Child of Water, Child of Stone

The Legacy of Childhood Sexual Abuse: Obvious and Subtle Impacts on Developing Children

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Take Care of YOU

A New Definition

Trauma is not an event; it is a response

Some Facts about CSA Survivors

Delay in Disclosure of Childhood Rape: A National Study, 2000.

- Child Rapes
  - 11.9% are reported to authorities
  - Of these, 42% were serious assaults (involving more than one assault by the same perpetrators)

Delayed Reporting

Lawson & Chaffin (1992)

- Studied children presenting at ER for an STD
  - Only 43% disclosed CSA
  - 63% of those who disclosed had supportive caregivers
  - 17% of those who disclosed did not have supportive caregivers

Social Services Study found kids would choose not to report again

(Marshall, 1995)

- Hardly anyone believes them when they tell
- Family members become angry at them for getting the perpetrator in trouble
- Child is blamed for perpetrators' absence from family
- The results are more devastating to the child than the perpetrator

Do Children Always Exhibit Signs?

- 20-30% of children do not present with signs or problems related to abuse at the time of disclosure
- All children are different
- 1/3 of children whose parent(s) were abused, but whom were not themselves abused, will show signs and symptoms of sexual abuse

Childhood Developmental Trauma

- Takes far less to traumatize a child
- PTSD may be an atypical adult response, but it a typical childhood response
- Sleepers
- National Child Traumatic Stress Network
- Working on new DSM categories

Complex Developmental Trauma

Christine Coutois

- Neurobiology is effected in numerous ways
- Personality is effected
- Cannot regulate their affect
- Do not understand their emotions
- Can't feel without doing (cutting, running, etc)
- Profound shame
- Profound depression
- Profound loneliness
- All or nothing thinking
- Major trust issues
- Somatic complaints and medical complications

How Children React to Trauma

- The most influential factor is how the significant adults respond to the situation
- Grief depends upon meaning given the loss
- Must feel safe and secure before grieving

Childhood Trauma Responses

- Children may find artificial ways to create soothing and reinforce opiod-medicated dissociation when they feel stress or anxiety
- Rocking, cutting, head banging, etc. are all distorted self-soothing activities that stimulate and activate the brain's opiod systems

Sexualized Trauma

(Finkelhor & Browne 1986)

- Child is rewarded for sexual behavior
- Offender gives attention and affection for sexual behaviors by the child
- Offender passes on false beliefs and values about sexual behavior and morality
- Conditions sexual activity with negative emotions and memories as well as with physiological (stimulation) response

Sexual Stigmatization

(Finkelhor & Browne 1986)

- Person who offends blames and denigrates the victim
- Offender and others pressure the child to keep the secret
- Child takes on a sense of shame around sexual activities
- Others have a shocked or strongly emotional reaction to the disclosure
- Child is blamed for the abuse by others
- Child is stereotyped by self and others as "damaged goods"

Betrayal

(Finkelhor & Browne 1986)

- Trust and vulnerability manipulated
- Violation of the code that adults (and parents) will provide care and protection of children
- Child's well being is disregarded
- Lack of support and protection from parents
- Loss is the hallmark of the betrayal dynamic (Carnes, 2005)

Powerlessness

(Finkelhor & Browne 1986)

- Body is invaded against the child's wishes
- Vulnerability to invasion continues over time
- Offender uses force or trickery
- Child feels unable to protect self or stop abuse
- Repeated experience of fear
- Child is unable to make others believe him/her

Contributing Psychosocial Stressors

- Anticipated vs sudden stressors
- Single vs recurring crises
- Solitary vs shared crisis
- Bodily injury or pain
- Witnessed or experienced violence
- Degree of life threat
- Pre-crisis adjustment (temperament, cognitive level, moral development, developmental stage)
- Specific meaning of crisis to the child
- Age of the child at which the abuse began
- Relationship of perpetrator to the child
- How long the abuse occurred
- Social system available to the child at the time of abuse and also at the time of disclosure

Immediate, Intermediate & Long Term Effects Mediated by…

- Family loyalties
- Community politics
- Intergenerational issues
- Parental neglect
- Parental loss
- Self image
- Lack of nurturing parental figure
- World view
- Sense of trust
- Feeling of betrayal felt by the victim
- Self blame vs other blame
- Physiological arousal to abuse
- Gender issues
- Further victimization by the system
- Loss of relationship with the offender

Factors Correlating to *Severe* Trauma Effects

(Jan Hindman)

- Any sexual responsiveness by the victim
- Terror related to how long a victim spent anticipating the abuse taking place
- The victim's inability to clearly identify the offender as responsible for the offense (often the result of "nurturing" or "tender" behavior by the offender or the "hypocrisy factor" where the higher the offender's status in the family or community is the more trauma there is for the victim
- The victim's inability to identify him or herself as the victim (usually due to messages such as "if you weren't so beautiful" or "you made me do this"
- Onset of sexual abuse under the age of 12 years
- "footprints" such as denial, rationalization or minimization
- Withheld report (secrecy)
- Disastrous response by family members or other significant others
- Trauma bond, the continued demand for relationship with offender

Impact on physical health

- CSA rate of PTSD ranges from 20.7-90%
- Women with CSA hx have a 2-4 times greater risk of a major affective disorder
- Greater suicide risk by 14%
- Increased urinary tract infections (Putman & DeBellis, 1994)
- Abnormal cortisol levels (Putnam & DeBellis, 1994)
- Decreased immunity
- Decreased sympathetic nervous system functioning
- 3 fold greater risk for substance abuse (Finkelhor & Dziuba-Leatherman, 1994)
- CSA victims account for 2/3rds of the women treated for stomach or intestinal ailments (University of North Carolina)

Physical Impact

- Women who have been raped spend on average 2 times the number of days in bed due to illness and underwent 50% more operations than women who were not sexually abused (University of North Carolina)
- Women with CSA hx use health services 3-10 times more often
- Mean annual costs are 13% higher for non-sexually abused children and 37% higher for sexually abused (Walker 2000)
- Smoking and failure to wear seatbelts have been associated with sexual abuse
- Increased risk taking
- Increased unintended pregnancies, abortions and HIV/STDs
- Greater use of non-necessary surgical procedures
- Increased somatization in general
- Increased alcohol & drug use (6.4 times more likely)

Impact of CSA

Wilson, Smith & Johnson

OF ALL HUMAN EXPERIENCE OF TRAUMA, SEXUAL TRAUMA IS SECOND IN SEVERITY ONLY TO THOSE WHO HAVE EXPERIENCED MORE THAN 242 CONSECUTIVE DAYS IN COMBAT

Polarities of Thought

(Matsakis, 1993)

- Naïve optimistic view of life vs a near paranoid negative view (representing the denial of abuse and the wish that it never happened, and the recognition of the abuse and generalization of abuse onto others and to life in general)
- Feelings of worthlessness vs feelings of deserving special privileges (representing the degengration by the abuser and the way the abuser made them feel important)
- Self-punitive vs self-indulgent behavior (mimics the punishment and reward or spoiling that the offender used to keep the victim silent)
- Severe dependency vs excessive caretaking (representing the need to be protected and the need to pay attention to the abusers needs above their own)
- All reflect the feelings of self-hatred and of deserving the abuse and the alternate rewarding of oneself out of self-pity for having withstood the abuse

Trauma Bonds

(Mary Rhomer Whitten, 1994)

- An internalized set of expectations a child develops regarding interactions with an abusive adult that allows the child to feel safe. The child responds to avoid potentially abusive situations by:
  - Not concerning self with learning about the environment
  - Focusing on the needs, wants and emotional state of the abusive adult in order to maintain safety
  - Developing dull affect, preemptive compliance and extremes of closeness and distance
  - Establishing perceptual and cognitive constriction

Breaking the Trauma Bond

- Sharing the secret(s) in a safe place
- Relief of guilt and self blame
- Accurate trauma memory without distortion
- Placing responsibility on the offender
- Explore anger toward the non-offending parent
- Expressing the emotions not able to express as a child
- Examine world view and core beliefs
- Work through strong emotions so that one is not rageful or seeking unattainable acceptance
- Establish appropriate boundaries
- Healthy expression of intimacy, sensuality, & sexuality
- Mastery over symptoms
- Self esteem and self soothing skills
- Making meaning of the experiences
- Understanding that sexual abuse is about power and control
- Grieve over the loss of innocence and childhood
- Improve social skills, with both men and women
- for more information, Jan Hindman's trainings on Breaking the Trauma Bond

Pacing the Healing Process

- Children do not have the emotional capacity to feel intensely for long periods of time
- They need to "dose" then switch to a less emotionally intense subject
- Developmentally appropriate

Being Available

- Commitment to the child's safety & happiness
- Respect & understanding of the child's inner experiences
- Connect with the child's emotional state
- Validation of the child's needs
- Appropriate to the child's developmental level of functioning

Engagement

- Therapist must be open and vulnerable
- Extraordinary commitment, involvement and energy must be expended
- Cannot be fully engaged all the time
- Strategic disengagement
- Therapeutic movement happens in the spaces "in between".
- Closing rituals
- Become automatic and transitional object in nature
- We manage to change through habit, not through willpower or discipline.

What works

- Really listen
- Engage as partners
- Trust as a dynamic process
- Tie what you are saying back to what the client's goals are
- Sort out your own feelings
- Provide some type of real help

Relationship, relationship, relationship

- Create codes
- Create ritual
- Consistent
- Reliable
- Respectful
- Collaborative
- Empowering
- Attune to them
- Boundaries
- Flexibility
- Novelty

Hear the meaning within the word

William Shakespeare

Treatment Goals

- Decreased isolation & increased affiliation of others
- Increased social support system
- Link past abuse to current self harm
- Decreased somatic complaints
- Replace old patterns with healthy coping skills
- Process past events
- Address client fears
- Understand, establish and respect boundaries
- Increased self image
- Decreased guilt, helplessness & cognitive distortions
- Increase a cohesive sense of self
- Decrease all good/all bad thinking

Progressive Treatment Sequal

- Stabalization and safety
- Skill building
- Ego development
- Education
- Respect the resistance
- Priming the brain with partial information
- Using positives
- Focus on the client's resources
- Plan for relapse

Affective Regulation

- Transference issues
- Challenging internal resistance
- Catharsis
- Affirmations
- Re-orient physiological arousal associated with trauma
- Reduce extreme reactivity
- Distress tolerance
- Address anxiety
- Experience emotions without escalating or numbing
- Trust issues
- Self esteem
- Empowerment
- Increased sense of self control
- Pacing, containment, grounding, self soothing

Expressive Venue

- Art therapy
- Sandtray therapy
- Movement and music therapy
- Water painting
- Finger paints
- Mask making
- Body imagery activities
- Psychotherapeutic games
- Psychotherapeutic stories
- Journaling
- Storytelling
- Audio recording
- Poetry therapy
- No-talk therapy
- Multi-sensory techniques
- Silence
- Reading to your client

Experiential Exercises for Affect Tolerance and Expression

- Stomp feet
- Hand clappers
- Silly string
- Fly away feelings
- Family as symbols
- Clay work
- Exaggerate emotion
- Comfort toolbox

Cognitive Modification

- Thought stopping techniques
- Confronting and educating about thinking errors
- Image altering
- Flashbacks
- Music and poetry and stories
- Drawing
- Statements used to interrupt guilt and anger
- Therapist statements that allow for some movement without defensiveness
- Relapse prevention
- Access and engage environmental support
- Address compulsive and self-destructive behaviors
- Self talk
- Problem solving
- Bibliotherapy & psychotherapeutic stories
- Dialectic behavioral therapy techniques
- Change cognitive distortions and faulty belief systems that continue to traumatize the client
- Therapy interfering behavior

Physical Mastery

- Body work with a massage therapist or body worker
- Physical activity that is highly structured, individual, and non-invasive (karate or aerobics later in treatment)
- Body imagery (mirror exercises)
- Self massages
- Large and small muscle activities to increase a sense of mastery
- Body sensations (taking pulse, etc)
- Hoola hoop
- Tape on the floor personal space
- Have someone interrupt therapy session
- Yoga (Van de Kolk is currently researching)

Rationale

- Contributing to a sense of personal mastery, teaches about one's own body and body responses, including how it responds to danger, activity, and rest
- Lets out frustrations, anger and aggression in a safe and acceptable manner
- Gives the person a sense of personal power
- Releases endorphins into the blood stream. These are naturally occurring opiods, and assist the individual during trauma and painful events (dissociation). This releasing can aid in the reduction of rage, aggression, paranoia and inadequacy (Verebey, Volavka & Clouet, 1978).
- Exercise promotes better nutrition, sleep and other healthy habits.
- Addresses feelings of body disconnection
- Brings attention to and improves physical boundaries

Behavioral Self-Control

- Reduce behavioral re-enactment
- Address intrusive memories
- Explore behavioral manifestation of trauma (running away, substance abuse, eating disorders, explosive anger, isolation, depression, etc)
- Link past abuse to current self harm
- Reduce interpersonal chaos
- Practice avoidance
- Address somatic complaints
- Understanding and respect of personal and other's boundaries
- Don't expect extinguishment of all "negative" behaviors

Practical Application

- Talk back to negative thoughts
- Bubbles breathing
- Dominos exercise
- Truth or lies
- Daily relaxation
- New healthy coping mechanisms
- Rehearsals and role play
- Modeling
- Urge surfing
- Foster impulse control
- Dissociation and flashback management skills
- List of activities that are threatening with systematic desensitization

Impulse Control

- Mother May I?
- Stop & Think
- Simon Says

Educational Component

- Group therapy
- Mentors who have been through treatment
- Reading
- Thinking & doing as two separate things
- Correct magical thinking
- Provide reassurance
- Educate about body sensations and responses that have no medical explanation
- Sex education
- Social skills
- Teach assertiveness skills
- Help him find something he is good at
- Teach the dynamics of sexual abuse and the effect it has on the individual
- Place the responsibility for the abuse on the abuser
- Differentiate between intimacy, sexuality, nurturing, and abuse
- Sexual identity issues

Social Skills Competency

- Safe attachments
- Practice social skills in a safe environment
- Peer relationships based on equality
- Decrease the sense of aloneness, powerlessness, and helplessness
- Share feelings, thoughts, values and ideas
- Examine family of origin dynamics and the client's role within the family system

Systems Component

- Changing the environment to meet client needs
- Multidisciplinary Team
- Client a part of treatment planning
- Include significant others in the client's life
- Reduce in-fighting and territorial disagreements
- Reduce psychosocial stressors when possible

Important Resources

- APA Guidelines for the tx of PTSD
- Expert Consensus Guidelines (being developed)
- *Effective Treatment for PTSD*
- *I Can't Get Over It* Aphrodite Metsakis
- Journal of Traumatic Stress
- *Sexual Healing Journey* Wendy Maltz
- *Beyond Betrayal* Richard Gartner
- *Seeking Safety* Najatis
- *Allies in Healing* Laura Davis
- 2005 publication guidelines for dissociation (International Society for the Study of Dissociation)
- *Impact Techniques in the Classroom* Beaulieu
- www.impacttherapy.com
- *The Psychobiology of Gene Expression*
- *Destructive Emotions* Daniel Goldman