. "I guess I knew it was wrong--but she made me feel really good, really important." The regressed abuser may actually try to make things up to the child but not recognizing that the abuse cannot be undone.

Some critics feel that not every abuser fits neatly into the categories of fixated and regressed abusers. Enough do, however, to enable us to better understand the needs, motivations, and behavior of each type. Recognizing why the abuser abuses also serves to identify how he may have been victimized. Feeling vulnerable and powerless as a result of his own victimization, the sexual abuser sees the child as someone who can help him regain the quality which he feels eludes him.

Abusers use power in different ways. Many, as the two men already mentioned, use the fact that they are adults--and in some cases loved adults--to engage the child. Others may use threats or even harm to sexually abuse.
"I like to see them squirm!" said a disturbed adolescent abuser. "I guess I would have killed them if they didn't go along with me."

Fortunately this type of abuser is not in the majority. I reported that about ninety to ninety-five percent of reported abusers are males. Why is this true? Or is it? Could the reports of more abusing males be related to the fact that girls are more likely to report? We do know that boys are less likely to report sexual abuse but perhaps this has something to do with the fact that our society teaches boys that it is not "macho" to be victimized.

Often boys who report are teased unmercifully by their male peers. If there is more mother-son incest than researchers have uncovered, it may be for this very reason. On the other hand men are deprived—again by society—of the sanction of physical contact when they are children. In dealing with sons many men substitute a handshake for a kiss, at an early age. Women have "permission" to touch their children in various ways right into adulthood. Does this permission sublimate women's desires into more acceptable expressions? At this point we can only theorize.

Another factor involved in fewer reported women abusers may be that men and women seem to respond to their own past victimization in different ways, perhaps based upon the roles that society has traditionally assigned to them. The man who is unconsciously reliving his victimization is more likely to victimize another. A woman on the other hand may
continue to be a more obvious victim again and again—what is often termed "multiple victimization." She may marry or become involved with a man who abuses her sexually or physically or her children. She may become a rape victim. She may fall into one hurtful relationship after another demonstrating clearly that she feels out of control of her life. Only rarely does she become sexually abusive. Perhaps this is related to her maternal role which may make her more sensitive to the well being of her children. She may recognize the harm which could be done by sexual contact, even her own (Herman, 1981).

This is not to say that every man who has been a victim as a child will necessarily abuse as an adult nor can we assume that every abused female will become a multiple victim or an abuser. The trend does seem to go in the other direction, however. Many abusers and chronic victims have been sexually abused as children.

Some researchers attribute the differences in the numbers of men compared to women reported as abusers to fundamental differences between male and females and society's expectations of them. For example, men tend to sexualize their emotions more than women, (Finkelhor, 1984). In other words, men have more difficulty separating their sexual feelings from their emotional responses. Men tend to seek out and display more interest in pornography, which despite earlier theories to the contrary is now felt to promote the acting out of fantasies (Finkelhor 1984).

And finally, society has long dictated that women are less likely to be the initiators of sexual relationships (Finkelhor, 1984). Since a
child must be invited to participate it stands to reason that there would be less likelihood for abuse with women. When a woman does have sexual relations, society has also sensitized her to seek partners who are older, larger and more powerful than she (Finkelhor, 1984). Perhaps these explanations do not fully account for why more women are not reported to abuse, but they do provide us with some possibilities. It is not that sexual abuse by women does not occur, but rather it is less likely to.

We can categorize abusers by their motivations or by sex, but what makes one individual different from another, why does one person abuse while his neighbor does not? And of all the reported cases of abuse, why are some children abused and others not? New research proposes that there are actually four preconditions for sexual abuse to take place. These preconditions are based not only on the differences in individual perpetrators, but also based upon various norms and contributors of society (Finkelhor, 1984).

The first precondition is that the perpetrator must be motivated to abuse. Several factors may enter into this motivation. The first of these factors is what Finkelhor calls 'emotional congruence.' That is the abuser feels an emotional attraction to children. This may be a result of his arrested emotional development, his extreme need (due to his own personality) to feel powerful, the remnants of an emotional trauma to him as a child or for some reason he sees the child as a symbol of himself (Finkelhor, 1984). Remember Alex, from the beginning of the chapter. Alex, traumatized as well as emotionally neglected as
a child, saw other boys as symbols of himself. His ability to engage young boys emotionally demonstrated his affinity toward them. Alex also felt the second motivating factor in this precondition model—i.e., sexual arousal by children. Although some abusers may be aroused due to a biologic abnormality, Alex, like many others was the victim of a traumatic childhood experience which conditioned him to respond. He also may have modeled his behavior after Jenks, who was the only one who appeared to give him the attention he needed. For Gene, April's affection toward him may have been misinterpreted. He may actually have rationalized that "a sexual relationship was what his granddaughter wanted." Society does not help these men, who for one reason or another, feel aroused by children. Recent studies stress the importance of fantasies in sexual abuse. These fantasies are often stimulated by the ready availability of child pornography. Even advertising stresses the sensual side of children to enhance interest in their products. (Finkelhor, 1984)

Further contributing to a perpetrator's motivation, their access to normal sexual outlets may be blocked. Some abusers have not resolved their fears or feelings about adult females. Others may be so traumatized by early life events that they feel unable to pursue a normal relationship. They may, in addition, never have developed the social skills necessary to do so.

Gene felt that his deteriorating marital relationships robbed him not only of companionship, but also of sex. Some men, feeling sexually deprived within the normal context of marriage seek outside interests—
such as extramarital affairs or prostitutes. Others lack the social skills or feel constrained by religious or moral teachings. These same religious, moral and societal taboos make masturbation an unattractive alternative. (Finkelhor, 1984) It seems somehow paradoxical that these same men could turn to children instead. Only when we understand the demeaned spot children are allotted by society can we understand this rationalization.

Let us recognize that some men are motivated (this model can also pertain to women) to abuse; but even those who are so inclined do not always become abusers. Many men (and some women) will admit having enjoyed a child and even finding nubile children arousing. Some of these may even feel that their normal sexual outlets are blocked. Yet, why don't they abuse? The answer lies in what we might call an "inner voice" which has been created by society and through their upbringing. This "inner voice" says clearly, "no, sexual contact with kids is not okay." For some people, however, it is possible that that voice—which Finkelhor in his model calls "Internal Inhibitors" is either not there or goes unheeded for one reason or another. It may not be there if the abuser was himself a victim of a family where incest so permeated the family structure that it did not seem taboo. These families are in the minority, we hope. It is more likely that the "voice" has been developed but due to deep seated rationalization, personality disturbance, or alcohol abuse, it is not heard. There are actually other tapes from childhood which may obscure these inhibitors. One societal
message is the patriarchal rights of fathers to do with their children as they please (Herman, 1981). Another clear message in our culture is that you are not responsible for your behavior when intoxicated. I have often heard abusers say, "I was drunk when I abused -- I didn't know what I was doing."

Now we see a potential abuser who is motivated to abuse a child and who for some reason does not have or has not heard that "inner voice" or inhibitor which prohibits the assaultive behavior. There are still two more factors which the abuser must overcome. First, he must overcome what are referred to as external inhibitors—that is those conditions which would protect the child from him. In other words, the perpetrator must find the opportunity to abuse the child. There are several factors which make a child more vulnerable and provide more opportunity for the abuser. A child who is poorly supervised or unprotected especially by mother is vulnerable (Finkelhor, 1984). Perpetrators look for the child who is alone and unprotected. In incest situations, the mother who is emotionally unavailable to the child or who is absent especially at nurturing times (i.e., bedtime) places a child in more jeopardy. By the same token a mother who was sexually abused herself or feels dominated or abused may unconsciously set up her child for abuse. Opportunity may also present itself in the form of the family's social isolation or as a result of lack of privacy in the home or sleeping arrangements (Finkelhor, 1984). Society again compounds the problem by promoting isolation and lack of supervision for children. Working mothers lacking support systems, may be forced
to ask their child to remain unattended until they come home. As families become even more mobile and social networking does not increase, families may become more isolated. Some theorists also maintain that emphasis on the sanctity of the family actually promotes the secretive atmosphere in which incest thrives.

Finally, it will be necessary for the perpetrator to overcome the child's resistance to being abused. It is in this area that many former victims have difficulty. What makes it possible for some children to resist, thwarting the abuse attempt and others not? Society actually contributes to the perpetrator's ability to overcome the children's resistance in two ways—first, society sees children—
and communicates this view to them—as socially powerless and unable to act in their own behalf. We expect to do for children and then are disturbed when in adolescence they cannot magically begin to do for themselves without upheaval and rebellion. Secondly, we have for years discussed and rediscussed the concept of sex education in the face of repeated evidence that the lack of this education makes children more vulnerable in a number of ways.

Aided by society the perpetrator looks for the most vulnerable children by virtue, in part, of their lack of knowledge. One young man who was a former victim recounts:

"When I was twelve or thirteen this guy approached me. He asked me if I'd like him to do some stuff to me. I really didn't know what he meant. All I knew was that
it was sexual. I didn't know much about sex. I was really naïve about it. I didn't get any normal sex education until I was about fourteen or fifteen. My mother gave us a book. When I found out I was amazed. I thought that you just loved a woman and by hugging and kissing, babies just came along. God granted them and they would just appear, you know. Depending upon how many children you had was how much your husband or wife loved you. I really was naïve."

This same young man, typical of many victims, felt rejected by his father and emotionally insecure. The insecure or deprived child is a prime target for the abuser. Emotional insecurity may not always be at the root of the behavior of a non-assertive child who has bought into society's message that children do not have power compared to adults. Often the trust between the perpetrator and the child is a factor which predisposes the child to abuse. And admittedly some abusers do use coercive tactics to compel their victims to cooperate. (Finkelhor, 1984)

Outlining the above preconditions makes it more obvious how complex the entire picture of sexual abuse really is and how little power the abused child has in the whole framework.

Certainly trying to understand the perpetrator in no way excuses him/her of the responsibility of the act. Recognizing the powerlessness that the abuser also experiences, however, can help to minimize the
image of him/her as an omnipotent or continued threat. By exploring the motivations and rationalizations of the one who has abused, a victim may be able to see the importance of control in an individual's life.

While some act out as a way of regaining control over their lives, other individuals become victims in a more obvious sense. This will be considered in the next chapter.
Researchers and therapists tell us that rape victims, battered wives, mothers in father-daughter incest, and wives of alcoholics often report having been sexually abused as children. Why would there be a connection between being abused as a child and being abused as an adult? Studies have shown that often people who are victimized see themselves as being victims.

"It got so that I'd just assume that if anything bad was going to happen, it would happen to me."

**Feeling and Looking Vulnerable.** Where does this expectation come from? To consider this we must consider what happens to us when we feel fairly confident and we are assaulted in some manner. Biology tells us that an assault or the threat of an assault activates what is known as the "fight or flight" response. We either get angry and fight back, or we flee or remove ourselves from the situation. Usually we take the flight option if we cannot imagine ourselves coming out ahead. In other cases, whether we are sure we will win or not, we fight.

As a child we may be well aware of our vulnerability. We may realize that if an adult is the abuser we won't win. Assaults in this context are not only that which we perceive as harmful, but may even be things we want to do or see as confusing. Thus, when an adult male asks a little girl to put his penis in her mouth she may not feel that
saying 'no' is one of her options. After all, the adult is bigger than she is, has more power or may be someone she loves or doesn't want to displease. When we talk of incest, the 'assault' the child experiences may not be as much what is done to her physically, but rather the betrayal of trust which takes place.

So, as children we will, more than likely, comply or try to flee rather than fight or say no. Some children will say no, however, and often abusers back off. The fact that some children can say no has created guilt in those who have not. This is unfortunate because this guilt implies the victim is blaming herself. The child is not to blame.

Finkelhor, (1984) discusses the perpetrator's need to overcome the child's resistance as a precondition for the abuse taking place. We have already mentioned several factors which make the child less likely to resist. If the child has a poor self image or has had little attention, she may either not perceive saying 'no' as an option, or she may want the attention implied in the sexual demand. The child who is not informed about the dangers of child sexual abuse may also be vulnerable. Or if coercion is used the child may be fearful. In all of these instances adults have not provided the child with the tools which he/she needs in order to resist. In other words, adults may not have given the child the attention, affection or information he/she needs to be able to resist. Society does not provide children with sufficient knowledge that they do have the option to say 'no' to adults in some situations.
The option to fight or resist sexual assault may not be available for several other reasons. First, the child may attempt to resist and be forced or beaten; or secondly, the child may trust the perpetrator and feel totally betrayed when he/she learns what the perpetrator is doing is considered harmful. I have frequently heard victims say, "I felt robbed of my anger! I loved him so much! I trusted him and he betrayed me!"

Being robbed of anger is something which may follow a victim throughout life. In fact, adult victims talk of being victimized again and not being able to react. Carol's father sexually abused her from the time she was four years old.

"The one thing I can say is that it robbed me of my ability to react," she told me. "I was actually raped twice in my life—once when I was fifteen and drunk. My mother told me it was my own fault. The next time I was married and two other couples, my husband and I were skinny-dipping at night. A bunch of motor-cycle guys came upon us. One couple got away, but they managed to drag me off and rape me. It was like I was left with no defense. When something like that happens to me I can't scream; I don't make any noise."

So, the victim who was assaulted as a child—either sexually, alone, or sexually coupled with a betrayal of trust, did not fight back because first she was afraid and secondly she didn't feel that resisting
was one of her options. She may actually feel guilty about not having fought back, despite the fact that she now knows (at least on an intellectual level) that the adults around her may not have given her the tools to do so. (Even overly strict but loving parents who do not give children choices may be robbing them of their power as an adult) This guilt may feel so all encompassing that she may feel powerless to resist in future situations. Rapists, when interviewed, will often say that they chose a specific type of woman--someone they felt was vulnerable and would not fight back. Looking vulnerable is a projection of how we feel inside. If we feel powerless to resist, we may make ourselves that way.

I am reminded of a song from *The King and I,* when Anna and her son are about to embark upon a new life in a foreign country. They sing "Whistle a Happy Tune, whenever you feel afraid... The result of this deception is very plain to see; whenever you fool the people you fear, you fool yourself as well."

I am not suggesting that whistling is necessarily the trick. However, projecting an image of non-vulnerability in whatever way that might be accomplished, often makes one less vulnerable.

Hampered by a poor self concept. Not perceiving that you have the choice to say 'no,' is often a result of a poor self concept. Our image of ourselves is derived from the messages others give us about ourselves as well as our own testing of the reality of these messages.

"They used to tell me in my family that I looked different from everyone else—like that was bad. I'd
follow my sisters around and mimic them—trying to look like them. My mother wore a lot of makeup and once I put some on to be like her. But she got furious (it was her makeup). So, I just walked around convinced I'd always be an ugly duckling. When I look back at pictures I realize I was sort of cute."

Unfortunately, however, we often adopt the early messages we receive and present them to the world as a **fait accompli**. For example, if you present the image, "I'm a lousy person" the majority of the people you encounter will accept your own assessment of yourself. "You're a lousy person, and we'll treat you that way." The more you are treated that way, the more you feel you must indeed have something really wrong with you. Only occasionally will someone care enough, for whatever reason, to stop and say, "I can't believe you're that bad; let me get to know you and see." Often we are so convinced of our inferiority that we fear that closer scrutiny might even uncover faults worse than we had imagined. So, to protect ourselves, we may reject this person before he gets too close. It is a testament to the human psyche that sometimes an individual is able to listen for one brief moment to the voice of an understanding individual who may help them recognize that perhaps they have some very redeeming qualities.

"I was twenty-one when I met my husband—twenty-two when we were married. He was thirty-one. I didn't know what to expect from the relationship. We went together for nine months. We never had sex. I didn't want it
after the abuse I experienced. There were times after we were married when I was both aggressive and passive. He helped me through it. He was understanding, not demanding. He made me feel like I was somebody. There was a part of me I couldn't share with him. He didn't want to hear what went on during my childhood because it was so abusive. He couldn't handle it. But he made me feel that it was important for me to be there—to be whole—and that I really was okay inspite of it all."

For others caring about themselves is much more difficult. Some go on looking for that person who will add substance to their lives, but through the blinders resulting from the abuse respond only to mirages—to images of people who appear to be good for them, but are in fact not. Most victims learn that until they can feel better about themselves they continue to find themselves in dysfunction or harmful situations.

Haven't learned to avoid danger. As we grow up we figuratively put out our antenae to determine what is safe and what is harmful. If our projections return unscathed we learn that it is all right to venture out and take a risk. As children most of us learn that we can run home when things get too tough. There will be comfort and encouragement until we have the courage to set out once more. But what if that nurturing isn't there? Or what if the danger—that which hurts us—is at home as well as elsewhere. Our perceptions of what is dangerous to us
may therefore become distorted. By the same token we tend to look for familiar situations—situations we have experienced before. When a child experiences a relationship with her father where sex is used as barter or where she recognizes that she will feel loved and received attention, if she participates in a sexual relationship, her ability to seek healthy relationships in the future may be hampered. Giving sex for attention is something she understands. Therefore she may offer sex as a method of getting attention or she may allow herself to become involved in situations where her partner wants only sex and does not value her personally, once again becoming a victim.

"Maybe I should have realized when the only place Joe took me was back to his apartment and to bed. I just figured I owed it to him maybe. I don't know why. Now that I look back he didn't do that much for me, but I felt I owed something to every man. I kept hearing my father saying I owed him everything because he was so good to me, etc. I didn't really realize I was being used until I saw Joe's wedding announcement in the paper. I couldn't believe it. I was sure there was a mistake. He said, no, that was him, but there was no reason we couldn't continue having sex together. I was so angry—unreasonably maybe. I guess it was all the anger I felt at my father coming up. Here I was—once more being used by a man for sex!"

Repeating the familiar. Former victims may also unconsciously look
for people who are similar to those in their abusive families.

"I got married when I was nineteen. I married a guy, I realize now, who came from the same kind of family that I did. He had a sister who was a heroine addict and a prostitute and I think his father had molested her. He used to constantly put me down. He told me I was fat—which I wasn't at the time. Later he told me that he really thought I was pretty, but if I learned that I'd have left him. It didn't work. My father was always putting me down and I'd had it. So, I left my first husband. My second husband was like my father, too. He was suffering from post-Vietnam stress and did some really crazy things to me, just like my father. I was only married to him for ten months and then I left. My third husband was very quiet and passive. He'd do anything for me—but I couldn't take that either. You know I married my father twice and then I married my mother. That's not surprising, really. My mother always ignored me. I was always looking for her love, but I never felt like I got it.

The frustration that Carol expresses—the searching to undo the past or finally achieve the love of an unprotecting passive parent, accounts for why many past victims find themselves in similar situations again and again. Some victims try so hard to break the pattern, without understanding how they came to be in it, that they move full circle
and find themselves once more in a destructive relationship. Carol chose a third husband so different from her first two, who were dominant, abusive, and much like her father. Determined not to make the same mistake the third time, she found a man who was passive and withdrawn mirroring to a great extent the behavior of her mother.

"Everyone used to think my mother was the greatest person. She'd do anything for anyone--except for me. She never appreciated anything we did. I can remember when I was ten, I made the choir and was chosen as a high soprano. I was so excited, I ran all the way home. I thought it was such a big honor. I told my mother and she said, 'Oh, that's nice--but you have things to do this afternoon, so don't think you're going out.' She liked to dash cold water on everything--no matter what it was. My husband--my third husband--is extremely passive. He is a nice guy, but he's so much like her. Nothing phases him; nothing's a big deal.

So, as survivors listen to old messages and behave in self-defeating ways, they find themselves victims once more. It is not an easy pattern to break. But understanding what lies beneath--what has transpired that seems to keep them in the role of victim--may actually help them to break the cycle.
CHAPTER 8

HOW CAN I BREAK THE CYCLE?

Every victim of child sexual abuse needs to find his/her own way to work out the feelings about what has happened. For some the healing process may not even be conscious. For others, a great deal of time, patience and concentration will be necessary. The healing is not a phenomena which can be seen in immediate results; nor does one wake up one morning and say, "I'm healed!" Rather, the evolution is realized when you gradually find that life is not as much of a burden as it had previously seemed. One survivor called her evolved understanding "the gift of myself." A therapist I interviewed created an accurate word picture of the therapeutic process for an incest survivor.

"When you're in a troubled family, it's like trying to survive at sea on a raft. You worry about getting through it. You don't spend a lot of time worrying about how you feel about trying to get through it. Therapy is giving the survivor back her feelings—the ones she never dared to express or try to understand."

How do you make the decision to break the cycle? The cycle may be when you have a pattern of finding yourself in unhappy situations. Or when you realize you are being victimized again and again. Being in a negative cycle may also mean you are plagued by guilt, anger,
or fear which may be getting in the way of your leading a full life. Some former victims realize that they just don't like themselves very much and feel a need to put themselves down or even do physical harm to their bodies. That harm may include involvement with drugs or alcohol. Whatever way this pattern manifests itself, there comes a time when they may say, "I've had it. This has got to stop." For some this is a conscious decision—one made when they just can't stand living with themselves any more. Relationships may play into the realization of the need for change—relationships that are negative or positive. Yet it is more than the relationship that generates the will and way to work free. It is when a new perspective on what is happening combines with an awareness of what else could take place and the choice to take the responsibility for moving towards better ways to live and relate.

"I can remember lying on the bed after my husband had beaten me again and left the house for his usual cooling off period. I was sore and aching. I just laid there in a trance thinking, 'why is this happening to me?' Then I said to myself, 'because you deserve it.' It was as though the response to the indictment came from nowhere—or perhaps from inside—'no one deserves this' it said. This was my second husband and he was beating me—just like my first one had! It was then I knew I had to get help."

* * *
"When I met Fred, I knew he was special. He wasn't like the other jerks I'd met who were rotten tome. He was kind and sincere--different from anyone I'd known. Then I panicked. I knew I couldn't keep him; I was too screwed up. So I made a decision--if I wanted Fred--and I did--I'd better get my own head on straight."

Other survivors are working on life issues and their decisions to try to understand the abuse springs from that.

"I was in my mid-twenties before I finally admitted to myself that I was gay. Oh, I knew what my feelings were before--but I tried to ignore them. I even dated a girl--and almost married her--but it wouldn't have worked. After we broke up I started exploring my feelings about everything. Inevitably the conflicts about the abuse cropped up too and I knew I had to deal with it."

* * *

"I was having extreme anxiety attacks a month before our wedding. I thought at first that I must not love Chris enough so I went to see a counselor. He helped me to realize that it wasn't that at all; I was so up tight about my feelings having to do with the incest which I had experienced and which I had buried for so long that the idea of being tied in an intimate relationship to another human being was too overwhelming."
Many former victims begin to face their own feelings as they deal with their own children.

"My brother tried to molest Dawn when she was five; just like he'd done to me. I was furious--more than furious--I was totally out of control. I think I could have killed him. I'd been so careful to see that Dawn was never left alone. And that's what he did! I guess I'd pushed the memory of what had happened between my brother and me way back in my mind. My only recognition that something had happened was trying to keep him away from my daughters.

I was so glad Dawn had resisted him. But then I began to wonder. 'Why hadn't I?' 'What's wrong with me?' For a couple of nights I couldn't sleep, and when I did fall asleep I'd wake up in a cold sweat. The incident brought back all the pain so I didn't think I could stand it."

* * *

"I decided to go to a support group for survivors when my son was nine; just the age I had been when I was molested. I'd given him the usual safety talks about strangers. I didn't even want him to go out for little league. A friend pointed out that I was going a little overboard. It took a while before I could recognize that my experiences with my coach as a child were making me
unreasonably over-protective and I'd better go somewhere for help before I wrecked the good relationship I had with my son."

Recognition that you need to break the pattern of dysfunctional relationships, poor self esteem, and lack of trust does not always come abruptly. Many survivors do seek understanding as a result of specific experiences but for others there is a slow process.

"I'd think from time to time about getting help with my feelings--but it never seemed too vital. Finally it did feel like the right time; I don't know why, though, it just did."

Whatever the precipitating event or evolutionary process, the importance and possibility of being able to lead a fuller life becomes clear.

When that time comes, what do you do about it? There are several areas which may be clouding up your life. These we have discussed in Chapters 3, 4 and 5. "Why Do I feel the Way I Do?" Breaking the cycle means either alleviating those uncomfortable feelings through understanding or learning to make good choices despite those feelings. Often, as you develop a pattern of making better choices, the uncomfortable feelings begin to diminish or even to disappear. What is available to someone who wants to understand these feelings or to make better choices?

Formal Therapy

Those of us familiar with traditional therapy may feel strongly
that it is beneficial, though these feelings are based upon the firm conviction that the therapist must be right for you. Sexual abuse is a very special issue and not all therapists are suited to deal with it. Some former victims describe going through years of therapy during which the therapist never uncovered the issues around their real problems of sexual abuse. One woman recounts:

"I told my therapist one day that I had been sexually abused by my father. He nodded and started asking me about something totally unrelated. I couldn't believe it. Here I'd gotten up the courage to mention it and he wasn't even hearing me. So—I never brought it up again."

As in this situation some therapists are either unschooled in the issues involved in sexual abuse or are in such conflict about it themselves that it is difficult for them to do therapy surrounding the abuse. Further, it is my contention that in order to work effectively with sexual abuse, a therapist must:

1) be comfortable, informed and skilled in discussing sexual issues;
2) be comfortable, informed and clear about his/her own sexuality;
3) have achieved an aware and comfortable relationship with his/her own family of origin and
4) be comfortable with his/her own vulnerability.

Not every therapist has come to terms with him/herself in these areas. The above qualities are very difficult to discern in someone you don't know. So, how does one find a therapist?
Choosing a therapist

Formal therapy is an investment—not only emotionally, but financially. It is important to get the most out of it. Choosing a therapist is not always easy, especially when you have learned not to trust yourself, let alone others. Approach the task of finding a therapist with the idea that your 'self' is the most precious commodity you have. A therapist is a guide to help you get to know that self. You need to shop around to decide which is the right guide for you. This, too, may be difficult if you have learned not to think much of yourself. Nevertheless keep this idea in mind, no matter how far fetched it may seem to you now.

Then do a mental exercise. Were you ever in a relationship where you felt really good? What were the qualities of that person? Jot them down.

Now ask yourself, under what circumstances do I feel the most free to do the most soul searching? If a friend could help me, what would that friend be like? Would they be directive—confronting a lot? Would they be warm, loving and gently encourage me to talk? Write down the characteristics in your friend that you feel would help explore yourself best. Do you like someone who just listens or do you prefer that the person talk with you? This is not to say that the qualities you have chosen will necessarily be those which are best for you. However, it will give you a starting point.

Armed with a list of these qualities, shop around for a therapist.
Interview any potential therapist, remembering that you are considering making an investment. Will this 'bank' (i.e., his/her therapeutic style) give you the best interest on your investment? In order to determine this you might ask such questions as:

--What type of therapy approach do you use?
--How long would you anticipate therapy lasting?
--How will you know when I'm ready to end therapy?
--What if I need you in between sessions?
--What rewards you most in doing therapy?
--When do you feel you are "at your best"?
--What sorts of clients or problems give you the most trouble?
--What do you prefer to do when the work is troubling you?

There are no right or wrong answers to these questions—only answers that feel good to you. Feel free to ask any other questions that will not only help you choose the best therapist for you, but also help you both to work at your best together in mutual respect and cooperation. Remember that one of the areas you may be experiencing difficulty in is that of control. Going into therapy is a way of gaining control in your life. In fact, getting yourself into therapy is a real first step in gaining control.

To continue this process, a therapist should be one who wants and enables you to gain that control—that is one who joins with you to empower you.

"When I work with survivors," says one therapist, "we join together
as a team. I say, "Okay, it's you and me against these feelings of mistrust, for example: together we can lick them."

If you were abused by someone outside your family and had a relatively stable family life, the therapist may be a sympathetic listener or perhaps a motivator if your family was too easy on you. If you have grown up in a dysfunctional family, however, your therapist may end up being the loving, concerned parent you never had. This is your chance to choose such a person--someone who will walk you through your baby steps (emotionally speaking); praise you in your highs, support you in your lows, encourage you to take risks, and generally experience your growth with you. You will go through a lot with this person--sometimes hating them, sometimes loving, sometimes depending upon the therapist and finally knowing you can live without him or her. (It is comforting to know that the information shared as you progress through these steps will be between you and the therapist, as therapists are bound by confidentiality. Only if they get your permission can they share this information with another person or agency--usually in the interest of your growth.)

Make every effort to interview several people. This will be invaluable for learning about the range of options you have. Remember you are interviewing them initially to see if they can help you. Even after you have been in therapy for a few weeks, or even more, if you feel this person is not right for you, bring up your doubts. Most therapists find this very helpful to the whole process—they appreciate knowing when and how to adjust their style or process in order to be of the most help. There are often points in therapy when you feel
like "cashing it in." By discussing it with the therapist you may discover that this is one of those times and deep down he/she is helping you. Or you may recognize this is not the therapist for you. Don't give up, you are worth someone who understands.

After interviewing a therapist you might ask yourself these questions:

--How did he or she treat me?
--Did this therapist seem to want to join with me or remain above me?
--Did this therapist seem interested in me as a person?
--How does he/she seem to feel about survivors of sexual abuse?
--Does he/she seem to think there is hope—that I can feel better?
--Does he/she seem to have difficulty discussing sexual abuse?
Will it be difficult to tell him/her all?

There are other issues you might want to consider when choosing a therapist. I have been asked if the therapist should be male or female. For a woman who has been abused by a man, a male therapist may be more difficult to trust. Once trust is established, however, she will at least have a positive role model in a man. This may be the first man she has ever trusted consistently. If she chooses a woman therapist, the trust may initially come more easily. The female therapist can also provide a role model, someone to pattern herself after. (Faria and Bilohlavek, 1984) An incest victim whose mother did not protect her may later feel anger toward this female therapist as a surrogate mother. This does, however, give the victim an opportunity to work on that anger. If a woman was abused by another woman the picture may become more complex. There are also issues here she could
work out with each sex, although some survivors find it more difficult to work with women therapists in this case.

A man searching for a therapist may often be concerned about facing another male with what he, as a victim, may perceive as weakness. An all loving, nurturing mother may seem more comfortable. On the other hand, if he has been abused by a woman, he may see all women as threatening. As you can see, there are issues which can arise with therapists of either sex. But since we don't have another sex to choose from, the choice must be made. Perhaps it is more important to determine which individual you could trust most easily regardless of sex. Once trust is established whatever issues come up can be handled.

More of an issue than the therapist's gender is his/her knowledge of sexual abuse and comfort in discussing it. The sexual assault of children is an issue which leaves much of society extremely uncomfortable. Many therapists do not know enough about the issues involved in sexual abuse. It is important to choose one who has taken the time to learn more about the subject. If such a therapist does not exist in your area, you may consider one who is successful in treating children of alcoholics. There frequently are similarities in the need of both types of survivors. You should also be able to tell as you interview the therapist if he/she is comfortable talking about the abuse that happened to you. One survivor confided:

"My experiences were pretty horrendous. I needed to see someone who didn't look shocked at everything. A
shocked reaction would make me feel like a freak. I
needed someone who was concerned about me—no matter
what I said about being abused.

Since the treatment of sexual abuse is a relatively new field,
new techniques are being developed every day. It is of great importance that a therapist be flexible, open to new material and new ideas and ready to hear your suggestions about what you think may be helpful to you. As a therapist, I have had survivors suggest techniques they have seen somewhere and would like to try. Many of these are successful. If they are not, we still may learn something from our attempts. As you read this book, or perhaps another, on therapy with victims, you might discover useful ideas. For example: Incest: A Treatment Manual for Therapy with Victims, Spouses and Offenders (by Adele Mayer, Holmes Beach, Florida, Learning Publications, Inc., 1983) offers some interesting questionnaires and exercises as do I Deserve Love: How Affirmations Can Guide You to Personal Fulfillment by Sondra Ray, Melbrae, California, Les Femmes Publication, 1976) and Asserting Yourself: A Practical Guide for Positive Change (by S. A. Bower and G. H. Bower, Reading, Massachusetts, Addison-Wesley Publishing Co., 1976).

The type of therapy offered by a therapist may also influence your choice.

One to One Therapy

There are many orientations to individual therapists. Some are short term—some take much longer. Some therapists focus primarily on
the here and now while others concentrate more on the past. A therapist can use any approach provided he/she helps you to gain control of your life, manage your anger, improve your self esteem and learn how to join in healthy relationships. A few possible types of therapies are:

Psychotherapy — encourages victims to look at past life histories to understand what's happening to them today. Old traumas are "worked through," defenses uncovered and guilt explored. (Forward and Buck, 1978) Developmental tasks and the lack of resolution of them are explored. Coping patterns are examined. The emphasis is on creating connections between the past and present, assuming that resolving issues of the past will aid people in resolving current issues. Traditionally this is a long-term therapy.

Gestalt Therapy — focuses on the "now" and is not as concerned about the past or future. The therapist helps you discover where feelings are coming from while taking responsibility for your own behavior. Some feel that because victims need to stop blaming themselves, this therapy may cause some difficulties. (Forward and Buck, 1978) However, other critics would say that victims might be helped as they need to learn to take control of their lives for the future. Gestalt uses dialogues with the parts of self (e.g., feelings, wishes, fears, images or body parts) to help the individual get in touch with the whole self.

Behavioral Therapy — focuses on the behavior which appears to be causing the individual problems rather than on the underlying cause
of that behavior. For example, if a past victim is experiencing phobic reactions which are hampering day to day functioning, the behavioral therapist would help to identify and try to eliminate these maladaptive patterns. Through therapy the individual would also be helped to learn to substitute other more functional behaviors. Although some feel that it is helpful to eliminate dysfunctional behavior, especially if it is disruptive to the individual's life, this therapy treats only the symptom. It does, however, promote a feeling of control in that you consciously monitor behavior, develop a contract to change that behavior, and take specific action to do so. (Corey, 1983).

Short term or Crisis Intervention — This therapy is designed to alleviate acute emotional crises or anxieties. Past traumas are not explored in depth. Instead the purpose of therapy is to mobilize the victim's coping mechanisms. (Forward and Buck, 1978)

For the victim who feels fairly comfortable until a major crisis arises, this therapy may at least get them through the crisis. Once the critical time has passed and the therapy ended the survivor may feel fine again or may opt for another therapy.

Transactional Analysis — This therapy explores the three personality states: the "parent" who can be critical or nurturing; the "child" who seeks gratification, and the "adult" who is geared toward reality. These states interact, and that interaction can be analyzed. A "life script" is the pattern we follow in life and this pattern has been created largely by attitudes, roles and responses which we have acquired and which we act out in our lives. "Script analysis" helps
one to examine why we do things. The victim and the therapist look at early messages received from others, the inclusion of which in our own script is now harming or preventing growth. The therapist then helps the victim to "throw away" unhelpful scripts or patterns and learn to live a new one. (Forward and Buck, 1978). One emphasis with survivors could also be to help them become their own nurturing parents.

Humanistic Psychology — Perhaps one of the most helpful views for survivors, this school of thought proposes that adults can take control of their own lives and make choices. The therapist tries to help the individual to become "whole" or "fully functioning" by encouraging a combination of caring, trusting, and feeling free. Victims are encouraged to search for meaning in their lives.

Many therapists prefer to have a repertoire of several approaches so that they can best meet their clients' where they are; such a preference usually indicates both a versatility and an attitude that can be the most helpful.*

**Group Therapy**

Groups are often a very helpful way to participate in therapy. For some survivors it will be necessary to have a one-to-one relationship as well. For others, a group will suffice. In a group victims

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can 1) share common experiences and thereby feel validated, supported and understood by other victims; 2) vent their long-suppressed feelings about the experience of sexual abuse (Corey, 1983), and 3) use the group as a way to practice building or rebuilding social skills and networks. Most groups have between five and ten members. Some are open ended (meaning they will take new members at any time) and others close membership after the first week or two. Groups usually run for a specific number of weeks, but some can be extended or be on-going.

Groups take numerous forms. The most common therapeutic model is the survivors’ group. Such programs may be sponsored by feminist organizations, family agencies or mental health clinics. Usually a group will meet once a week in a particular agency, members’ homes, or community institutions, with one or two trained therapists. Often agencies use a male and a female therapist to simulate the united parental pair thus giving victims an opportunity to vent feelings toward and or develop new relations with both mother and father—or if the abuse occurred outside the family—both males and females. Forming relationships with positive “parent figures” can also help the survivor to model these nurturing techniques in their own lives. Some groups are specifically for women survivors; others are geared toward male survivors though the latter are fewer to date. I know of several gay/lesbian coalitions which also run survivors groups. Many groups are focused on victims of incest. Some allow participation by anyone for whom abuse was a problem.
A variety of techniques are used in group therapy.

"Our group combined everything" one survivor told me.

"At first we just talked and got to know each other. At the onset we were asked to keep diaries or journals on our reactions to the group as well as what we did well and how we didn't cope between group meetings. After a time we started reading those journals aloud. It was scary at first, but we got used to it. Reading them aloud really helped. Occasionally we would have homework which consisted of either a questionnaire to assess certain ideas or attitudes we had or we would be required to work specifically on some behavior for a week. We also used role play in the group. At one point a couple of us did a role play where we had to face an empty chair. When I did it, the chair was supposed to hold my father and I could say whatever I wanted to him. I really recognized how angry I was through doing that."

Journal writing is a common technique used in both individual and group therapy. It can be very useful in helping victims face and accept behaviors and attitudes. Reading the journal aloud adds to the impact. Letter writing is also used by individual and group therapists. Participants are asked to write a letter to someone in their lives—often the perpetrator—expressing their feelings. Letters are read and discussed in the group. Only occasionally are they actually sent to the recipient.
Role play is also an effective tool which helps victims get in touch with their own feelings and the feelings of those around them. Sometimes participants are asked to change places with a partner. The partner will play the victim and the victim takes on the role of whomever he or she is trying to confront or understand.

Some groups also strive to understand issues such as body functions, assertiveness, communication skills or available resources. Toward this end they might use readings, lecturettes or exercises to teach victims these concepts.

One unique approach to group learning uses fables, poems, or stories to elicit members reactions and in turn help him explore his own values and attitudes. Such a program is also being used in pre-release centers to enhance moral development in men and women who have been imprisoned (see Discovery Program)

Dance Movement or Drama Therapy

Since appreciation of the body and learning to express yourself is so important for survivors of the isolated secretative world of sexual abuse, dance movement and drama can be effective therapy mediums.

Dance movement therapy will help you to become in tune with your body and find your own body rhythm. Victims are often so geared to listening to the desires and commands of others that they may not perceive the needs of their own bodies. Dance movement can teach you breathing techniques, "centering" (to make the most use of your energy) and how to relax and meditate. (The Boston Women's Collective, 1984)
The anxiety felt by survivors often impedes these processes unless they are given particular positive attention. Since dance therapists also work with obesity and eating disorders, such therapy would also help survivors with these issues. It is important, however, that the particular therapist knows something of the needs of survivors. While some dance movement strives to release energy, some survivors have the opposite need.

"My energy was fragmented enough," said one past victim. "I didn't need to release it—I needed to channel it!"

Music is an aspect of therapy which can be relaxing, inspiring, and helpful in exploring various moods.

Another by-product of movement is learning to "play." Playing helps us find individual limits, boundaries and skills. We learn through play to trust ourselves and often others. Although it may be difficult to return to the unselfconsciousness of childhood, there is an element of body movement that can help us learn to play.

(Wethered, 1973)

Drama therapy combines play and playing a role. Survivors may have difficulties relating to specific people or situations. Through drama they can try out different stances. There is also a cathartic element to portraying a character who handles situations in ways that we feel unable to.

"When I first got into the drama therapy group, we put on a little playlet about a guy who could turn
into a super hero. I was that character. What a strange role for me. I had thought that everything I touched would fail. But I really began to identify with this role. It helped me to be more assertive and more positive in my thinking."

Portraying a role may take a great deal of concentration which can also help the survivor center energy and feel successful in the undertaking.

The use of improvisation helps survivors become more flexible. Mime is another tool that some groups use to track the exploration of space, the use of the body and just having fun.

Although dance movement or drama therapy groups may be the most useful, groups not designed specifically for therapeutic ends may also have benefit. If a call to your local mental health or social service agency or women's center does not uncover a therapy group, try a YMCA, YWCA, adult education program, or community center for dance or drama groups in your area.

**Couple Therapy**

The problems experienced by survivors almost certainly will influence the intimate relationships they have. Therapists who deal with sexual dysfunction in marital relations or are predominantly involved in marriage counselling report that many of their clients are survivors. Many, during therapy surrounding a problem with their spouses disclose the secret of abuse. It is important that a spouse be able to deal with the sexual abuse issues and the way that
the survivor is working them through. (The implication of telling a spouse will be discussed in a later chapter) If you tell your spouse and he/she feels a need to understand more, this type of therapy may help you work toward this end together.

Self Help Groups

Self-help groups have long had a history of effectiveness with human problems—especially those which might otherwise create isolation.

Parents Anonymous - is a group which for many years has dealt with parents who abuse their children. The group is based upon the alcoholics anonymous model and members seek, through disclosure and building support systems, to cease their abusive behavior. Some former victims who recognize the potential for repeating the cycle of abuse with their own children use this group effectively. The group is primarily geared toward physically abusive parents, but with the increase in sexual abuse, most chapters also encourage parents of sexual abuse issues.

The group can be small or large and consists of parents seeking support and a sponsor who is usually from a local agency. The meetings consist of self-disclosure and a search for a method of coping with the behavior. Local groups can be contacted through the national office at 22330 Hawthorne Blvd., Suite 208, Torrance, CA 90505—1-800-421-0353.
Adults Molested As Children Groups - These groups came out of the Child Sexual Abuse Treatment Program (CSATP) of Santa Clara County, in California. The program was originally sponsored by Parents United, a group for parents in families where abuse has been an issue. Later it became obvious that adults who had been abused also needed a group.

"Commonly, a group member is in her late twenties. The incestuous situation had not been reported to the authorities and she has not been able to resolve the experience either with her mother or offending father to her satisfaction. Both parents avoid or frustrate her attempts to confront them. Ever since her adolescence, the victim has abused herself unmercifully, by promiscuity, by substance abuse, and/or by sabotaging or not fulfilling the potential of intimate relationships. She comes to the group angry, guilty, self-pitying, fearful of authority figures, and apprehensive over her sexuality and sexual identity."

(Giarretto, 1982, p. 28)

The group helps victims to explore their painful feelings about the abuse; they also receive help in removing blocks which may be frustrating their emotional development.

The group member usually attends for the eight week session. The member is then referred to a Recontact Group. The latter consists of personal awareness and role playing exercises to revolve repressed
issues. The Recontact Group membership is mixed, with offending parents
and non-offending parents (from Parents United) in an attempt to allow
victims to express their anger in a safe, supportive atmosphere. Be¬
cause the parents selected for the group are not related to the adults
who were victimized, bonding often takes place between individuals of
the two populations. By recognizing that the parents are worthwhile
people, the victim is able to remove blocks she may have had in under¬
standing, recontacting or perhaps forgiving her own parents. (Giaretto,
1982)

To date there are not too many such groups across the country.
More information can be obtained through contacting Parents United,
P.O. Box 952, San Jose, California 95102--(phone 408-280-5055).

Writers' Groups for Survivors

Writers groups are becoming more and more popular due to survivors' needs to express themselves and the feeling shared by some that paper is a safer medium. In fact, books are now coming out of such groups: I Never Told Anyone: Writings by Women Survivors of Child Sexual Abuse (Ellen Bass and Louise Thornton, eds., New York, Harper and Row Publishers, 1983), and Voices in the Night: Women Speaking About Incest (Toni McNaron and Yarrow Morgan, eds., San Francisco, California, Bleis Press, 1982) are two such books. The idea of using writing to explore issues of sexual abuse has caught on and now groups have been set up specifically for this
One survivor spoke of a group she had started;

"The local woman's center knew I wrote quite a lot and they called me and asked if I'd be interested in starting something of a literary nature. When I suggested doing a group for incest survivors, they agreed. I think they were a little afraid to publicize it at first, but then did a pretty decent job. We got five people initially. One woman I knew from somewhere else and had no idea she was a survivor. Anyway, we got it together—a pilot project of sorts. Every week I tried to come up with some kind of a topic for people to write on. For example, 'Was there anyone person that you can point to that you think may have helped you in your survival?' or 'What survival skills have you developed?' One woman was interesting. She never wrote; she came every week, but she never wrote anything. Finally we asked her why and she said something I could really identify with. There was so little privacy in her home that she was afraid to write—afraid someone was looking over her shoulder. But still she got a lot out of coming—out of hearing what we wrote."

"We wrote about a lot of things. Rather than becoming immersed in the details of the abuse, we tried to focus as much as we could on the survival aspect, on what made
us strong. I guess we did it that way to kind of con-
gratulate ourselves for surviving. Then when we ran
out of topics we just wrote—on how things affected us.
It was really great to get together with other survivors
to cry, laugh and just celebrate our victories."

It might be wise to insure that the group with which you become
affiliated has a professional consultant in the mental health field
at least on call. Although writers groups may also be more difficult
to find, your local mental health center, family agency, or woman's
center may know of such a group in your area. Gay/lesbian coalitions
also have sponsored such groups—or like Carol you may start your own.

**Support Groups for Specific Populations**

One underaddressed segment of survivors is that of men. Toward
establishing a group specifically for men, one Boston man brought
together a group of men to support each other in their efforts in
overcoming the residual effects of incest. Although several of the
members have training in mental health the "shared leadership" emphasis
of the group puts it into a support category. Members share their
experiences and aid each other in coping with their feelings and
conflicts.

Such groups are beginning to become more common. Agencies dealing
with sexual abuse may know of their existence.

Gay/lesbian support groups are often supported by gay/lesbian
ccoalitions. Members may meet to discuss a variety of issues, but I
have heard of several groups designed specifically for dealing with
issues resulting from or associated with sexual abuse.

**Assertiveness Training Groups**

One survivor came to me and said she hoped I'd mention assertiveness training. She belongs to a group composed of individuals who have been abused in a number of ways--some sexually. Along with learning assertiveness techniques the group discusses what reasons they have for not having learned such behavior earlier.

**How Do You Find Therapy or Self-help Groups?**

I have already mentioned calling agencies specifically dealing with abuse such as the local Department of Child and Family Services, Child Protective Services, or Social Services. Another national agency is the Society for the Prevention of Cruelty to Children. Although these agencies deal specifically with children who are abused, many either employ sponsors or know of individuals or groups who work with adult survivors. Women's Centers may also sponsor groups or can make referrals. United Way Offices, Community Services Directories, and Hotlines may also have listings of such services.

A word about hotlines. Most communities have a hotline or crisis line geared to individuals who call in during acute crises. It never hurts to find a good one and keep the number handy. You may never need it, but it's nice to know that if you ever feel really stressed, there is someone there who will listen.

Talking with others who have had similar experiences may also help you to locate resources. They may also be able to tell you what worked for them.
One woman, in desperation for a support group, put an ad in the newspaper (with only a box number) asking for a survivor's group to contact her. She actually got a number of replies.

Formal or professional therapists may be easier to locate through established agencies. Finding therapists who work skillfully with survivors may take some scouting, interviewing, etc.

Be creative in your attempts to find help. If you feel you want outside help it is important that you look until you find it.

WHAT CAN YOU DO FOR YOURSELF?

It may be that you are not ready for formal therapy. Or, you may not feel the scars are deep enough to warrant it.

"I was abused by a guy I didn't know—just once. My parents handled it pretty well—so I think I escaped with few real scars from it. It did retard my sexual exploration, however. That one episode because it was somewhat traumatic, made me wonder if sex was all right. So I decided to educate myself on the subject—intellectually I mean. I read all kinds of books on the subject and went to workshops, and with knowledge came more comfort."

Learning About You

If you enjoy reading there are many books geared to help you understand various aspects of yourself—your body and your mind. (Some self help books are offered in the appendix) Some areas you might want to explore are:
Healthy Sexuality — seek books first that give you an anatomical and functional perspective (e.g., The New Our Bodies, Our Selves, by the Boston Women's Health Book Collective, New York. Simon and Schuster, 1984).

If you were sexually abused your knowledge of sexual growth may have been blocked. You may know what the perpetrator did to you but not really be sure how your body works or what to expect from it.

Some family planning clinics offer excellent courses in male/female anatomy and function. If you had fears of pregnancy, knowing how your cycle works or how the cycle of the woman works may help to alleviate your anxiety. Many colleges offer human sexuality courses which you might find useful not only to help you gain knowledge but to help you get in touch with your own feelings.

Your own body can teach you a lot, also. You may not give it credit (you may never have forgiven it for gaining pleasure from being touched), but it is a wonderful organism. Explore your body by not being afraid to look at it naked in the mirror. Try to discover your emotional cycles, how different foods or vitamins affect it and how it responds to stress. Bio-feedback or bio-rhythm workshops may help you to get to know your body and your moods. Also, taking courses in body movement, aerobics or dance can put you in tune with your own body.

Your development may also have been hampered if you were abused. You may not have learned to complete the tasks that other kids did at your age. If you were the parent to your parents, especially,
you may have been cheated out of childhood. But what are these stages and tasks?

"I knew I hadn't had a childhood, but I wasn't always sure what that meant. Then when my own kids came along, I wasn't sure if they were doing what they were supposed to. Had I done things like my daughter when I was her age? I couldn't remember. So I decided to approach it logically. I enrolled in a Human Growth and Development Course. It was great. I learned all about the ages and stages of development. But, I learned more. As we'd go over tasks I knew I'd missed, I'd get in touch with some of the feelings I had about missing them."

Courses or books on child development or life span development can give you a perspective on who you are, where you have been and where you are going. Books on adult development (such as Sheehy's *Passages*) also provide insight into where you are now.

You can also learn more about yourself by tuning into your inner feelings. Writing, keeping a journal, or composing unsent letters are just techniques borrowed from therapies, which you can use yourself. My caution in using these, however, would be that if they become too intense for you, you may wish to seek help.

**Learning to Channel Anger**

Anger is an issue which plagues all of us but perhaps not to the degree that it does many former victims. Some find it more difficult to deal with than others. It is important to understand your anger
before trying to deal with it. Some people deny anger and push it inward. Invisible though it may seem, it always finds a means of escape, either through an explosion, self-destructive or physical symptoms. If you can recognize that you are angry you may fear losing control of it. Some survivors have developed safe and sane ways of expressing that anger so as not to lose control. I have talked with those who use meditation as a release method. Others diffuse their anger by vigorous activities such as running, handball, tennis. One survivor says she just screams into and hits a pillow and that helped.

A young male executive who was a survivor once told that when he knew he was becoming angry he would jog in place with vigor as though he were very late for an appointment. He would run so vigorously for a minute that when he stopped he would feel exhausted and able to think calmly about what had angered him. The problem arose when one day his boss walked in during a "frantic run."

Lois has a unique way of handling her anger:

"When I began training in karate, I was nineteen, and out of shape (never having been in shape), and an incest victim. Bottled up inside me was enough rage, disgust and hate to feed an army. I wanted to kill something and the nearest and handiest target was myself. I had already tried such passive ways as not eating and pointing my car at a tree, only to swerve at the last minute because I felt my car was worth too much to be destroyed
just because the piece of slime driving it wanted to
die.

But in Karate, at last, I could begin to release some
of the built-up hostilities and pain that seemed my only
heritage as a woman. At first I saw it as a socially
acceptable means of trying to kill somebody. And then
I found, to my dismay, and then relief, that it was
harder than I had thought it would be. Even when my
rage was at its height my teacher would merely dodge or
block my frenzied attacks and simply let me wear myself
out. I now feel that they must have sensed my pain,
but I was never reprimanded about being obnoxious,
just encouraged to channel my anger.

The more I worked out, the clearer a picture I got
of my anger, my rage and a host of other feelings I'd
pocketed away because they brought back too much pain.
Through Karate I have learned to respect myself. Incest
makes a victim feel physically helpless and vulnerable.
To become a survivor, I needed the empowering feeling
that only my bodily strength could give me.

At one point Lois decided to mix psychological therapy with her
physical training. Channelling anger may not wipe out the need to
get other help, but it does make life a little less painful.

Learning to project and protect yourself.

Karate for Lois, served as a form of protection as well as enabling
her to channel her anger. It also helps her to be assertive. Many men and women who were abused have never learned to be assertive. Assertiveness training enables you to protect yourself in a more definite manner and have the courage to ask for what you need from others. It also helps you to feel more in control of your own life.

Many colleges and adult education programs offer courses in assertive behavior. Some companies provide such courses for their sales people. Gyms and YMCAs may also provide such training.

Seemingly contradictory to (but actually very much akin to assertiveness training) is training in meditation techniques. Meditation and relaxation programs help one to project the inner self.

One survivor said: "I think we heal from the inside out."

It makes good sense then to explore ways to get to know the inside of yourself in order to begin the healing process. Meditation not only relaxes the body, but renews it, giving us strength to face the next obstacle. With the increasing awareness of the necessity of looking at the whole person, more and more agencies are open to the establishing of meditation groups. To find a group check with community centers, hospitals, clinics, or physicians who address wholistic health, adult education and women's centers. Stress management programs may also include relaxation techniques.

Learning Control

We have already discussed several ways to take control of your
life. There is another area regarding control, however, with which many individuals have difficulty; the difficulty of making choices. Choices are something most of us are taught to make very early in life when mother says, "Would you like peanut butter and jelly or bologna in your sandwich today?" We often do not think about it, but if your family was controlling or disturbed, you may never have learned to make choices. Even if you did learn to make choices in some areas, experiencing trauma in your life can make you feel you no longer have the power or the right to choose in other, more important areas. Making choices recognizing that only you can choose for yourself and are responsible for those choices, can be difficult for someone who was abused as a child. Once you have learned to make fundamental choices, you will also begin to realize that you also have a choice as to how you will react to things that happen to you or the seemingly wrong choices you make. For example, Debbie had to choose between staying at home or going out with John whom she really didn't like that much. She finally decided that she needed a night out no matter who her company was and went. Once on the date Debbie had other choices. Would she let her evening be spoiled because John was not her prince charming and did not take her to the movie of her choice (she had not told him she wanted to see that particular movie, however) or would Debbie choose to make the most of the evening by enjoying the film they did see (which she will admit was pretty good) and appreciating the chance to go out. She might also choose to recognize, despite the
fact that she is not romantically attracted to him, that John is an interesting conversationalist.

For fundamental choices, you might learn more about problem-solving. Numerous books outline step by step processes on how to make decisions.

Basically the process comes down to:

--State your problem clearly (on paper works best)
--Decide what you would like to see happen
--List the possible alternatives you have to solve the problem
--Consider the consequences of each alternative action
--Decide which consequence would be the easiest for you to live with. Choose one of your options.
--Consider what you need to act
--Consider the barriers to acting and how you can overcome them
--Carry out your choice
--Evaluate your decision.

Once you have choosen it is not always easy to take the responsibility of these choices. Sometimes we have to clearly recognize whose problem something really is in order to take responsibility or place responsibility on the shoulders of its owner. Look at the statement which is common to our everyday life: "You are making me angry." The statement should be: "I am choosing to become angry at what you are doing."

In Glasser's book, Take Effective Control of Your Life, he maintains
that we have control of our lives. He cites four separate components of each behavior:

1. Doing - which refers to the active process such as walking or talking;
2. Thinking - which has to do with generating thoughts;
3. Feeling - which relates to our ability to generate feelings or emotions;
4. Physiology - which is the body process, such as sweating, blinking, etc. (Glasser, 1984)

If we want to choose to change a behavior, Glasser maintains we need to first work on the doing and the thinking. Returning to the example of Debbie going out with John, if Debbie acted as though she was having a good time (by laughing at John's jokes, listening to him, smiling, etc., and thought, "Gee, this isn't bad, it's actually fun," eventually her feeling (warm inside, pleasurable) and her physiology (relaxed body) would follow.

As children we may not have had choices. As abused children we did not have the power or knowledge to choose the abuse. But, as adults we can choose to be responsible for what we now do, think, feel and experience as we strive to live more fully.

**Learning to play**

If you become an adult before your physiology says you are, you frequently miss the playing part of childhood.

"I watched my kids romp and roughhouse and I marveled at their abandon. Their mother made snowballs with them,"
mounted them on their sleds and even slid down the hill with them. I tried to think back to a picture of when my parents did that with me. But the album was empty in that section marked play. I was their father, but I felt totally excluded from their frivolity. The fact is I had no idea how to join in."

Even if the abuse is perpetrated by someone outside the family, the trauma can rob the child and later the adult of the ability to play. Play is often characterized by abandon. Many survivors cannot bear to be out of control long enough to abandon themselves in play.

"I'm sure I must have had fun before I was raped at the age of five, but I don't remember it. After that I tried to join in with other kids, but as soon as they laughed too hard or the tickling got too rough, I'd panic and run away."

Learning to play may not be easy. However, if we once more take Glasser's approach and work on the 'doing' the task may be more manageable. Choose activities with friends that are filled with play. Cold winter snow sports especially seem to get to the buried child in us. Our own children give us a perfect excuse to be kids again.

"I used to take my kids to the playground at least once a week to swing on the swings. I started swinging with them. It wasn't long before I got to enjoy it. We'd laugh and push each other. I realized I'd never done it
before. Now that they are older and don't want to do
that stuff, I find any excuse to take my friends little
kids to the swings. Lately I've even gone down by myself.
It is great. I'm sure everyone thinks I'm nuts, but I've
learned how to have fun—that's important to me!"

Outdoors groups seem to know how to enjoy themselves. Humor is
another way to recover some of the joy of life. Norman Cousins in
his *Anatomy of an Illness* talks of how he actually recovered his
health through laughter.

Learning to laugh helps us to maybe even eventually laugh at
ourselves over some things we do. Laughing at ourselves in a respectful,
fun-filled and not derogatory way, can speed our healing or show us
that our healing has been complete.

**Learning to reach out and ask for help**

Feeding ourselves the nourishment of understanding is important,
but it is just as important that we know where that task becomes too
great for us. Needing help from another source does not mean you
are weak. Many good and successful businesses hire consultants to
help make them a little better and more successful. It is important
that you take charge of your healing process but sometimes taking
charge means knowing when to call in the consultants to help you
break the cycle and/or move to richer enterprises. Let us consider
now what you may be feeling as you begin to work out your conflicts.
WHAT MIGHT I EXPERIENCE AS I WORK OUT MY CONFLICTS?

Some men undertake their pilgrimages in solitude, others in the company of other seekers. Even those who set out alone may find helpful companions who join them along the way. But for most of us, at the troubled times at which we set out on the search for the meaning of our lives, it seems wise to turn to a helper, a healer, or a guide who can show us the way (or at least can turn us away from the dead-end paths we usually walk.) (Kopp, 1972, p. 11)

At some time on the road to finding wholeness, it may feel right to seek out formal therapy. Perhaps one of the most common reasons for survivors to avoid seeking formal therapy is the fear of the unknown. This fear may be hidden under statements like, "I don't need help, I can work it out myself." But often, under those protests are the unexpressed comments like, "I don't know what happens in therapy?" "Why would it help?" "Not knowing makes me anxious." "I always fill the unknown void with my worst fears."

As a psychotherapist himself, Sheldon Kopp goes on to say:

The therapist, first of all, provides another struggling human being to be encountered by the then self-centered patient, who can see no other problem than his own. The therapist can interpret, advise, provide the emotional acceptance and support that nurtures personal growth,
and above all, he can listen. I do not mean that he can simply hear the other, but that he will listen actively and purposefully, responding with the instrument of his trade, that is with the personal vulnerability of his own trembling self. This listening is that which will facilitate the patient's telling of his tale, the telling that can set him free. (Kopp, 1972, p. 5).

Frequently this outside helper—the therapist—can facilitate the learnings that we spoke of in Chapter 8.

When I spoke of writing this book, one survivor requested:

"Please include something that talks about exactly what goes on in therapy. Lots of books tell me when to go to therapy, where to go and how to get there, but what concerns me is what will happen once I'm in therapy. What will it be like? How will I feel? How will I know when it's time to stop?"

To make therapy less frightening, I decided to take her advice. Toward that end I interviewed therapists, asking them what techniques they used as well as the stages they saw their clients passing through on the road to understanding. I also talked with survivors about their experiences in therapy.

The Goals of the Therapeutic process

I spoke in the last chapter of learnings which will be necessary to break the cycle of unhappiness—the remnants of abuse. How then does the pursuit of these learnings actually happen in therapy?
The first goal of treatment is for the therapist to gain a firm commitment to treatment from the client. (Faris and Belohlavek, 1984) It is natural to go into treatment feeling ambivalent. On one hand you may feel you really could or "should" handle these conflicts yourself; on the other hand you know you need help, but you may not be sure you really want to tell another human being all that has happened to you. Trust is an issue for you, and you ask yourself why should you trust this total stranger. You may wish you had never made that first call. However, the very fact that you go to treatment is a step toward commitment and total recovery.

Once you're committed, or at least going to therapy, the next goal is to develop a mutual working relationship with the therapist. (Faris and Belohlavek, 1984) The therapist and the client must become a team, both working in the interest of the individual's growth. In group therapy this need for relationship may be extended to a second therapist and to group members as well.

Another goal will be to identify the patterns which are causing you trouble—the ones that come up again and again. Some, such as problems with trust, may even make you want to flee from this therapy relationship.

The therapist will also work on building your self-esteem about survival. This may be done through helping you to recognize that you have strengths that have helped you to survive even to this point, that you are not to blame for what happened to you, and that you have a right to have intense feelings about the experience. (Faris and
Belohlavek, 1984) These may be issues that you can verbalize even before therapy, but did you really believe them, were they convictions?

Anger is a burden that survivors carry; not the anger itself, but the need to keep it pent up and unexpressed. Therefore another goal will be to teach you to express that anger in constructive ways. (Faria and Belohlavek, 1984)

And perhaps the most important goal of therapy will be to help you gain control over the patterns of action and reaction that have done you more harm than good. (Faria and Belohlavek, 1984) Therapy should empower you; often your own behavior has prevented you from being as personally powerful as you have the potential to be. Personal power, in this sense, refers to the amount of control you have over your own life, your ability to make choices and the responsibility for them once they are made.

One therapist described therapy in this manner:

"When someone has been abused as a child, they often haven't learned to cope with life effectively. My goal in therapy is to help him gain the tools to build themselves a fulfilling life."

The goal mentioned above can often be attained through a number of different types of therapy. Not every individual will move through them in the same manner. However, many survivors and therapists have described a process that therapy may take.

The Process and the Feelings

A therapist who has treated a great many children of alcoholics finds herself seeing more and more clients who were abused as children
In discussing the process of therapy she comments:

"I see therapy as having a beginning, a middle and an end. In the beginning the clients doubt that I can help them. They come in sometimes challenging--'You can't help me, but go ahead and try!' or sometimes defeated already. 'I'm sure you can't do anything for me.' They don't trust me, don't feel they need me, and aren't sure they want to be there. The middle is the time when they discover they do need me. They may get really demanding then--trying to see how much I can really care about them. And then there's the end. That's the time when they realize they don't need me anymore."

During our interview I asked this same therapist how her work with clients progressed.

"First we figure out what we want to work on. Often the problem that's really bothering them is their inability to have healthy, intimate relationships. So we look at that as a starting point. We examine what goes wrong in those relationships, what their feelings are about the people involved. Then we look at where those feelings are coming from."

It's not uncommon in therapy to discover that the relationship you are currently involved in recreates or regenerates feelings or replicate patterns from the past. One man was having difficulties with a wife whom he described as emotionally draining. In actuality,
she controlled his life by her plaintive demands. As his wife was
whining, his mother had been aggressive and domineering. He saw them
as complete opposites. He began telling the therapist about how his
wife's picture and his mother's hung side by side on the wall. He
found them overpowering. To demonstrate, he brought the pictures in
to show the therapist.

"My first reaction (said the counselor) was that
it was the same woman. They looked almost identical."

As the man was helped to sort out his feelings about these two
women, he was able to recognize that despite their differences in
style, they both controlled him. He had, in fact, married a woman
who was much like the mother who had abused him.

It is through such connections that survivors begin to recognize
the patterns of their lives. Let's talk more about the beginning,
the middle and the end of therapy as the earlier quoted therapist
mentioned.

What might you feel when you first go into therapy?

"When I first walked into the office, I wanted to turn
and run. What was I doing here? Why did I ever pick up
that phone to call? There was a guy sitting in the waiting
room. As I sat there waiting for my appointment, he
glanced at me from time to time. I felt undressed. I
was sure he knew why I was there. I could almost hear
him sneering, 'Aha, you had sex with your older brother!'
I almost left. It seemed like an eternity before the
therapist came out. She smiled and seemed concerned, but I wanted to tell her, 'how dare you make me wait here.' I had felt exposed to the world even if the world was represented only by one man."

Initially many people feel very exposed by having to tell someone else what has happened to them. Many survivors have expressed wishes that someone could just give them a magic pill to make it all go away. These feelings are natural; they are the healthy protective mechanism we use to give ourselves a chance to gain the distance we need to assess situations.

You may be put off initially by a variety of things--the feel of the office, the decor, the way the therapist looks, the fact that you are too cold or too hot and so on. Just remember that these are probably reflections of your uncertainties or insecurity--your rationalizations about why you don't really need to be there.

"I hated my first day of group therapy. The room we went into was a putrid shade of tan. I sure wouldn't have hired their decorator either! There were six of us in the group--all supposedly survivors, though I was sure the others really weren't. I could find something wrong with every one of them. One woman chain-smoked. I thought, 'boy, if I have to sit here with her I'll suffocate.' Another woman bit her nails; that drove me nuts, too. Then when the leaders came in--the guy had on this ghastly
All red and purple. The woman looked like she could be my kid sister. I thought 'what can she possibly know; she's probably still in high school.' Before the meeting even started I said, 'well, I won't be back next week!' But I was. Little did I know that fifteen weeks later I'd be crying over the thought of losing every one of them.'"

The insecurity of admitting you need help, seeking it out and 'hanging in there' may manifest itself in different ways. Janet cancelled her first few appointments because she had a bad headache. Finally she did go, but the headache came back the next week. Once her therapist helped her recognize that her headaches were her subconscious need to avoid or postpone therapy, she was able to free herself of the pain.

Frequently we find ourselves questioning the qualifications of the therapist. 'What can he do for me, anyway?'

"My first session, I spent my time looking at his diplomas. He had quite a few. I'd look at the name of the school and decide if that was a decent one or not. I must not have been too coherent. I was too busy trying to read the fine print."

For the first few weeks you might keep looking for justifications as to why you are there. The solution to this is to give yourself a certain number of weeks. If, at the end of that time, you see no reason for returning, bring it up to the therapist. Often by doing
this he or she will be able to help you recognize the progress you have
already made, however small.

At some point you will probably begin to look forward to therapy.
After all this may be the only time in your life that you know that
someone will focus totally on you—or that a group will allow you to
get out your distressed feelings. At the same time that you begin to
trust and depend on the therapist or the group, you may also discover
that uncomfortable feelings begin to emerge.

A therapist who works predominantly with men says:

"Many men are out of touch with their feelings. In
the first stages of treatment, I just ask them to label
their feelings. Labeling what you're experiencing
isn't always easy for someone who isn't in touch with
his emotions. Once he can label his feelings and re-
cognize that his experiencing them is all right, then
he can 'own' them. This is often when it becomes
difficult."

All the feelings described in Chapters three, four, and five
may emerge during the middle period of therapy. They may not only
come up in your sessions, but may also manifest themselves in other
parts of your life.

"I found myself getting really angry at my husband,
George. I wasn't sure why. It really upset me at first.
But the good part was that I could identify what I was
feeling and could bring it up in therapy. Understanding why I was having these feelings made me feel better about it. That helped me become easier to live with."

No one said that the therapeutic process would be easy. It is frequently quite painful. Often, too, there are surprises of joy and release as one is able to "get it all out" and find that the therapist (or the group) does not turn away but accepts and appreciates you even more. For some people the greatest joy comes when they see their own compassion and concern for a fellow survivor really make a difference in helping that person learn to accept and love him/herself again. For all, there is the hope of relief—the hope of a fuller, richer life. The alternative may be a dull, aching kind of pain, but one which lasts a lifetime.

The issues which surface during the middle of therapy may depend upon the type of abuse you experienced, the identify of the perpetrator, and even your own sex. Survivors who were abused by someone they did not know well—someone who did not betray their trust in a fundamental sense—may feel differently from incest survivors. The self-blame the feeling of being damaged, and the anger directed toward the perpetrator may be issues for them, and these issues must be discussed and worked out in the therapeutic process.

For incest survivors the anger may not only be toward the perpetrator, but at the self as well. At first past victims may have difficulty being angry at the family members who abused them. It is too threatening—too much of an assault on their own identity. Many survivors find
themselves combating the expression of anger by trying to be strong or pretending that what happened wasn't that important. This denial protects them from the intensity of the pain. Survivors who have been parentified know how to be responsible and plug on no matter what. As they begin to have trust in the therapist, however, and perceive the permission to feel and be dependent, they may actually find themselves doing things they did as children—or never had the courage to do.

"After I'd been in therapy for a while I realized that I'd started having tantrums. I had never learned to say no, and suddenly I was able to. But the 'no' would always come out with a flurry of tears and emotion. I felt like a two year old. But it was short-lived. My therapy group and I discussed how kids learn to say no. Since I'd never learned, it was almost like I had to go back to the beginning. Finally I recognized that I could say 'no' without the child like tantrum. Now I do quite well saying 'no'—much to the annoyance of the people who would like to take advantage of me."

This woman was also able to recognize that her regression—her moving temporarily backwards—was largely related to her anger about the incest. She had wanted to say no to her father—vehemently—but never had the confidence to do so.

There may be times during therapy when your problems seem to get momentarily worse.

"When I recognized all the junk that I'd blocked out
that had actually happened, I felt even more guilty. My therapist helped me see that this was just because the conflicts had become conscious. In actuality, I'd been doing a job on myself all along but because all the material was subconscious, I didn't realize it."

Eventually survivors are able to recognize that it is not themselves they are angry with, but the other members of their family.

"I finally was able to see how angry I was at my mother. She had stood by while I was being abused and never said a word. She must have realized what was happening between my father and me. But how could I be really angry with her. She was the only woman in my life. Isn't the mother the one you're supposed to be like, if you're female? It would be like being angry at a part of myself."

In therapy, the female survivor learns to separate herself from her mother. She learns that it is all right to be angry because she was not protected by her mother. She also learns that she, as a woman, need not be totally like her mother. Being able to see this parent in a more objective light helps to identify the qualities which are positive (and which can be emulated perhaps) and which qualities caused the survivor pain. By seeing mother as a total person—someone with weaknesses as well as strengths, the female client can be helped to gain a better understanding of herself as a woman.

For the man who was abused, a similar process may ensue. If it
was his mother who abused him, he may feel anger toward his father's lack of involvement or perhaps abandonment of the family. The male abused by his father may have similar anger at his uninvolved mother; however, it may manifest itself in a difficulty relating to other women. Feeling able to express this anger and looking at the qualities he hated, or admired, in his mother, may help him with his relationships with other women.

Victims of sibling incest have often related how angry they were at their parents for not recognizing and stopping it. Being unprotected is frightening for children. As adults we learn to protect ourselves. This lesson may be more difficult, however, if we have no one after whom to model our behavior. It is natural to feel some anger at the people who did not provide this model.

Most survivors recognize the anger they feel toward the perpetrator even before therapy begins. Some may explain it away:

"Well, my father drank a lot. He couldn't really help what happened. He wasn't himself when he was drinking."

Underneath this rationalization is the recognition that the victim was violated at the hands of the perpetrator. Underlying these excuses too is the anger which the victim feels at what the perpetrator has done. Even if survivors recognize this anger early, they may not be able to express the intensity of the rage they feel until they are well into the safety and security of therapy. Once this rage does come out, it can be frightening for them. It is at this point that a
supportive therapist or group can mean the most. It will be a comfort to know that you are protected from the consequences of your own anger by those around you who care.

As survivors begin to experience the depth of their feelings about family members, many feel a need to tell them. There are benefits to this, but also precautions to be taken. On one hand confronting the parent—whether it is the perpetrator or the non-protecting parent, may clear the air and give the victim a sense of justice having been done, or it may even elicit an apology. On the other hand, a denial from the perpetrator, or an attempt to shift the blame back to the victim (which some perpetrators do) may be even more disturbing.

"I needed to tell my father what he had done to my life. I told my husband and kids that I needed to see my folks and I took a plane to see them. It took me a while to say anything. He would never let himself be alone with me. It was as if he knew why I'd come. I'd been there for three days of the week I'd planned to stay before we were alone. When I told him how angry I was, he said nothing. He just looked down, then he mumbled 'you have to understand; I was upset about a lot of things and I loved you. You wanted me to love you. I know you did.' I felt sick. I hadn't gotten to him at all. All he could do was make excuses; I was so angry, I took the next plane home."

* * *
"I wrote a letter and read it out loud to my mother. She showed it to my brothers, and of course the rest of the family. I said, 'I've been meaning to tell you this for some time.' I hadn't told my mother how my brothers had molested me because I was afraid of losing her love—or what I had of it. My brothers knew exactly what they had done to my life. I guess I wrote the letter because I was so tired of the same patterns I'd become involved in. Anyway, my mother showed it to my middle brother and his wife when I wasn't there. Then we got together and talked about it. I confronted my other brothers with it later. I can't say it's an issue that's dead and buried but at least we confronted it. I've been luckier than some; they didn't even deny it. They said they did it and they might even have been a little sorry."

Confronting the perpetrator is an act which should be approached with much forethought, and planning. Do not consider taking this step without some type of therapeutic backup. Remember, no matter what your relationship with him or her, the perpetrator is someone whose own pathology has caused him/her to act in a manner which is totally against the mores of society. This individual has a great deal to lose—emotionally, socially, and even legally—by talking openly with you about what happened. Perpetrators have often put from their minds the episodes which, for you, were so traumatic. You may encounter total denial—either conscious or subconscious—from this person.
Faced with such vehement denial, survivors begin to once again doubt their own perceptions. The perpetrator may—if he/she admits to the abuse—throw the blame back on the victim. This too can be devastating especially when you have finally begun to be convinced that you were not to blame.

What some survivors, planning to confront the perpetrator, do not consider is that this event may have a detrimental effect on him/her as well.

"After three hours of talking with my stepfather—at first softly and finally in heated anger—I finally got him to stop denying and to admit that something had happened. By that time I was exhausted—totally spent. I sobbed bitterly not realizing that he had suddenly become quiet. When I looked at him he was ashen—drained of all color. He just stared ahead of him mumbling, mechanically, 'I was a good father to you—a good father.' It was then that I realized that I had destroyed this man—a man who I had once loved."

Fortunately for this young woman, she was able to get her stepfather into therapy. Together they were able to repair the broken pieces of their lives. For a perpetrator who has totally repressed his memories of the abuse, the realization of his contribution to the victim's problems may render him/her distraught and even suicidal. Many past victims feel—on one level—a desire for revenge. Yet the guilt over a suicide would certainly do more harm than the lack
Some therapists feel that talking with the perpetrator can be very helpful for the victim. However, before this meeting is engineered you must consider with your therapist issues such as your present relationship with the abuser, his/her age and state of health, etc. Be sure too to build in some type of support for the perpetrator if he/she feels a need of it following the confrontation. Remember, as difficult as it may be to recognize or accept, this individual is also a victim—albeit a victim of his/her own pathology.

Some victims, because they feel that confronting the perpetrator will do no good, will not be advisable for some reason, or because the perpetrator is dead or in some way removed from their lives, choose to confront in a symbolic way. One method is to role play what they would say; a technique which is useful is to use an empty chair in which the perpetrator is supposedly seated. The victim faces the chair in which the perpetrator is supposedly seated. The victim faces the chair and tells it what he/she would like to say to the offender. Other times the therapist or a member of the group will play the role of the abuser. Still another technique is to write a letter to the abuser—one which may never be sent, but expresses the victim's pent-up feelings.

Katherine Brady recounts in her book Father's Days that her confrontation with her father went even further. Not only did she tell him how she felt, but compelled him to join her in therapy. Since then she too continued to appear with him on talk shows. Whether
the desired effect has been achieved, only Ms. Brady could tell. The fact is, actual confrontation is a somewhat controversial tool which the survivor and the therapist may or may not deem advisable.

For some survivors, understanding necessitates going back—sometimes physically—to unravel the mysteries and conflicts of the past.

"My mother died when I was young. The doctor told her she couldn't have kids and she did. It killed her. I was molested by a man in our town and later by a cousin—the son of the aunt to whom I'd been sent after my mother died. There were so many pieces to put together—so many hurts I needed to resolve. First, I needed to know why my mother was so unhappy that she didn't want to live; did all the things I remember as happening really happen, or was it just a fantasy? I dealt with my mother's rejection before her death—rejection which was so devastating that I needed to know the cause. I remember pleading with God to bring back those memories and suddenly it happened. I went through two weeks when I didn't stop crying because so many memories were coming up and so much was revealed. Finally I knew I had to go back to where I lived when I was a child. So I flew back and as I walked over familiar paths I remembered things—like the beatings I'd received from my mother—the stick I knew she used. I went to see my stepfather and stayed up nights talking to him.
And I went back to a friend of my mother—probably the only close friend she had, and I could say to that friend—'Did my mother want to die, was she so unhappy? Did she have children to somehow commit suicide?' The answer was yes, but everyone had forgotten until I went back and stirred it all up. I needed to know these things. And I went back to the cemetery and I saw the headstone of this man—the man who had first abused me. I was so relieved—so happy he was dead. He couldn't reach other kids as he had me. And I found out from other friends of mine that they had been abused by him, too. It was devastating to find out some of these things; I'd felt I'd aged. I realized too that I had not forgiven my mother for dying. I was reading when I realized that and I threw the book across the room. That was unusual for me. I'm not a violent person, but with that gesture came the tears; it was years since I'd been able to cry—I hadn't cried since I was a kid—all those feelings were just so pent up."

As therapy progresses and you begin to recognize the depth of your feelings about what happened to you, the therapist or group will also be helping you to recognize your strengths. It is exciting to learn that you are not as bad a person as you had thought. One survivor described therapy as "the gift of myself. ' Another called it 'healing from the inside out," Uncovering all the distorted images and feelings will help to see yourself more clearly. A therapist has described
therapy for survivors of incest as a new chance to have a childhood.

“When a family is beset with problems, incest or alcoholism, no one quite remembers when Johnny or Susie took his/her first step. Therapy gives survivors a second chance at childhood. When they come to me they often feel like infants emotionally. I cheer them on as they say their first words or take their first steps in the process of their growth. Sometimes I help them look back on where they've come from. 'I remember when you first came to me,' I'd say, 'and remember when you did this or that.' It's like writing their baby book with them. At the end we come out with a testament to their growth. Now they have a childhood emotionally. It helps them go on."

It would seem after all the work we have described that the ending of therapy would be a relief. It is in one way; it is like a graduation which represents a new milestone marking the acquisition of the tools we need to go forward. Yet, in every new venture, we must say goodbye to the old. By the time therapy is due to end, you will probably have strong feelings for your therapist or the group. This is an individual or individuals whom you first mistrusted, yet learned to love; you have hated, with whom you've been angry, you have tested and yes, come to depend upon. This person is like the family you may never have had or could never tell about your pain.
"We worked on termination for six months. Terminating from him [the therapist] was harder than anything. He was father, he was lover in my head, he was everything to me. I felt he was booting me out when he said, 'You're ready to fly; you've got to let go.' And I thought, 'how can you abandon me, I've done more work in the past year than in the last six years;' I wanted to run after him saying, 'don't let me go.' Then I went through incredible rage and then sadness. I would sit there crying and crying. I went through arguing, 'I'll do this, or I'll do that' if you'll keep me! He knew what the process was and I thought 'you calculating bastard for doing this to me!' But he stuck with it. I tried to pull him in--I let my old symptoms come back. But he must have known I'd make it, and I have made it and it feels great."

If you are an incest victim, especially, loss is probably a very big issue for you. The incestuous family is one who dreads losing each other. The members are so insecure about facing the world that they use incest as the glue to hold them together. Now, in therapy, you have found a relationship with a healthier bond--the pursuit of your growth. Where there was destruction in your incestuous family of the past, you find hope in the therapy with the realization that you can learn to understand.

If you are not a victim of incest, you may still have felt the acceptance no matter what your experiences. You may have felt the
safety in the therapeutic setting which has enabled you to really look at yourself. Momentarily you may wonder if you have really learned enough to go on alone. You may feel that you can't stop now—there's so much more you want to know. You may also feel that the suggestion of termination is tantamount to rejection. It is important to tell your therapist this. This is an issue you will need to work through.

It is difficult to say when therapy should end. This really depends upon the individual survivor and the therapist. Sexual abuse will never totally make sense. However, at some point, when you feel able to take control of your life and go on in spite of it, it is time to give up the intense search for meaning.

From time to time you may experience a need to reopen the door of the laboratory but for now the journal is on the shelf and you are busy with wiping little noses, or making a mark in the world. You can attest to the metamorphosis, often not only in yourself, but in those around you.

The Reactions of Intimates

Husbands, wives, and lovers do not always understand exactly what is going on while you participate in therapy. They may see only your preoccupation with your own feelings, your altered moods or your new behavior.

"Jackie was sympathetic when she knew I was going into therapy. She didn't know exactly why I was going; I guess she assumed it was because of my mother who was alcoholic and my father—who left us when I was really young. As I
began to realize how really angry I was with both my parents, my wife remarked about how grouchy I was all the time. I felt really badly about that. Finally I asked her to see my therapist. She was really shocked when she found out about how my mother abused me. After her initial shock, however, she helped me a lot by being supportive."

Not all spouses can be as understanding as Peter's wife, Jackie. Some feel threatened either by the fact that you are telling things to another person that they don't know about you or by your changed attitude toward them. Even if survivors are able to express their needs, the spouse cannot always hear them.

"As I went through therapy I had to be very cautious sexually. I thought my husband understood, but he's one of those people who likes to wake you up in the middle of the night to have sex, and I don't like that. I explained to him that my father had done that to me, and it made me feel rotten. I said, 'Please don't do that to me,' but he continued to do it. Every time he'd rationalize it by saying he thought I was awake so figured it was okay. I finally got really angry and he stopped for about eight months. When he did it again after all that time, I blew up. I can't bear that feeling of not being in control and half asleep I am physically incapable of stopping him. I feel defenseless. Anyway his response was, 'You're in
therapy now; haven't you learned to love your husband yet.'"

Some past victims haven't told their intimates about their experiences when they go into therapy. I've often been asked if husbands, wives, or lovers should be told. It depends on the individuals and the relationship. The usual response from an intimate is disbelief.

"Tony liked my father; they were actually good buddies, who fished together. When I told him, his reaction was--'that's bull, you must have imagined it.'"

* * *

"I told Selma about the guy who'd molested me. She didn't say much--just some comment like, 'I guess there are perverts in the world.' That was it; I really think she thought I was making it up."

A male mentioned being grilled by his girlfriend when he told her of his relationship with his father, wanting to know if he 'felt like homosexual.' Women, on the other hand, may find that some men have difficulty dealing with the issue too.

"I don't think my husband actually expected me to be a virgin when we were married, but sex with my father he just couldn't handle. He started treating me differently when I told him; he wasn't interested in sex much and then I really felt alone."

* * *
"After I told Sam about the incest things went from bad to worse. If I had trouble getting excited or couldn't have an orgasm, he would jump out of bed, light a cigarette, and pace back and forth. He'd yell at me, things like, 'You could have sex with him, but not with your own husband.' I spent many nights crying myself to sleep after such a session."

Survivors of incest often repeat patterns of becoming involved in the same hurtful relationships they are trying to escape. It is not uncommon for a victim to marry the same type of person as the abusing parent. If this happens, uncovering the anger at your parents may also spill over to your spouse. As survivors begin to grow, some find they have outgrown their current relationship. This relationship or marriage may actually be keeping the victim in the role he/she had as a child. It may be frightening to think of outgrowing your present partner but if this relationship is hurtful or blocking your growth, a better understanding of yourself may help you to find someone who will love you in the way you have a right to be loved. Some spouses can be helped to grow with the victim and this mutual growth may preserve the relationship.

Those we love may actually be hampered by their own misconception and conflicts about not only the sexual abuse, but the changing image the survivor has of him/herself.

"Neither Joe nor I had a lot of self confidence when we got married. As I progressed in therapy and began to
understand more about the abuse, I began to like myself a lot more. This changed my relationship with Joe--he became really possessive and I felt stifled. My therapist suggested he come to therapy with me. At first he resisted, but I told him how much I cared about him and wanted him to be part of my growth. I found out in therapy with him that not only was he resentful that I was telling this stranger about things I'd never told him, but he was also afraid he'd lose me. He told me that my new confidence made me look prettier and he was so afraid I'd leave him for someone else."

For this survivor and her husband, joining together in the resolution of conflicts seemed to work. Your therapist may suggest that you ask your partner to be part of your therapy or seek his/her own. Or, feel free to suggest this possibility yourself. This may help your loved ones support you in your pursuit of understanding. Other partners support the victim from the beginning, and some become very angry with the perpetrator.

"I think Ben would have killed the person who abused me if he had a chance. I can't talk about it or about my therapy without him becoming enraged. I can't go to family gatherings anymore either. Everytime I do I have nightmares. What if Ben ever found out that the man who abused me was my father?"

This intense anger may actually intensify the guilt of the victim,
and, if the perpetrator was a family member, the survivor may feel further isolated. Perhaps the husband or wife also needs help in handling this anger.

A survivor who finds a truly supportive mate is lucky indeed. It is not uncommon especially for individuals who have begun to recognize and resolve their own conflicts, to find an understanding mate.

"My wife had one alcoholic parent herself. She had a small inkling what it was like to have two parents who were alcoholics. She didn't change her feelings for me just because there was abuse in my family too."

If you had not told an intimate about the abuse you might want to take a good look at your relationship before you do. This is another area in which a therapist can be most helpful. There is also an opportunity for the spouse or mate to seek therapy, and thus you can grow together.

No one said that getting therapy would be easy, but then life itself often is 'no piece of cake.' Formal therapy is just one tool to help us make some sense out of the largest jigsaw puzzle we'll probably ever encounter, but it is no magic cure. A therapist is human, just as are we. If we expect therapy to provide us with miraculous, instant results we will be disappointed. Sheldon Kopp, in his fascinating book, If You Meet the Buddha on the Road, Kill Him; The Pilgrimage of Psychotherapy Patients, speaks about how we seek out therapy when our '... usual self-limited risk-avoiding ways of operating are not paying off, when there is distress and disruption
in our lives. Otherwise, we are all too ready to live with the familiar, so long as it seems to work no matter how colorless the reward." (p. 4)

He contends that we enter therapy saying that we want change and yet we want really to remain the same and get the therapist to make us feel better.

"The patient must provide the motive power of our interaction. It is as if I stand in the doorway of my office waiting. The patient enters and makes a lunge at me, a desperate attempt to pull me into the fantasy of taking care of him. I step aside. The patient falls to the floor, disappointed and bewildered. Now he has a chance to get up and try something else. If I am sufficiently skillful at this psychotherapeutic judo, and if he is sufficiently courageous and persistent, he may learn to become curious about himself, to come to know me as I am and to begin to work out his own problems. He may transform his stubbornness into purposeful determination, his bid for safety into a reaching out for adventure." (Kopp, 1972, p. 5)

No matter how brutal you perceive these words to be the fact is that each survivor has looked within him/herself the potential to have a fuller life. Remember you are the one who survived. You did not give in to a desire to end the pain through ending life. You survived! Therapy may guide you to recognize how exciting is the potential within you; that potential which is waiting to be released and expressed
to its fullest once that blockage of pain and hurt and anger is removed.

My children are fans of Frank Baum's *Wizard of Oz*—a story which I believe has a message for survivors. The therapist—like the Wizard of Oz—is not magical, but may only help you recognize that your greatest resources are qualities that you already possess. Locked, as they may be, deep within you, nevertheless they are already there. Like the three friends of Dorothy who travelled through such tribulation to see the Wizard, you may only need someone to help you find the key to the treasure within. Like the scarecrow, you have the 'brain,'--or the innate intelligence to help you figure out what is best for you. Like the lion you have the 'courage' to face your deepest feelings and fears. Just as the tin woodman discovered his 'heart' you have the potential to love and be loved, and most of all, like Dorothy, who wanted only to go home, you can find where you belong—and can face looking homeward with new understanding.
In a long ago and far away of every adult mind, there once dwelt a splendorous imagination, a keen perceiving of essence, an innocence that is not simply the naivete of not knowing, but an open vulnerability that trusts and is unafraid of risk taking. (Bauer, 1984, p. 36)

* * *

"How can you trust when you know that around every turn is a new betrayal? How can you love when your love is used for an adult's pleasure. How can you care about yourself when others see you as counting for no more than the several body parts they can use for their own gratification?"

The bitter words of a survivor are echoed by many as they try to forget the pain and learn new ways to face their world. Victims of abuse from outside the family may feel an ever present mistrust of strangers. They may not trust themselves to choose friends or loved ones who will not hurt them. But the ultimate betrayal is felt when parents have not been someone to whom the child could turn— or even worse if the parent was the abuser. Once trust has been betrayed or if there was so little consistency in the home that a wholesome trust was never developed, the path to believing in yourself and others is indeed a rocky one.
We all have the potential to trust—with that "... open vulnerability that trusts and is unafraid to take risks." But for
the past victim the presence of that ability may be clouded. Victims
may need to consciously rediscover the gift of trust. What is trust?
Trust is two-fold—but interrelated. First, trust is having faith
in yourself—knowing that you can and will do what you promise your-
self you will do. I am not talking about the resolutions we make
from time to time (I will go on a diet tomorrow) and often break,
(although even these little broken promises in time can erode our
faith in ourselves). Rather, I am talking about the basic belief
we have in ourselves, our reliance on presumed integrity. Trust is
knowing you can depend upon yourself. (Heifer, 1978) Once you feel
you can really believe in you, and only then, can you begin to
trust others.

Trusting someone else necessitates some self-disclosure; the
risk of sharing yourself with that other person. Trust is built through
risk and confirmation—that is having someone appreciate your gesture,
accept your gift of yourself and hopefully, give back a bit of them-
selves. Trust is destroyed through risking and being betrayed,
rejected or ridiculed. (Johnson, 1981) Trusting may be thus defined:
"... the willingness to risk beneficial or harmful consequences by
making oneself vulnerable to another person." (Johnson, 1981)

If you had a difficult childhood you may have felt that you
were vulnerable and your vulnerability was exploited. You may find
it difficult to believe that people will, in your adult years, be
worthy of your trust. They may betray you just as the intimates of your childhood did. Yet we cannot go through life totally untrusting. It is on trust that all relationships are based. Therefore you may conclude that you have nothing to lose and trust indiscriminately. This may result in poor choices; trusting those people who once again do betray you.

"Everytime I'd meet a girl I thought I liked, I'd throw myself into the relationship blindly. I'd spend all kinds of money on her, take her places and buy her things. I'd usually set up housekeeping soon after we met. I'd offer my entire world to her and become so involved that I'd never realize until it was too late that she was using me. One woman stole my furniture. I came home and everything was gone. Another woman took the money I gave her and set up her other boyfriend in a business. You would think I'd learn—but I never do. I just go on thinking that each girl will be my dream girl."

Other survivors are a bit more careful. They guard their ability to trust carefully and may refuse to give anyone that ultimate of gifts—their trust. Then someone comes along who seems worthy and the survivor may put that person to test after test, just to make sure they can really be trusted. Sometimes their belief in this person is justified, but all too often—because they have not learned to choose wisely—they are once more betrayed.
"My second husband was absolutely the opposite from anyone I'd known. He seemed gentle, sensitive and didn't have a great libido. I wanted to get away from sex—and yet his lack of interest in it turned out to be one of our biggest problems. In a way, he married his mother. I was the dominant figure in that relationship and it took me three years to work out past beatings and injustices done to me. I was really nasty to him. I put him through every test. He'd be in tears and I'd feel this hollowness and compassion at the same time. I'd think, 'I know I'm doing this to you, but I need you to prove to me that you really love me.' He did—and he was the first person I was able to trust. That lasted nine years. We were having trouble in the ninth year and I discovered he was messing around with someone else. I have never felt so blown away. The first person I had trusted in years, and here he walked out of my life—the kids and mine. But I guess we both had problems; as I look back, he made a lot of promises and never followed through. Maybe I should have known—but I didn't. I trusted him blindly—and once more, I was betrayed.

How do we learn to trust? To discover the answer to this complex and all important question, we must break trust into its components—trusting yourself and trusting others."
T rusting Yourself

Trusting yourself must be built upon the conviction that "I'm a special person" (Helfer, 1978) I've spoken several times of survivors' need to feel good about themselves. Recognizing that you are not to blame for the abuse you suffered and that you are not alone can help you to recognize that you are not 'a bad person.' We learn our concepts of ourselves from others when we are young. If you were treated as though you had little worth, you may soon feel that way. Therefore, you need to prove to yourself that 'you are special.'

Ray Helfer in his book, *Childhood Comes First: A Crash Course on Childhood for Adults*, gives a series of exercises and thoughts to help those who have had a difficult childhood. It enables them to retrace their steps and learn more positive lessons. Several exercises are designed to help you recognize your own worth. Helfer suggests that affirming that you are special, daily—before a mirror, can do much to get you thinking and acting that way (p. 109). Further, he suggests you do things for which you can praise yourself. For example, tell someone they look nice, take someone to lunch, smile at someone. At the end of the day make a list of all the nice tasks you did—indicating which were automatic and which took thought. Praise yourself for these seemingly minor acts. (Helfer, 1978, pp. 109-110) Some survivors have found it helpful to make a list of the good things about themselves—things they are proud of.

"At first I couldn't think of anything. Then someone told me I had nice eyes. So I wrote that down. I realized
I was really good to the older lady next door, so I added that to my list. Eventually I had quite a few things (which surprised me). I'd read them over every day. There were a lot of years of messages about how rotten I was to drown out, but it helped.

To trust yourself you must also believe that you can depend upon yourself. Heifer suggests that you identify three specific tasks that you want to achieve within the next fourteen days. Write them down and be very specific. Record the deadlines by which you want each completed, plus the steps you are going to take to assure their completion. After fourteen days check and see how well you did. (Heifer, 1978, p. 139) He also suggests that when you finish you reward yourself.

As time goes on your tasks should become more and more difficult. You may discover as you read this that you can already depend upon yourself. If that's the case you are further along in being able to trust than you realized.

Another area which affects your ability to trust yourself is that of responsibility. Heifer suggests that you make a list of six things you did in the past few weeks. For example.

1) I made chocolate chip cookies for my children
2) I speeded on my way to work
3) I made numerous mistakes on the piece I was typing at work
4) I did not take time to take my son to the movies as I had promised
5) I won the tennis game I played

6) I cheated at solitaire.

Make these statements of doing rather than feeling. Now, using
the same numbers, cite what you did or didn't do to show you took
responsibility for these actions (Helfer, 1979, pp. 140-1)

For example:

1) I asked the children how they liked the cookies, would
   they prefer nuts next time?

2) I admitted to the officer that I was in fact speeding,
   and paid my fine

3) I yelled at my boss and told him that if his writing
   was not so illegible I would not make mistakes.

4) I apologized to my son and took him the next week

5) I told my family and friends how I had won and allowed
   myself to feel proud, recognizing that I had worked
   hard on my serve.

6) I reshuffled the cards, admonished myself and played
   another game fairly.

As you can see in all but number three the speaker took responsibility
for his/her own actions.

One of the burdens we are saddled with by a dysfunctional child¬
hood is feeling that we are to blame for what others do. We need to
learn to separate what we must take responsibility for and what is not
ours to own. Many survivors feel that they are responsible for the
actions of those around them. (Helfer, 1978)
"My father left us when I was five. I was convinced it was because of me. I'd heard the story about my parents getting married because I was on the way. I used to think if it hadn't been for me, my parents would never have married and would be happy somewhere else instead of always fighting. Or if they had married, they'd somehow be blissfully happy without kids. It never occurred to me that it was their own pathologies and not me that had caused all the problems."

To help you to recognize what is your responsibility and what is not, Heifer suggests you make a list of six things involving your mother and father or siblings, about which you feel guilty. (p. 144) Then go back over these to discern where the responsibility actually lies. For example, the man who was quoted above was able to recognize that his parent's problems had little to do with him directly. The realization that we are not to blame for others' actions frequently lies just beneath the surface. The feelings of guilt, shame and blame, however, may go deeper. Thus, once you recognize intellectually who is responsible for what, you will need to reaffirm, with regularity, that you are not to blame.

Sometimes others can give us the initial push toward recognizing our own worth. Jenny was removed from her neglectful parents when she was very young. Sexually abused in one foster home, she finally came to live with a family who began to rebuild her confidence. In
her late teens, Jenny was exploring her options and testing her perimeters.

"I knew my new parents could throw me out if they wanted to--if I blew it. I took a long time to get to the point where I could trust them--or myself. Everyday I watched them deal with their other kids and I began to realize that if someone goofed up they wouldn't just kick them out and I trusted them more and more. They turned everything positive. They showed me the good things I could do and the more they did the more I thought of myself and the more I trusted them."

Jean had a similar experience and learned to trust through the love of an aunt and uncle.

"I waited for something to happen. I waited for me to goof up; I waited for them to get tired of me and ship me out. But after two years they still accepted me as a member of the family--loving me--no matter what I did. Even when they took me to the doctor and he said, 'this is a fifteen year old kid with the body of a thirty year old woman who has suffered a lot of abuse' they didn't think any less of me. And if they could love me no matter what had happened, I figured I could love myself too. I could trust myself to make the right choices in the future."

Although some survivors are fortunate in that they have miraculously
found someone to love them unconditionally, the problem arises in that most victims spend their lives searching for such a person. One man uses the term 'eskimos' to describe someone who will take you in out of the cold, feed you emotionally and love you and ask for nothing in return. But 'eskimos' aren't usually found when you set out looking for them. In fact, you can lose yourself in the looking.

"There came a time when I realized that the only person who would solve my problems was me. Everytime I looked for a warm face in the desert of my life, it turned out to be a mirage. So I decided to learn to trust myself. Surprisingly after a lot of hard work doing that, I found my present wife. I think the only reason we were able to get together was that I'd learned to take care of and trust myself. She didn't want a dependent, she wanted a partner."

Some survivors realize that learning to love and trust themselves is something they need help doing; so they seek therapy.

"I thought I was a pretty rotten person. After my second suicide attempt, I went into therapy. We began after a while going over all the good things about me. The fact that I'd even survived a lousy childhood was an accomplishment. My therapist would give me compliments and I began thinking, 'if she can see that I'm okay, I must be.'"
Whether through therapy, through intimates or through our own inner search, learning to trust ourselves is the first step in learning to trust others.

**Trusting Others**

In order to trust another person we must learn to take risks, some survivors have difficulty doing this.

"I had trouble trusting—especially men. I needed them to trust me first before I could risk trusting them. If they weren't willing to risk, neither was I. It made for a lot of lonely nights."

One of the big problems in trusting others is knowing whom to trust. As we begin to develop confidence in ourselves, trusting becomes not an all or nothing exercise, but rather something we do in stages. We learn to take little risks at first—see how the other person reacts to them, and if we are not rejected, then take risks which involve more and more self-disclosure.

Tom, for example, who trusted women blindly, bought them gifts and lived with them early into their relationship learned to go more slowly. He learned to give his new girl friends little parts of himself at first—parts which if rejected or exploited would not devastate him. For some taking even small risks is difficult. But without risking self disclosure we could remain forever in isolation. Sometimes survivors have difficulty in trusting one gender or certain types of people and not as much difficulty trusting the opposite type.
"In regards to trusting people, I decided I had to risk it, and that was a conscious decision. There are people that I take a risk with that I'm not really sure of. I don't have the confidence that they see things the way I do, that they could even keep what I say confidential, but I take that risk—and then I wait and see what happens.

I'm comfortable with men, but it has taken a real effort for me to trust women. I've made a conscious decision to do that. There are some people I connect with easily; others I don't. When do I trust? I guess maybe it's chemistry. It could be that some people remind me of someone else I've had difficulty with in my past. If I decide to risk with them at all, I find myself proceeding much more cautiously."

Sometimes you can learn to trust through consciously bartering or sharing. For example, set up situations when you will know what you will get for what you give. "I'll offer to help... with her work and ask if she'd help me with mine". (Helfer, 1978)

Sometimes it is easier to trust someone if you know it's a sharing proposition. As you risk, they will too. This way you will not fear being taken advantage of.

One survivor suggested an exercise that she had tried. She made a list of all that she needed from someone in order for her to be able to trust him. At first her list was quite demanding and self-centered
Eventually she learned that she needed less and less to trust. Another survivor told me that she always gave too much—always made allowances and never knew how to ask for what she needed. Then she found herself resenting the other person because he/she would not respond in the desired manner. "That made me not want to trust them." Learning to ask for what you need is important. A friend of mine who is a survivor will frequently greet me with "I need a hug." More often than not so do I, but the point is that she has learned to ask for what she needs.

The therapy relationship is another way in which people can learn to trust others. As the survivor learns that the therapist or group can still accept them, despite their background, their tantrums, or misdeeds, they have a model on which they can base other trust relationships.

"In order for me to trust my therapist—-it took me two years to do this—-I had to see him as a human being, not someone who quietly sat in a seat listening to me. He opened himself up and told me a few feelings he had too. But what he was also doing was allowing me to enter into his world enough so that I could trust him. I think therapy would have been different with a woman. I might have moved faster, but there were issues I needed to work through with a man. He allowed me to see the ugliness although I thought I was not showing it. I cancelled on him, I was passive, I'd get angry and I'd
rant and rave at him, but he stuck by. I think my therapy is going to help me a lot in dealing with other people because I've become more forgiving of myself, which makes me more forgiving of other people. But my therapist was a catalyst. He helped me build my trust--bit by bit. Sometimes now I stand back from people and say, 'Can I trust?' and then I say, 'what the heck.' And I try little by little--and where the person isn't floored by my self disclosure the trust becomes deep and often lasting."

As we trust others we begin to develop support systems—a network of people on whom we can depend when we need to. An exercise I often use is to ask people to identify who they would go to in a variety of situations; who would you tell if a loved one died? Who would you tell if you got some type of bonus? Who would you tell if you were concerned about your child's behavior in school? Who would you ask for a recipe? If you begin to recognize that you either have very few people with whom you can share the events of your life, your support system is small and the people in it may be overworked. Try to expand this support system by making new friends, by exploring more networks or meeting more people. As our support system grows, we feel less and less isolated. If parts of that system break down we have others to whom we can turn.

Learning to trust can be very exciting. Trusting others we well
as ourselves, especially if we haven't been able to trust in the past, gives us a chance to share with others—loving and being loved—and gives us a glimpse of what being here on earth is all about—from living our own lives, to raising the generations who will come after us.
"Driving up main street, toward home, love hit me in the stomach. Walking in the other direction was an adolescent skyscraper; topped with dirty blonde hair, big blue eyes and drinking down a Tab.

My mouth forms a big smile and my body bends forward, my hand on the horn. He looks up, the can of Tab not quite getting where it has been aimed. His face breaks into a big smile, his teeth large and white, when he locates me. We both wave.

Then my defense mechanisms begin working and the good feeling is pushed away and washed over with guilt.

It's okay to love him, it's okay, feel good, feel good, it's your right. You are not a father raping his daughter nor a mother raping her son. He's beautiful; he is your son. And the warm feeling of love comes back soft and sweet. I'm growing."

Conflictual Feelings About Parenting and Children

Parenthood is a complex role for anyone. Parents must have the ability to love, trust and let go, all tasks which may be difficult. Guiding a young life through childhood and adolescence also necessitates the sharing of pain. Parenthood takes an infinite amount of patience. Taking a child from conception to adulthood is a journey on which
most of us set out with no road maps, no compass and little inclination of where the road leads. Our only guide is the memory—perhaps distorted with time—of how our own parents led us along this path. If that experience was a relatively happy one we may feel a little more secure in raising our own children. Adults who have had conflictual or assaulted childhoods, however, may be unprepared or unsure about becoming a parent.

Children represent different things to different people. Some ideas are realistic, others are not. Children may be seen as representing someone for the parent to love; especially if you have felt unloved, a child may seem like the one person who will love unconditionally. In working with young unwed mothers, I have often heard them verbalize this very desire—to have a child so they could have someone to love. What these potential mothers do not realize is that love is a bond which grows and must be nurtured. Initially children may seem dependent and demanding, requiring patience and consistency. It takes concentrated attention to learn to read the signals a child gives us—signals we can interpret as the giving back of love. A baby's moist, trusting eyes as it's mother's face during feeding may not be as fully appreciated, for example, if the mother has not learned to savor such an experience. The uninitiated may not realize that children do not always act in a manner that is lovable. An angry screech at two o'clock in the morning does not always ingratiate the screecher to the parent who has just
gone to sleep. Runny, encrusted noses with croupy coughs or fecal murmurs on the walls often cause a harried parent to question the sanity of writers who speak of the joys of parenthood. Parenthood is a "... huge responsibility; one that many women /and/ men are not prepared for." (Sanford and Donovan, 1984)

If you have not learned positive messages about parenting through your own childhood, this responsibility can seem more challenging. Learning to parent is a discovery process—one which will take time. It is important to relax with this task—surrounding yourself with people who can guide and support you—to enjoy it. But parenthood can be enjoyable. In fact, survivors who are willing to let go of the negative patterns of their childhood and not be so bound by them that they overcompensate may have an advantage in a sense. Their openness to learning, their motivation to be a good parent, can build a strong foundation.

There are many issues to consider as you strive toward understanding your attitudes toward parenting in an attempt to create a good experience for yourself and for your children.

Dependency, for example, may be an issue for a survivor of familial abuse. If you were a parentified child you may feel at some point stifled by the intensity of another's total dependency on you.

"Before I was married I'd finally begun to achieve a degree of freedom in my life. At last I was out on my own and I felt like I was making it. When Bruce
and I got married it was great at first. I still worked and we got along fine. Bruce was pushing for kids. I wasn't sure how I felt, but finally I said okay. I got pregnant easily. My cynical reaction to this was 'why not, it's well used machinery.' I mean I never would have said that to Bruce, but I felt that way nevertheless. And then Amy was in our lives. We both adored her. I quit my job and stayed home. I found myself getting fatter and fatter. Sure, I figured, I'd gain weight when I was home all the time. But not that much! One day after I'd finally gotten Amy to sleep, I realized that I was eating compulsively. As I scolded myself, I began thinking and all these feelings of being trapped and suffocated came over me. I realized that once more a family was dependent on me to take care of it. Once more everyone else's needs had to come before mine—and just when I'd reached the point of forgiving myself for ever having needs."

If a parent, like Debra, feels trapped by being a parent once again, the best advice would be to build a support system for herself. A support system—people to whom you can turn when you need help, or are hurt or happy or sad—is something you probably did not have as a child. The magnitude of your duties may actually have prevented that from being possible. Now, as an adult, you have more control.
You can seek out others, via play groups, church groups, classes, and physical activity groups, clubs or just friends. To nurture children you need to be nurtured yourself. That's natural and something you should allow yourself.

The other side of having children is the hopeful one. It may seem like a stifling proposal to have a little person totally dependent upon you, but children provide us with another chance. We live our dreams through them. Parents have done this since time began—and relatively successfully as long as they are willing to recognize that children may not always agree with parental dreams and have as much right to pursue their own interests as their parents do to dream.

One survivor verbalized his desires for his children:

"They'll have a really great childhood. I'll let them be kids! I never was allowed to be one. I don't care what they want to be or where they go to school, just so long as they know I love them."

There is joy in watching a child's face after he/she hits the first baseball or gets a special award in school or gets a part in the school play. You may be able to relive the moments from your own childhood or at least be thankful that this child is able to experience the happiness you did not. Sanford and Donovan speak in terms of the joys and costs of motherhood.

"Mothering can also increase women's sense of connectedness, both to other individuals and to the future."
Moreover, children can be fun and fascinating and involvement with them can add a dimension to life that many would not want to do without. Also, an enormous amount of pride and satisfaction can be obtained from the knowledge that one has raised children well—or that one has at least given the difficult job of child-rearing her best shot."

(Sanford and Donovan, 1984, p. 144)

For fathers there may be similar joys. Yet some survivors wonder—can I be the kind of parent I want to be? What if old patterns repeat themselves?

Fear of Repeating the Pattern

"I found myself being suspicious of everyone after Harvey turned seven. I was so afraid some guy would molest him, like had happened to me. My wife kept telling me to loosen up. At first I'd get angry at her until I realized why I was being so over-protective. I hadn't been that bad until Harvey got to be six or seven—the age I was when I was abused. Then I'd see myself in him. There really wasn't much of a comparison; Harvey was the outgoing kid I never was. But it wasn't logic or reason operating. It was just irrational fear that because I had been victimized, my child would be too."

When a parent has experienced a traumatic event it is as natural to try to prevent his/her child from experiencing it too, as it is to
try to give them all those things you didn't have. Often the fears that a child will be exposed to such dangers go beyond reason. Some survivors have a spouse who can bring perspective to the situation; for other survivors their child's development can be punctuated with a myriad of their own fears. Like the above speaker, it is important to recognize the differences between your child and yourself. Is your child assertive and able to say no where you were not? You might also go back to the chapter "Who Abuses Kids" and look at the four preconditions for sexual abuse. Granted, as a parent you can do little about the motivation of the perpetrator, but you can protect your child by adequate supervision (not stifling over-protection) and by educating yourself and your child.

Survivors of incest harbor perhaps the most disturbing fears. Burdened with not only the sexual abuse, but also with a dysfunctional family, they may wonder if they will fail as nurturing, protecting parents--as their parents had failed. They may fear becoming abusive themselves or have unrealistic fears about not being able to protect their child from an abusive spouse. Or they may fear repeating the negative parenting behavior they saw as children. We learn models of how to be parents from our own parents. If these models have been inconsistent or negative we will need to pick up other models in our journey through life. Often others can provide us with the patterns for certain emotions and behaviors which our parents did not.
"My mother was an alcoholic; when she wasn't drinking she had little affect—she just seemed dead. Fortunately for us our family had money and our mother hired a woman to help take care of us. She was warm and loving; all the things my mother wasn't. This woman is what got me through the hell of my childhood—the rejection by my mother and the abuse by my father."

Survivors do not always realize that they have picked up bits and pieces of parenting from others. They also don't realize that because they are concerned about their parenting skills and are consciously trying to be good parents they may succeed in good measure.

"What scares me most," said one survivor, "is that the old patterns creep back in when I'm not thinking about it." If this happens perhaps you need to consciously analyze your behavior and figure out when it occurs. Is there anything you can do to prevent it from occurring? Once you have identified the behavior and have figured out what triggers it, think of something that you could do to prevent it. For example, one technique used to prevent parents from hitting their children is to suggest that the parents tell the child that they are angry and why and then remove themselves from the situation until they can be more rational.

One of my favorite stories is told by Dr. Ray Heifer, a pediatrician and author of *Childhood Comes First*. Dr. Heifer is an advocate of helping adults who have had difficult childhoods, to rethink these
experiences toward becoming better parents. To exemplify that every
parent may need to step back and rethink, he describes a situation
when chance prevented him from behaving in a manner which he might
have regretted.

"Not long ago one of our teenagers wanted to hit
golf balls in the back yard. At first I said, "No way,"
only to realize by my wife's glances, that I really was
being a bit too strict. It was a big back yard, and he
agreed to use plastic balls. After a lengthy discussion
about what direction to hit the balls and for sure NOT to use
real balls, the boy went out to try his skill.

Shortly thereafter, I went to my den and sat down at
the desk. Within moments a golf ball (real one) came
crashing through the tightly closed den window. My mood
rapidly went from contentment to fury. I barged out the
doors to holler and scream and to tell my son that he was
'a dumb, stupid, lousy, clumsy kids, and you can't play
golf for 14 years.' I arrived at the door leading to the
back yard, only to find it locked with the deadbolt. I
stormed back into the house and said to my wife, 'Where's
the damn key?'

'I'll give it to you,' she replied, 'if you'll remember
Ginot.'*

*Hiam Ginot is an author of books helping parents and children to
communicate. (Helfer, 1978, pp. 4-5)
'The devil with Ginot,' I said, 'give me the key.'

It took a few moments to find the key, and by then I had calmed down a bit, proceeded to the garage, unlocked the door and found a rather chagrined, worried teenager standing in the backyard with golf club in hand.

Ginot suggests that when you're so upset and don't know how to interact or what to say, you should describe the situation and how you feel about it, and then split.

When I arrived in the back yard, I said, 'Matthew you just broke the window.'

'I know' he said, as if it were any secret.

'I'm really ticked off. In fact, I'm so mad that I don't know what I'll do if I stay around here.' As I turned to leave, I added, 'Clean up the glass and then come in the house. Maybe I'll be settled down by then.'

The glass was quickly cleaned up, and Matthew slowly came into the house. Ginot also suggests that a solution should be worked out by the child so I asked Matthew,

'What do you think needs to be done?'

'Go get another window,' he said.

As we were returning from the store with a pane of glass which cost $4.69, I thought to myself how devastating it would have been to the boy, to me, and to our ability to interact, had I proceeded in the manner I had first intended.
He clearly isn't dumb, stupid, lousy or clumsy, and I could never have enforced a 14 year penalty. Had I gone that route, I would have belittled the child and his self image, and our relationship would have diminished, for a mere $4.69. Thanks to a deadbolt on the door, a little time and the reminders of a thoughtful wife, this interaction turned out pretty good."

But we cannot always depend upon chance. Knowing when we are vulnerable to behaving toward our children in a hurtful manner and choosing alternatives is important. As Helder suggests, if the child is old enough, we may join with the child in deciding what the consequences will be. If you remember back you may find that your parents did not allow you this much control over any situation. Perhaps by helping your child to see exactly why you are angry, how he/she actually contributed to it and how you can together remedy the situation, you can prevent repeating the negative parenting patterns of the past.

Not every survivor is able to change behavior so easily. Helder speaks of one survivor whom he saw in his role as pediatrician.

"Joan sat for three days by the bed of her four year old boy who was desperately ill. She never looked at me, and only occasionally at the child. Rarely did she touch him or talk to him. The boy wasn't responding, even though medically there was no reason for him not to
improve. I finally observed and understood what his
mother was revealing by her inability to interact with
her child.

I sat down, almost on the floor and looked up at a
very attractive, depressed face, which being almost parallel
with the floor, 'Joan, don't you ever cry?' I asked. 'Cry,'
she commented softly, 'I had that beaten out of me when I
was little.'

I took the mother's hand and placed it gently on the
child's face, and said, 'It's okay to cry here.' As her
tears flowed and her hand touched the boy's face, the
child was able to feel and see the love she had for him.
As the days wore on, and the child improved, as the months
wore on, so did the mother." (Heifer, 1978, p. 7)

It is not unusual for survivors who were not shown love, to have
difficulty showing it to their children.

'I wanted to love my child,' said one survivor, 'but
I didn't know how. To me touching was something that
hurt as when my father beat me or used to exploit me,
as my grandfather did when he sexually abused me. My
mother rarely touched me in any way so I had no help
from her. I didn't see touching as something I wanted
to do to my child--at least the kind that hurt--and that
was the only kind I knew."
He was a really maddening child—he was so intrusive. He'd never leave me alone. He was at me constantly, touching me all the time. He'd have his hand on my arm or be hanging all over me. Sometimes I'd get so angry that I'd just let go. I'd throw things. Fortunately, I never hit him, but we have a huge hole in our living room wall from when I threw an ashtray. Sometimes I'd feel like I was a kid out of control, stamping and getting all excited and angry. Then afterwards, I'd feel so terrible. I'd say, how could I have gone out of control like that!

If you are having trouble sorting out old emotions from new behavior, it might be best to seek help. Parents Anonymous is helpful for many parents who have abused or are afraid they may abuse. Therapy may help you to identify your feelings and recapture those you would like to express to your child.

Just because you were abused as a child, you will not necessarily abuse your children. However, you may fall back on some of the old bits of behavior your parents demonstrated to you, preventing you from being the parent you would like to be. Understanding what those behaviors are may help you to be the kind of parent you want your child to have.

Education is an important part of being a good parent. Most of us were 'educated' by watching the techniques our parents used with
us. If those were positive methods we will probably be fairly well equipped to handle our children. If those methods were inconsistent or dysfunctional in raising happy adults, we might need to educate ourselves further. There is a myriad of books on child-raising—some better than others. Some examples might be Baby and Child Care by Benjamin Spock (New York, Simon and Schuster, 1976); Parents' Magazine; New Baby Care Book by E.S. Duncan (New York, Parents Magazine, Inc., 1973); Redirecting Children's Misbehavior by Bill and Kathy Kuol-Reidler, (Boulder, Colorado, R.D.I.C. Publ., 1979); Understanding Your Child from Birth to Three, by Joseph Church (New York, Random House, 1973); and the classic Between Parent and Child, by Dr. Haim G. Ginot (New York, Avon Books, 1965). In addition courses like Responsive Parenting, (formerly Parent Awareness Training) (Lehrman, 1984) are available in print or may be given as a course by local agencies. Check with a social service agency, YMCA or school to determine if such courses exist in your area.

If you were forced to grow up too soon you may not be familiar with what children should be doing at what age. You may therefore have too high expectations of your own children. Such unrealistic expectations can create frustrations for both parent and child. Therefore, it may be useful to take a course in Child Development. Better yet, a course in the total life span (often called Human Growth and Development or Developmental Psychology) will give you a more complete picture. Courses such as the above mentioned are offered by adult
education, universities, community colleges and sometimes by child care agencies. Your local social agency or school may be able to help you find where such a course is given. Books may also help you explore this subject. Some of the earlier mentioned ones on child rearing have sections on development. Another is Selma Fraiberg's delightful book, *The Magic Years*. (New York, Charles Scribner's Sons, 1959).

Another exercise you might do by yourself or with a therapist is to remember the qualities you liked about your own parents. Or, if that is difficult to do think of the parents of a friend you considered a good parent. What qualities did they have? How can you develop those? Talking with a friend who appears to be a good parent might help. What do you think is positive about their parenting style? How might this be of help?

Remember if you want to be an effective parent and you are trying, that's half the battle. The rest is education and trial and error. No one is a perfect parent. No one is expected to be. Effective parenting is based upon perceiving your child's needs and being able to talk with him or her. Most survivors I have talked with are very conscious of doing this.

"No one heard me when I was a child; I want my child to know I'm here to listen to her."

**Should Children be told about the abuse?**

Survivors often consider whether or not to tell their children about their own abuse as a child. If the abuse was from outside the family--by someone not known to the child or a stranger--the decision
may be different from that which is based upon the fact that the perpetrator is someone the child knows or may even face on a regular basis.

"I'd decided there was no real point in telling my son about my abuse by a stranger. But I know I came down heavily on him not to talk to strangers, take things from them, or get in cars. As he got older he asked about policemen—could they be trusted. That was difficult. We teach kids to trust the police, but then tell them—not all. I gave him a code word—something that if a stranger said it meant he'd been sent by me. But I never told him why to be afraid. Finally one day he asked. I thought for a while—and eventually told him what had happened to me. He just looked at me for a long time, and then said, matter-of-factly, 'Thanks, now I know why to be careful of strangers.' I had done so much soul searching about telling him that I was prepared for a big discussion. None came. He mentioned it once or twice fleetingly, but that was it."

Other parents feel that the unpleasantness of their lives is unnecessary to relate to their children. I have heard experts say, 'If you believe that you are not to blame, why should it be kept such a secret?' Perhaps the answer lies in the fact that society is still not totally convinced that the victim is completely innocent.
If the perpetrator was a friend, relative or family member whom the child still sees, the parent may need to consider further. Some survivors feel comfortable explaining residual fears without going further. Carol's father incorporated sadistic play into his abuse of her. He especially enjoyed taking her by surprise, often jumping out in front of her to frighten her and insure her vulnerability. Carol describes how this came up with her children:

"My daughter went through a period when she used to jump out and frighten me. I got really angry with her and screamed, 'Don't ever do that to me again! I hate it.' My reaction was too intense and I think it became a mystery to her. Finally when she persisted I told her my father had done it and that's why I didn't like it. She knew he'd done crazy stuff to me. I never told the kids about the sexual stuff, though maybe when they are older."

Another survivor felt she would not tell her children of the abuse:

"My father was good to me when he wasn't abusing me and he's good to my kids. How can I deprive them of a loving grandfather? I never leave them alone with him, but they enjoy it when we're together. I'd never change that for them. I never had anyone."

Some survivors feel that telling their children about the abuse would help them in some way.

"I think telling my daughter would help her to recognize
what can happen. Now that my father is dead it wouldn't bother their relationship. She knew good about him and bad. I just think she should know."

For other past victims the child's request or need to know is the most important factor.

"I don't think I'd tell them anything, but I would express to them that if they ever needed to tell me anything--about friendships, or drugs or sex or any¬thing--they could. I would try to develop that type of open relationship with them. Actually I guess if they asked me if I'd ever been abused, I'd tell them that I had. Maybe they're seeking knowledge for themselves and maybe if I told them they'd trust me enough to tell me things. I would tell them so they didn't feel so much alone, or different. Because I feel very different. I didn't think there was anybody else in the world who did things my father did."

Perhaps one reason why survivors share their experiences is to help their children understand more about them (the survivors) as people.

"The incest was so much a part of my life that to know who I was, I felt my children had to know about the relationship. They saw the residual effects coming out in ways that would act. I didn't want them to think it
was because of them that I was sometimes irrational."

Most of the survivors I talked with felt that they would not tell their children until the children were older. They felt that the subject would come up in the context of other experiences. One mother who has a truly beautiful relationship with her teenage daughter explained:

"My daughter and I share feelings a lot. I've also read things about sexual abuse and I guess she suspected that there was something in my background. She had told me once how very strong she thought I was—a survivor. She asked me how I got that way. So, I told her about the incest relationship. I told her too that there were other incidents but I didn't want to go into detail about them at that time. And she said, 'When the time comes, I'll be here. If you want to talk about it, I'll be there.' She knows I'm joining an incest group and is very supportive."

Many of the men interviewed did not know what or if they would tell their children. One male survivor abused by an older brother told me with a great deal of emotion:

"I'd like to write letters to my sons—letters about what happened to me and how I felt about what had happened. I'd like to tell them of the pain it caused me and of how I've tried to come to terms with it. But I'd also like them to know how I feel about my maleness;
about my responsibility to my family and in fact, to the world. Because I experienced pain and violence I am committed to seeing peace and human caring in our world, on a national and international level. I'd keep these letters until a time when I felt it was right, and I'd give them to my sons—a gift of myself to them."

Deciding to tell your children is an individual decision not to be taken lightly. It may feel good for you to tell them, but what will it mean to them. If it's important for them to have knowledge of this part of your life, only you can decide and know how and when it should come about.

**Protecting Children from Being Abused**

Some survivors have expressed the feeling that they are not as concerned with whether or not to tell their children, per se, but want to protect them from being abused themselves.

"I'm going through such a horrendous time now because they /therapists/ think that my father may have done something to my son also when he was little. He used to spend a lot of time with my parents but because he was a boy and I was a girl, it never occurred to me that my father would bother him. Now as I look back, I realize that in a family of all girls, my father treated me like his son. But I'd never have thought of that when my son was little. I had so many problems of my own."
It is not unusual for abusive patterns to repeat themselves. Fathers who abuse their children have been known to abuse their grandchildren. One survivor had been abused by a friend of the family who later attempted to abuse her daughter. Strangers are pedophiles who prey upon children who seem vulnerable. A child picks up the parents poor self-concept and fails to develop his/her own stronger one, thus is most vulnerable.

But it is possible to provide children with protection from the possibility of abuse. Supervision is the first step which may make a child less of a target. This is not to imply that children should be watched every moment and made to feel that they have no freedom or privacy. Knowing where children are; not placing them in vulnerable situations and knowing who they are with can help them to avoid being alone with an abuser. The survivor who expressed earlier that she would not want to deprive her children of their grandfather, but does not leave them alone with him, recognizes her responsibility not to give the abuser an opportunity. But we can't always be there all the time for our children. What then?

The best defense children can have to protect themselves from abuse is what has been called "the voice from within" (Sanford, 1980) that every child possesses. The "voice from within" is the first gut-level response that every child has when faced with an unusual situation. That "voice" can be helped to be a protector—to help the child say, 'This is not right, I must get away and tell someone.' How?
First children must be educated—made aware that they have the right to privacy and that their bodies are theirs alone. They must be helped to recognize that there are different types and kinds of touch—good, bad and confusing. Children must also be made to feel confident that if they are confused or feel afraid they can tell you or another adult.

Even more than education, children need to feel good about themselves. They learn their self-concept from strong role models like parents who feel good about themselves. Telling a child that he/she is dumb because something has been done which displeases you, does not help that child recognize the errant behavior. It merely makes the child feel badly about him/herself.


"Little girls are supposed to be lady-like, polite, accommodating, nurturing, entertaining and helpful. It is an unfortunate coincidence that these are the very traits the offender seeks in a girl victim. He takes advantage of her willingness to be a *good* girl... Little boys are supposed to be brave, adventurous, curious, able to handle any situation. When confronted with a potential abuser, his first reflex may be to run
away, but his 'voice from within' may rule. 'I don't want to run away and look like a sissy.'" (Sanford, 1980, p. 24).

Sanford suggests that we give children, both boys and girls, permission to resist these stereotypes. If children do not feel good about or are confused about what adults are doing, they should be allowed to assert themselves.

Children must be helped to distinguish between saying no when their parents tell them to clean their room (which is a part of growing up and a responsibility children have) and saying no to someone who is touching them in ways which they do not like or are confused about. Children who feel good about themselves and have the permission to say 'no' to adults under some circumstances, will be in a better position to protect themselves.

It is also vitally important that the child have faith in his/her ability to tell someone and be believed. Feelings may be something which were not discussed when you were growing up. Yet being able to discuss feelings has the potential to keep the lines of communication open between parents and children. If children feel open with and supported by their parents, it is less likely that they will fall prey to a perpetrator.

What if my child is abused?

After educating your child or telling him/her of your own abuse, you may discover that your child has been abused as well. Or, perhaps in
the future, your child may tell you of abuse that is occurring or has occurred. What do you do?

First, don't panic. Survivors whose own children are abused may experience a variety of feelings. One may be 'How could this happen again!' In fact some parents may not even want to believe it. The coincidence may seem too incredible. Remembering that your child is an extension of you, it is natural for you to feel again victimized. You may feel somehow to blame. No matter what you are feeling, remember it is the child who needs the support right now. Talk with the child, giving him/her your support. Remember, many ways a survivor is in a better position to help a child who has been abused.

"I remember how I felt when it happened to me," said one woman. "I remember what I wanted to say and what I wanted others to say to me."

You may also feel anger—especially if the perpetrator was the same person, or someone in the family.

"I was so angry when my brother abused my daughter I couldn't believe he'd done it. He'd know what it was like when my father abused me. How could he!"

Anger, too may be natural, and it would be helpful if you sought someone to talk to about it. But anger may not help the child unless you control it and make it clear to the child that you are not angry at him/her.

"I recognized—finally—that my ranting and raving wasn't helping Annette, so I sat down and talked with
her. I finally told her I was going to talk to Uncle Bed--tell him how angry I was and that we felt what he'd done was wrong."

This mother felt good that she could help her daughter as her mother had never been able to help her. The child knew not only that she was believed, but that her mother was there to protect her from then on. The empathy that you, as a parent, feel for a child who has been victimized just as you had, may be the best gift you can give. You know that abuse can happen; you know how it feels and how you would have liked others around you to behave. Your child will benefit from this knowledge--knowledge you may have learned in pain will help him/her experience with perhaps a good deal less pain.

As we consider the legacy we pass on to our children, our usual hope is that it is one of fruitfulness, not one spotted or spoiled with pain. The insight that survivors gain about their experiences can be invaluable to not only raising their own children--but also in protecting them.
"Survivors don't ever get out of the role of being survivors. There will always be conflicts and confrontations. It's not the fact that you won't feel pain; you will. It's not that it won't be a struggle; it will. But the fact that you can survive and come out okay. I don't want to get to the point where I don't 'feel' because then part of me would be dead. I was there once—I don't want to go back. I don't want to lose the compassion to relate, and I'm not looking for a cure. I'm only looking for a way to survive."

I began this book as a way of communicating to past victims about how others, with similar experiences, had survived. I did not anticipate the emotional involvement it would hold for me. As I interviewed survivors, hearing story after story of the abuse and fervent struggles to maintain sanity, I found myself in awe of the strength of the human spirit. I asked these former victims what had helped them to survive and I got a variety of answers. Some credited others who had a constructive role in their lives.

"My mother was an incredibly strong person—probably one of the strongest women I ever knew; the stress she was under—having to raise all of us when she was ill, she kept right on. Medically and emotionally she handled
things. When she died and my father abused me—she wasn’t there. But as time went on I think I drew off her strength to handle situations."

*   *   *

"My sister brought me through it. I knew because she was younger I had to be strong. I had to protect her!"

*   *   *

"I had a lot of 'eskimos' along the way—those people who take you out of the cold and never ask questions. I didn’t look for them, they were just there.

Yet what these survivors didn’t give themselves credit for was the fact that they had been able to incorporate the strength they saw in others—and use it, while brothers and sisters in the same family may not have been able to do so. Carol survived in spite of physical abuse, sexual abuse and emotional torture of being forced to watch things she loved destroyed before her. One of Carol’s sisters is schizophrenic; the other is a drug addict and a prostitute. But Carol, despite doubts from time to time, has managed to go on and now faces an exciting, budding career. This young woman’s own inner strength has somehow gotten her to where she is. But, if asked, Carol probably couldn’t tell you how she made it.

One of the characteristics seen in many survivors—perhaps a by product of learning to survive—is the ability to use the love and
support of others. Survivors of multiple abuses, often from a number
of people, have found even one person who really understands how they
feel and have benefited from that relationship--basking in that caring
and reflecting it in gathering impetus to begin to take control of
their own lives.

"When I met Barbara I felt that she really understood
what my messed up family had been like. She was ready
to give me the reassurance I needed. Her high opinion
of me helped me to see myself as a better person--so I
started feeling and becoming stronger. After all the
abuse I'd experienced in my life I felt I'd found
someone who cared. I used to think I couldn't live
without Barb. But my therapist helped me recognize
that someone can give you a world of love, but if
you can't accept it or benefit from it, that caring
will do you little good. He made me realize that
Barbara had helped me--had loved me--so that I could
learn to love myself."

The human will plays a large part in surviving. Other survivors
offered explanations for their survival as well:

"I just felt there was something better!"

* * *

"I guess I survived by sheer force of will. I have gained
it by letting go--throwing away anything and everything I
had."

* * *
"I woke up one morning and realized how miserable I was. I knew I just couldn't go on like this; I made up my mind things would change!"

So often survivors expressed an inner strength—the source of which became a mystery to me. How could there be, within an individual who had been both physically and sexually, and even emotionally abused, this incredible will to survive? I asked individuals during the interviews where they felt this inner strength had come from. Some attributed their 'tuning in' to the acknowledgement of a "power greater than themselves". Some spoke of focusing their energies on their inner core through meditation, and others could give no explanation whatsoever. One survivor expressed it well.

"I discovered long ago that the search for inner strength and learning to tap that strength is an adventure—a quest—we all need to pursue whether a survivor or not. Only being 'tuned in' to our own potential can we hope to truly find meaning. Inner strength is something we all have—a recognition that we have the power to live a full life. Perhaps it is inborn. We just have to figure out how to get in touch with it and tap it fully. Sometimes we do this with the help of others; sometimes we do it alone."

Another survivor commented:

"When you've been victimized you tend to concentrate
on your wounds—they 'scream' so loudly. It's more
difficult to concentrate on the inner healing—-it's
quiet. We need to pay more attention to our inner
strength—-that quiet part of ourselves which helps us
to endure. Tuning in helped me become who I am."

This is not to say that survivors found it easy to find and use this
strength and to reach where they are today. Those I interviewed
have been in the process for a long time; most feel their struggle
was worth it. There have been successes but all recognized some perhaps
temporary failures along the way. The pain they shared and is recorded
in earlier chapters attests to their fervent, sometimes arduous search
for wholeness.

I also asked survivors how they would define surviving. Answers
came forth such as:

"I'm getting to the point where I can embrace a small
part of myself."

* * *

"What is survival? You get up every morning—-that to me
is surviving. If you're still here you've survived. Because
other people who didn't are in mental institutions. I was
for a short time, too—-but I got out. And there are people
in the cemetery who didn't make it. As a child I used to
be a graveyard dweller. I used to go into graveyards and read
the inscriptions on the tombstones. I'd make up stories
about who they were and how they died (I always thought
'I'm going to be cremated. I can't bear the thought that
there's even a minute chance that there won't be some
privacy). But I'm not there now. I can look in the
mirror and say, 'there you are.' You survived." There
was something that helped you make it, whatever it is,
you're here!"
Darlene saw survival being realized at the moment she recognized
that she had control over herself and her own actions.

"When someone would blame me for things--like my
stepfather going to jail because he abused me--I used
to say, "okay, if you want to blame me, go ahead, I'll
take it.' Now I realize I didn't cause anybody else's
behavior. The only behavior I can control is my own.
I've learned that nobody can make me do anything if I
really don't feel it's right for me. What I do with
my life is my choice. For me the recognition of my
choices is survival."

Other survivors look at the fullness of their lives--of their
survival--in another way:

"I feel that survival is learning to accept what hap-
pened and not to have it affect different areas of your
life. When I come to situations in my life which are a
potential threat--and I know I can work them out, I know
I'm a stronger person and what happened to me would never
happen again."
"I don't even like the word survivor. It sounds like you've been through something and now it's over. It's never over, in terms of the memories, but you find a way to cope with your life—a way of dealing with things. Sometimes something will happen to stir up all the memories and you have to deal with it all over again. Thriving—maybe that's a better word. Thriving means to me that you've come through the actual abuse experience and with the right nourishment you'll still go on—but you need that nourishment from others and from yourself too."

Adam saw surviving as including existence, but going beyond it as well.

"I think part of the survival process is getting to a point where one can exist and physically survive through the incest but that's an early stage of survival. True surviving to me is to live an integrated, healthy life, where one has healthy sexual relationships and also intimate non-sexual and platonic relationships and have a balanced life in terms of career, work, personal space, interests and hobbies and family, and so on, and then there's emotionally surviving. Emotionally surviving in terms of the incest is looking at it, dealing with it, learning to trust and feeling good about yourself in spite of it."
For most survivors the process of trying to understand what has happened to them is a way of trying to make sense of their experience. Yet researchers of other assaults on childhood have long ago concluded that there are some life experiences which cannot be explained away. (Horowitz, 1976) At some point it is necessary to end the search for why the abuse happened, accept that it is a part of one's history and go on with one's life. (Silver, Boon and Stones, 1913)

"After a while--after I had searched for some meaning in what had happened--I recognized that it was time to continue my life. I was surviving--it didn't matter how or why. What mattered was that my family needed me and I needed them. Our future was what counted to me now."

Some of the survivors I spoke with had accepted what had happened to them some time before. Others--although able to function on a day to day basis, were still in a period of searching for meaning. I asked of all these survivors what message they would give to other past victims.

Adam smiled as he answered thoughtfully:

"Anyone who has been sexually abused needs to know that others have survived. It's a long process, surviving sexual abuse. You never fully recover--but don't get caught up in the negativism of that statement. It's not futile, because you get better. Life takes on an entirely new quality. You reach different plateaus. I guess I'd want to offer
the gift of hope. If I, with thirteen plus abuses in my
history, can do it--anyone can. Survivors need to know
'you're not alone.'"

Hope was a frequent gift that survivors wanted to offer to others
who are past victims. Many survivors felt that hope was what kept them
going and offered it as a solace to others.

When asked what gift she would give, Carol responded:

"Keep in touch with the world. Find someone who will
help you. Since I've been in touch with the world I've
felt better. I think that one of the main things that's
damaging is the secrecy surrounding the incest. It makes
you feel that you're not even part of the world. It's like
you're somebody different. I always felt that I was here
and the world was there. Only now, since I've reach out,
have I seemed to come together with the world and felt that
I'm part of it too. Just to realize that I'm no different;
no better, no worse than anyone else—that's really impor-
tant. You can recognize that when you learn to reach out."

Jean had a similar response when asked what she would tell survivors:

"Don't be afraid to reach out; don't be afraid to
explore--to trust or to realize you're a unique person.
What's happened to you may be necessary for your growth.
Keep on growing. Sometimes you'll risk and be dis-
illusioned--but reach out again."
Our society is not known for its humanitarianism. For some this is discouraging. Others are able to see beyond the impersonality of society and find within it individuals who care. It is by banding together that we can reach out to others to help them to take risks and to appreciate their own survival. It is indeed encouraging that there are an increasing number of survivors who are able to speak up—people who not only want to talk about their experiences, but also want to offer others a message of hope. We all seek different methods of encouraging others. Jean was the child of a mother who rejected her and died leaving her children to be placed far and wide. Abused by those who gave her shelter, Jean sought meaning and now gives it to other adolescents through her work in social services. Jenny, removed from a neglectful home and placed with a foster father who abused her, seeks to give the love she missed to children in a residential setting. Adam uses the memories of incest experiences to lead a group of other survivors toward understanding. Howard, now a therapist, also works with survivors. Kitty has used her knowledge of childhood assaults to counsel children of alcoholics.

For Carol, the insanity of her abusive father has come up again and again in different ways. Now she uses her ability to make sense of the world and dream of better times in her writing. Her poetry has been lauded—her prose published. Lois teaches others to control their lives through the control of their bodies. She has done much to encourage the participation of women in the martial arts. All have
made sense of their lives using their own unique gifts to speak out and help others.

As the product of a childhood filled with love, I cannot help but salute them. They have done so much with so little. Each has said modestly, however, 'If I can do it, so can anyone else.' It is with this firm conviction that they agreed to be interviewed. They have learned that they are not alone and want others to recognize this as well.

One survivor suggested that Christina Rosetti's much loved poem *Uphill* also describes the experience of surviving child sexual abuse.

**Uphill**

Does the road wind uphill all the way?  
Yes, to the very end.  
Will the day's journey take the whole long day?  
From morn to night, my friend.  

But is there for the night a resting place?  
A roof for when the slow dark hours begin.  
May not the darkness hide it from my face?  
You cannot miss that inn.  

Shall I meet other wayfarers at night?  
Those who have gone before.  
Then must I knock, or call when just in sight?  
They will not keep you standing at that door.  

Shall I find comfort, travel sore and weak?  
Of labor you shall find the sum.  
Will there be beds for me and all who seek?  
Yeah, beds for all who come.

Being sexually abused as a child may have left you with emotional scars--scars which you have felt needed to be secret. Yet, understanding will help you recognize that you are not alone--that you are
forever growing and that that growth can be a very exciting process.

Sheldon Kopp says in reference to the pilgrimage toward understanding:

"Along the way, like everyone else, I must bear my burdens. But I do not intend to bear them graciously, nor in silence. I will take my sadness and as I can I will make it sing. In this way when others hear my song, they may resonate and respond out of the depths of their own feelings."

As you hear this 'song' that others 'sing' you will recognize that you are not alone. But the exciting aspect about your journey to wholeness is that you have within yourself all that you will need. Your task—once you choose to accept it—is to recognize that what you need is there.
EVALUATION
CHAPTER V

Evaluation and Implications for Further Study

Evaluation

A draft of "Secret Scars" was distributed to twelve reviewers along with a questionnaire (see Appendix D) and a request to make comments on and return the actual manuscript. The reviewers included survivors, therapists and educators (see Methodology, Chapter III for further breakdown). Reviewers were given two weeks to return the materials.

The response to the manuscript by the twelve reviewers was unusually positive. All indicated that they felt "Secret Scars" was a worthwhile contribution to the field for not only survivors, but for family and friends of survivors and for therapists. A summary of reviewer responses to questions will follow. Their specific quoted comments can be found in Appendices E and F.

Reviewers were asked to respond to the manuscript with recognition that the intent was to:

1. provide other former victims of child sexual abuse with an opportunity to understand what has happened to them;

2. give former victims insight into the process they may have undertaken or be undertaking in their pursuit of understanding and healing;

3. suggest ways in which they might seek this healing;
4. provide an aid for family members and friends as they try to understand and empathize with the former victim;

5. make available a tool which can be used by therapists to further enhance the treatment of their patients.

The questionnaire then asked seven questions. The first was whether or not the book, in the reviewer's opinion, had achieved the goals stated above. One hundred percent of the responses were affirmative. The reviewers mentioned several reasons.

Many reviewers commented on how explicit the work was in defining the issues associated with child sexual abuse. Others liked the "sensitive, sincere and human" tone of the writing. The remainder of the reactions are reflected in Table I. Some reviewers' comments fall into two or more categories.

<table>
<thead>
<tr>
<th>Reviewer assessment of why book achieved stated goal</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>explicit in defining child sexual abuse and outlining effects on victims</td>
<td>8</td>
</tr>
<tr>
<td>communicates hope to survivors, empowering them</td>
<td>3</td>
</tr>
<tr>
<td>sensitive, sincere, human</td>
<td>3</td>
</tr>
<tr>
<td>brief/clear/concise</td>
<td>3</td>
</tr>
<tr>
<td>comprehensive</td>
<td>3</td>
</tr>
<tr>
<td>well written</td>
<td>2</td>
</tr>
<tr>
<td>good use of experiences</td>
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</tr>
<tr>
<td>helpful</td>
<td>1</td>
</tr>
<tr>
<td>unique in its field</td>
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</tbody>
</table>
The reviewers were questioned about the strengths of the manuscript. Many liked the inclusion of interview material. Others commented again on the caring tone. The following are strengths which were cited.

Table II

Reviewers' Assessments of Strengths of Book

<table>
<thead>
<tr>
<th>Strength</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>interviews of survivors with suggestions</td>
<td>5</td>
</tr>
<tr>
<td>came across caring</td>
<td>3</td>
</tr>
<tr>
<td>wholeness of approach</td>
<td>3</td>
</tr>
<tr>
<td>well written</td>
<td>3</td>
</tr>
<tr>
<td>chapters on healing and therapies</td>
<td>2</td>
</tr>
<tr>
<td>breakdown of male/female reactions</td>
<td>2</td>
</tr>
<tr>
<td>hopeful approach</td>
<td>1</td>
</tr>
<tr>
<td>readable</td>
<td>1</td>
</tr>
<tr>
<td>message that you're not alone</td>
<td>1</td>
</tr>
<tr>
<td>completeness of information</td>
<td>1</td>
</tr>
<tr>
<td>connection to other assaults</td>
<td>1</td>
</tr>
<tr>
<td>helps survivors with control</td>
<td>1</td>
</tr>
<tr>
<td>combined clinical with caring</td>
<td>1</td>
</tr>
</tbody>
</table>

When asked about the weaknesses of the material many reviewers felt that there were none. Other reviewers cited weaknesses but some of those contradicted what were cited as strengths in other sections of the questionnaire.
Table III

Reviewers' Assessments of Weaknesses

<table>
<thead>
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<th>Weakness</th>
<th>Count</th>
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</thead>
<tbody>
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<td>7</td>
</tr>
<tr>
<td>too many references to children of alcoholics</td>
<td>1</td>
</tr>
<tr>
<td>survivors quotes not explicit enough</td>
<td>1</td>
</tr>
<tr>
<td>Chapter 8 too long</td>
<td>1</td>
</tr>
<tr>
<td>need appendix with lists of specific therapists</td>
<td>1</td>
</tr>
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One reviewer suggested that the chapter on therapy mentions the fact that therapists respect confidentiality, but this appears to be more of a need for an addition than a weakness.

Eight out of the twelve reviewers felt that nothing needed to be added to the book. One reviewer wondered if the number and characteristics of individuals in the sample should be specifically mentioned. A suggestion was made that legal information be provided for parents whose children are sexually abused. And finally, one reviewer wondered if it would be advisable to provide a questionnaire for survivors where they might assess their own problem areas. (These suggestions will be addressed later in the section on revisions.)

There was a difference of opinion as to what should be deleted. While ten of the twelve reviewers felt that nothing should be deleted, two wondered if parts of Chapter 8 should be left out. Yet in other sections of the questionnaire other reviewers praised Chapter 8 in its entirety.
All reviewers felt that the book would be helpful to both survivors and therapists. Survivors, it was felt, could benefit from the hopeful positive approach (three responses to this). The case examples and solutions presented through these examples were considered particularly useful. The consensus was that the theory was well presented and provided a wealth of information. One reviewer commented that the tone was one of sound, accurate, authority which helped clients to make choices.

The notes under question seven--comments--reflected that both the survivors and the therapists who read the book felt very positive about it. A few of the highlights suggested that "Secret Scars" was an excellent teaching tool and should be included in social work curricula and that the book was an asset to survivors particularly those who had not had therapy, especially since a great many feelings had been described on paper.

Although it was hoped that reviewer responses could be categorized for some type of frequency count, this information did not seem to lend itself to that goal. Readers obviously spent a great deal of time on reading the text and due to the feeling nature of it, responded largely from a subjective perspective. With the exceptions of the few comparisons I have drawn, their responses were unique, each reflecting the individual's own orientation.

As previously mentioned, I had encouraged my readers to make suggestions on the text which I could then include in the revisions. I had expected numerous revisions, but found that comments on the
text were more likely to take the form of praise, affirmation of a specific point or the sharing of anecdotes related to the subject. Judging from the number of these, the readers had obviously devoted a great deal of time to this undertaking. They did feel free to correct typing errors and edit a word here and there. The few content suggestions that were made were likely to be contradicted by other readers. There appeared to be no uniformity in this area.

Several reviewers felt strongly that the word 'handbook' minimized what they felt was the magnitude of information presented, and suggested that the title be changed to "book" instead.

One case example was used at two different points in the text. All reviewers commented on this. All but one understood the author's intent and felt that the repetition accomplished its desired effect. One reviewer felt the second reference should be deleted.

**Implications for Revisions**

The comments readers made throughout the review process served to assure me that I had, in fact, produced a useful tool for both survivors and therapists. As far as specific suggestions made, I chose to respond in the following ways:

1. a segment on therapists obligation to confidentiality was added in response to the reviewer/survivor who suggested it;

2. due to the hoped for universality (geographically) of the book, I did not feel I could add a list of therapists or resources. I had mentioned Parents United and Parents
Anonymous and suggested obtaining information through a variety of local sources. To my knowledge there is currently only one other national resource (for survivors of incest) which has undergone much reorganization. I do not feel comfortable steering readers toward a particular resource until I am convinced of its effectiveness.

3. I did not feel that legal material for parents whose children were abused was necessary due to the considerable amount of parent and child education being done in schools recently.

4. I did not feel that a questionnaire asking individuals to assess their own problem areas was useful. First, such a tool may create anxiety in those who do not already feel it (and perhaps have no need to) or it may augment anxiety and blur their ability to hope among survivors already recognizing they have conflicts. My feeling is that survivors will recognize when they are ready that they need help (if they do). I hope reading the book might bring them to this place. If it doesn't, I don't feel a questionnaire would be useful.

5. Two reviewers commented on the length (too long) and content (some unnecessary) of Chapter 8, "How Can I Break the Cycle." One was a therapist, the other an educator/publisher. None of the survivors in their questionnaires mentioned this. As a double check, I questioned survivors after the completion of the review. All felt this chapter was useful, readable, and necessary as is. Two other reviewers (an educator/therapist
and a survivor) praised the chapter. Therefore, I opted not to alter it.

6. One reviewer suggested I add a section on who the survivors that I had interviewed were—not by name, but by age, sex, experiences, professions, etc. I feel strongly that giving even this much identifying data is a breach of confidentiality with my subjects. Sexual abuse was very difficult for many to discuss. Even if they were not recognized in such a listing several of the survivors I asked said they would feel very exposed and hoped I would not do this.

This reviewer also suggested that I indicate in the introduction how many survivors I had interviewed. I am not totally opposed to this, but had not done it for a purpose. My sample was admittedly small (twenty-three survivors) but I felt that their characteristics were reflections of what other researchers (via the literature) have found. Over the years I have also worked with numerous other survivors who did not feel comfortable being interviewed for this book, but who had described to me in other contexts, similar feelings, problems and attitudes. Therefore, I felt that the control of "Secret Scars" was reflective of many more than twenty-three survivors. To mention the specific number would perhaps be to mislead the reader.

There are two elements within "Secret Scars" which I feel might be revised but not without further study.

The first of these was identified by one reviewer—a male survivor, who is also a therapist. He was disturbed at my dearth of material on
males. He identifies in Chapter 3, "Why Do I Feel the Way I Do?" that of the fourteen survivor quotes used, eight were identified as female, one as male and five could have been either sex. He wondered why I had not used more males. (What he did not recognize was that several of the unisex examples were males).

Further the chapter devoted to the woman's feelings was twenty-eight pages as opposed to the men's chapter of sixteen pages. After several post review discussions we both concluded that the problem lay in the unavailability of data based on the fact that male survivors are less likely to come forward. The reviewer suggested, however, that Chapter 6, "Who Abuses Kids", could also be considered to be outlining residual effects as men are more likely to become perpetrators and many perpetrators were abused.

The second issue was one that puzzled me. Throughout my interviews and the writing of the book, the question which persisted was, "Why did they survive?" I attempted to explore this in Chapter 12, but still feel the question has not been answered. What gave these twenty-three individuals the inner strength to reconstruct their lives when often their siblings—some of whom were also abused—could not find this same strength? Further research into this phenomenon may well uncover more answers.

Limitations and Implications for Future Study

Perhaps the most striking limitation in this project was the number of subjects interviewed. This was due not only to the time frame, but also to the method of subject selection. Considering the
sensitive nature of the subject, however, I feel that this type of selection was the most effective. Had the study been undertaken over a longer period of time, the sample probably could have been larger.

I have already alluded to the dearth of male survivors available for interviews. This was due also to the method of selection since our culture does not make it easy for men to come forward and report that they have been abused. This brings up an area in which future study is warranted. I have become extremely interested in the concept of male victimization and its effects. In the future I would like to interview additional men who have survived being sexually abused and consider the differences in their characteristics as compared with those of women interviewed.

Another interesting area for further study is how being sexually abused affects one's sexual preference. Several authors have discussed homosexuality as related to sexual abuse of either male or female, but there has been little research on why some survivors choose homosexuality and some do not. Further, it is not clear to what degree being sexually abused brings about the choice of sexual partner—especially as this relates to men.

And finally, more consideration could be given, through future research, to why some individuals are able to survive while others are not. Where does this inner strength come from? When we have uncovered the answer to this question we may be able to arm our children with the potential for such strength so that in the event they are abused, they will be less severely traumatized. Perhaps, too, if we
if we can solve the riddle of inner strength, we can develop treatment methods for adult survivors which will better enable them to find success on their journey toward wholeness. In fact, if we can gain perspective into the inner workings of a true survivor, books like "Secret Scars" may never again be necessary.
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APPENDIX A

RELEASE

I hereby grant to Cynthia Tower the right to reproduce, edit, publish what I have recorded. This right is for educational and literary purposes authorized by Professor Tower including, but not limited to, newspapers, books, motion pictures and television as well as advertising, publicity and trade. I understand that my name will be changed in publication to protect my privacy.

I also hereby grant release to Professor Tower from all claims, rights, demands, and actions which I may have on account of said recorded material including, but not limited to, claims for damages for liable, slander or invasion of my right of privacy.

Signed this _______ day of __________ 1985

at ___________________________

Participant's Signature __________
Questions to be asked of survivors

1. Tell me about the sexual abuse you experienced.
2. Did you ever try to tell anyone about it?
3. Did the perpetrator ask you to keep the secret?
4. What do you believe are the residual effects of being sexually abused?
5. Could you trace the stages of working out your feelings about your experience?
6. Can you remember specific times in your life when you saw the abuse in a different light?
7. What types of therapy or self-help groups have you used? Were they helpful? Why or why not?
8. What would you recommend to someone to help them find a therapist or group which would be helpful to them?
9. Were you a victim more than once? Do you feel like one now? If not what helped you to break the cycle?
10. If you were describing yourself to someone else, how could you do so? How do you feel about you now? Your strengths and weaknesses?
11. How do you think of the perpetrator now? What do you remember most about him/her? If you see him/her as threatening still what would help you to see him/her as less so?
12. Who/what was to blame for your being abused? Do you feel guilty about the abuse or any part of your life?

13. Do you still think back and wonder why it happened to you? "Why me?"

14. How do you handle losses?

15. What makes you feel out of control? What do you do when you feel that way? When you feel you can't handle something how do you react (face it, run away, get angry, etc.)?

16. How do you handle anger? What do you do when you are angry? Can you express anger or do you hold it inside?

17. Do you ever find it difficult to play? Can you play with kids or act like a kid yourself?

18. What behavior patterns do you still have which are destructive?

19. Can you get close to people easily? What type?

20. What helps you trust? If you have a good relationship what is most important to you about it?

21. Are you able to have a satisfying sexual relationship? Heterosexual or homosexual? Have you had homosexual experiences?

22. Do you ever feel that your mind and body are somehow not connected?

23. If you had relationships which broke up, what do you think caused it? Are the partners you choose attainable or appropriate?

24. Do memories ever come back when you are having sex?

25. How do you feel about men/women?

26. Did you tell a spouse/intimate about the sexual abuse? What was his/her reaction? How did you feel?
27. When you have an argument with an intimate do you find you are the one who tends to give in? What do you think of when you do?

28. Is there anyone with whom you can talk about the child sexual abuse now? Do you feel free to do so regularly or as much as you need to? What do you do when you feel you need help?

29. When you decide to change something in your life do you go to extremes?

30. What do you fear most now? Do you still have dreams/fears associated with the abuse? Do you ever find yourself crying for no reason? Can you cry easily or do you feel unable to?

31. Do you ever feel extremely fearful or anxious and not know why?

32. What strengths do you feel you've developed as a result of surviving?

33. What would you say to someone else about surviving? How could you help others to survive? If you, as a survivor, could give a gift to other survivors what would it be?

34. What would you tell, or have you told, your children about your experience? What messages would you like to convey to them?

35. What is a true Survivor?

*Please note that interviews and analysis of material were done simultaneously allowing for alteration of questions to illicit the most useful material. The above questions were used as
samples (derived from doing the literature review) which seemed to be the most important to ask. All questions were not asked in every interview; however, the material the questions seek to uncover was explored. These questions also evolved from interview to interview.
APPENDIX C

Questions to be asked of Therapists*

1. What presenting problem has brought survivors to you?

2. What type of personality characteristics are exhibited by the majority of survivors you have seen?

3. How difficult is it to engage the survivor in a trust relationship? How do you do this?

4. What are the major problems you have focussed on with the survivors you have seen?

5. How do you help survivors resolve these issues:
   a. poor self esteem
   b. mind-body split
   c. feeling powerless
   d. feeling out of control

6. What stages do you see survivors going through in the process of healing?

7. How would you describe a true survivor?

8. How would you suggest a former victim find the type of therapy right for him/her?

9. How would you suggest a former victim find the type of therapist right for him/her?


11. What recommendations would you make to other therapists treating survivors?
12. Have you seen any similarities between survivors of sexual abuse, children of alcoholics, survivors of physical abuse, and children of the holocaust? What differences?

13. Would you suggest a survivor tell his/her spouse about the abuse? Under what circumstances?

14. Would you suggest a survivor tell his/her children about the abuse? Under what circumstances?

15. How do you know when a survivor is "healed" or at least ready to terminate therapy?

16. What do you tell a survivor when asked if you believe he/she should talk openly about the abuse?

*These questions evolved from interview to interview
Appendix D

Questionnaire for Reviewers

Dear

Thank you for agreeing to read and react to this draft of the handbook, "Secret Scars: A Handbook for the Adult Survivor of Child Sexual Abuse." The intent of this work is to:

a) provide other former victims of child sexual abuse with an opportunity to understand what has happened to them;

b) give former victims insight into the process they may have undertaken or may be undertaking in their pursuit of understanding and healing;

c) suggest ways in which they might seek this healing;

d) provide an aid for family members and friends as they try to understand and empathize with the former victim;

e) make available a tool which can be used by therapists to further enhance the treatment of their patients.

Please consider the following questions:

1) Does the handbook, in your opinion, achieve the desired results stated above?

☐ yes ☐ no

If yes, why?

If no, why?

2) What would you consider the strengths of this handbook, or what did you like best about it?
3) What are its weaknesses?

4) Is there anything which you feel should be added?

Is there anything which you feel should be deleted?

5) Would you recommend it to other survivors?  yes  no
   Why?

6) Would you recommend it for use by therapists?  yes  no

7) Comments?

Please feel free to make corrections/comments on the manuscript itself and return the entire copy to me.
Please describe your role by answering the following:

I am
- a survivor of child sexual abuse
- a family member of someone who was abused
- a friend of someone who was abused
- a therapist working with survivors
- a therapist with primary responsibility in an area other than sexual abuse, but have seen patients who are also survivors

For survivors:
I have had
- no formal therapy addressing child sexual abuse
- I experienced formal therapy, but not pertaining to issues in child sexual abuse
- moderate or extensive amounts of therapy addressing child sexual abuse issues

For therapists:
I have had
- no training in the area of child sexual abuse
- some training in the area of survival issues in child sexual abuse
- extensive training in the area of child sexual abuse

I hope you will allow me to use the suggestions you have made in revisions for future drafts of the book. Please indicate your agreement by signing below.

Thank you again for your time and input. I hope our combined efforts will have a real impact on the field of child sexual abuse and its survivors.
Responses of Survivor/Reviewers to Questionnaire:

1. Does the handbook, in your opinion, achieve the desired results stated above?

--Yes, this book is explicit in defining sexual abuse, its effect on its victims and various therapies that are available for the reconstruction of ones life.

--It's sincere, full of information, which is unavailable and long overdue

--It is comprehensive, sensitive and I found it helpful

--Mostly because you made good use of material, have been brief generally and write well

2. What would you consider the strengths of this handbook, or what did you like best about it?

--Basic, but complete explanation of sexual abuse

--The personal statements by survivors and therapists add much message that you, as a survivor, are not alone.

--demystifies therapy making one more likely to go

--just enough emphasis on comparing child sexual abuse to other assaults

--highlighting of trust and control is critical

--The interviews with abused individuals of various experiences and how they have managed to function in everyday life.

--I think the chapters on anger and trust are excellent. Also, this is a book of hope. These are people who have survived! They are winners.

--I also like the explanation of different therapies. This could be a real asset to a client looking for a therapist.

--I liked the way it was written; your style is clear, concise and it really comes across that you not only know your stuff, but you care.
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Good writing. The use of case material is well done.

--Relatively brief

--Good organization

--It's sensitivity, its presentation of the problem and its ultimate suggestions for dealing with it.

3. What are its weaknesses?

--The expressions by survivors used were very conservative in content. Yes, a survivor does not need to know much about what happened, but persons who have not been abused may need more information on what happened in order to identify.

--Too many references to adult children of alcoholics

--The use of the word "guilt" in the section on the students in your child abuse class bothered me.

--Chapter 8 may be a bit too long

--Sections on men should be as long as sections on women—though this may be society's problem (men not being able to come forward) and not yours

--None readily discernible

4. Is there anything you feel should be added?

--Possibly some legal information for parents who have had their children abused—just for general information.

--Possibly some form of questionnaire for readers use to rate or categorize themselves in various areas of feelings, reactions, strengths and controls in their lives; for people who are trying to understand the victim—a way of putting them in the survivor's shoes—like questions asking them if they were abused... would your trust be weakened, etc.

--Nothing

--Maybe it would be very helpful to include a bit on confidentiality in the chapter on therapy

--More emphasis on male survivors
4a. Should anything be deleted?

--all responded 'no'

5. Would you recommend to other survivors? Why?

--Yes because of the overwhelming message of hope, that one is not alone and that help is possible. Overcoming the many effects of sexual abuse is difficult. Before one can do this he/she must recognize areas of difficulty, understand them and know the choices available to change. This book allows choice and control to a person who feels that this is something they have never really had.

--Because it offers to the victim hope for survival and ways of reconstructing fractured lives.

--Emphatically, yes!

--Definitely, it's so comprehensive.

--Because it is so hopeful.

6. Would you recommend it to therapists?

--Yes. It would greatly add to therapy. It helps the survivor make choices.

--Because it clearly explains the damaging effect on a child's life and gives some insight into issues that the therapist needs to explore with the survivor.

--Yes

--Definitely

--Because it's comprehensive and could help in therapy.

7. Comments

--Excellent book! You really covered a lot and seemed to get a lot of real feelings on paper. There is no doubt that survivors will relate to this book and therapists will have a really valuable tool for understanding sexual abuse.
Book was very easy to read and understand. The depth of the knowledge given was excellent. The author arranged the material so that the reader formulated questions on each issue only to have them answered moments later. This added to the correlation of and interrelation of the views, feelings, reactions and overall understanding of the survivor.

Even if you're not a victim of sexual abuse this book offers assistance and resources to anyone who has problems in life.

--I was so excited about this whole thing. It's excellent! I guess it's also made me realize, even more, how fortunate I am--never to have become a victim again, to have a loving husband and two great kids--and a good therapist who took time to learn about sexual abuse survivors. As soon as this is in print, I'm putting in an advance order for a copy!!

--It is excellent! You write well and I think you organized the material well! Congratulations are certainly in order.

--A book such as this is a real asset to those, like myself, who are survivors and who have not had therapy, but still suffer the remnants of residual effects of child sexual abuse. It could help others get an insight into the whole subject and particularly an understanding of the perpetrator.
Responses of Therapists/Educators who reviewed the book:

1. Does the handbook in your opinion achieve the desired results?

--Yes, there are chapters which address all key issues. The explanations should help families. The quotes of experiences with therapy should be valuable for therapists.

--Clear, concise, easy to understand; chapters promote a coherent explanation of abuse; carefully describe family situations.

--The strength of the book lies in its wholeness. Every aspect of the issue is discussed and a survivor who wants to integrate this experience must look at the problem from every perspective. This totality of approach is also important for the non-survivor if one is truly to understand the scope of the problem in our culture.

--It walks one step by step through the complexity of the dynamics of sexual abuse.

--Covers significant aspects of the problem comprehensively and interestingly; has a generally positive (hopeful) thrust; offers useful references.

--Developed in depth; quick easy reading. So much food for thought, analysis and consideration. Your balance of perspective and thoughtfulness are much appreciated. I have grown through reading this. Your comfort with the material was obvious.

--"Secret Scars" is a fine and important piece of work!

2. What do you consider the strengths?

--I think the sections on understanding/healing/therapy were particularly well done. I also liked the sections on different reactions of men and women.

--Chapters 8 and 9 on therapies were great! A fantastic collection of interviews throughout!

--The discussion of sexual abuse as one more assault on children was introduced and developed through the book. Again--the wholeness was a strength.
--Your ability to combine compassion and the clinical
Your use of case material to illustrate
In this book I saw the human and the scholarly inextricably woven

--I appreciated the juxtaposition of case examples with abstract
conclusions. The two merge nicely. The result was very readable
and informative.

--The positive approach; clarity; integration;
Openness--i.e., whatever path(s) of healing work for you are best.
hope; humanness

--One of its greatest strengths is the way in which you have
managed to come across as a sound, accurate expert/authority
while maintaining a voice of great empathy and caring and
understanding. It's really a solid work and deserves a wide
audience.

3. What are its weaknesses?

--None
--None
--I can't find any!
--None
--I can't think of any weaknesses

--Perhaps an appendix will contain more individual lists of
therapists involved in the work

--none

4. Is there anything which you feel should be added?

--(six responses of 'no')

--How about a "cast of characters" listing all the people you
interviewed by their pseudonyms and give brief details on each
one--a dragnet type--hardboiled facts--eg., "22 years of age,
raped by father at age 4, prostitute at age 12, drug addict, four
attempts at suicide. . ." etc.
4a. Should anything be deleted?

--I'd cut Chapter 8; it seems not as helpful to me.

--(six responses of 'no')

5. Would you recommend it to survivors?

--(Six responses of 'yes')

--Yes, the material reveals secrets, theories, possibilities for action in a clear concrete and responsible way!

6. Would you recommend it for therapists?

--(Six responses of 'yes')

--Theory beautifully revealed through survivor's words. A wealth of information is offered. An opportunity for growth and self assessment, general developmental issues and specific problems that may be overlooked with less experience.

7. Comments

--I think it is an important contribution both for victims/survivors and for those who are working to help them.

--I wouldn't recommend changing any part of this. I got really excited in reading it. So much detail and processing of the healing process/therapy.

--First and last chapters are excellent!

--An excellent teaching tool. It should be a part of social work training because the humanity so clearly shines through the theory and treatment suggestions.

--I appreciated having had the opportunity to read this manuscript, and to learn more about child sexual abuse. You show how a problem is manifested in so many ways in later attitudes and behavior in both positive and negative ways.

--It's terrific. I'm really glad you let me see it!