

Chapter 4

Specific Trauma

The types of trauma most encountered by prevention providers were indicated as traumas of: 1) Personal loss and 2) Victimization. These categories will be presented in some depth.

Personal Loss

Types of Personal Loss

Personal losses accounted for the highest percentage of trauma which prevention providers encountered. While there are many types of personal losses such as such as disability, (there have been categorized as health traumas) loss of a job, and existential losses, this document will focus upon the following in accordance with survey results.

- ❑ **Death of significant others** - More women than men will outlive their partners. This type of a loss is generally a profound emotional loss but also includes a number of accompanying problems including economic, social, career, family and community challenges. If the surviving partner is not equipt to handle financial matters, shifting social balance, the need to alter career, increased family obligations, and the response of, or obligations to, the community the survivor may enter a crisis state.

The death of a child is traumatic regardless of the age of the child. In part this is due to the unexpected nature of the event, the belief that children should outlive their parents. Thus is type of death is viewed as unnatural, unjust. Many people who lose a child do not know others who have lost children. They lack the support of others, have no precedents, and are unable to make sense of their child's death.

- ❑ **Divorce or Separation** Even as about 50% of marriages now end in divorce, the event is generally a traumatic one which involves losses of emotional, financial, and social realms. Depression is prevalent in both men and women. Feelings of

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loss, failure, frustration, isolation and mourning also accompany divorce and separation. Children frequently experience feelings of: confusion, insecurity, fear, anger, guilt, and helplessness.

- ❑ **Death of a Pet** - the bond between humans and pets can be very intense and people may experience emotional reactions that are similar to those experienced in death of a human companion. Feelings of sadness, guilt, and depression are common reactions to the loss of a cherished pet. Pet loss counseling has increased throughout the US.

Reactions to Personal Loss

PHYSICAL

- Feeling dizzy or unbalanced
- Sleep problems
- Eating problems
- Somatic complaints
- Fatigue
- Exhaustion
- Seeing or sensing deceased person

EMOTIONAL

- | | |
|-------------------|---------------------|
| • anger, rage | sadness, depression |
| • guilt, remorse | relief, gratitude |
| • fear, anxiety, | helplessness |
| • shock, numbness | frustration |

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COGNITIVE

- worries about dying
- confusion, shock
- lack of concentration
- lack of motivation
- drop in performance level
- thoughts about death, suicide
- difficulty in decision making

BEHAVIOR

- isolation
- afraid to be alone
- crying
- low activity
- aggression toward others
- excessive sleeping
- regression

SPIRITUAL

- anger with God
- why questions
- doubts one's faith
- finds comfort in faith
- lost feelings
- seeks meaning and purpose
- increased sense of personal strength

Understanding the Grief Process

Studies of how people grieve and how they overcome difficult reactions to personal loss have led to several stage models. These models are helpful in understanding what may occur in personal loss, how people progress and the stages they experience. **The Kubler-Ross model** (1969) outlines the stages involved in a dying person coming to terms with their own death. This model has been applied to the process of grief and bereavement following personal losses.

- **Stage 1: Denial and Isolation.** The feeling that the loss has not really occurred, rather it is a mistake of information. Person may isolate from others or may begin to collect information to prove the death will not occur or did not occur.
- **Stage 2: Anger.** Person deals with question of “Why me?” and may become hostile in an attempt to gain some measure of control.
- **Stage 3: Bargaining.** Attempts to gain an extension of life or another chance. Person may make promises in order to bargain with good behavior or promises to make amends for additional time or a reversal of circumstances. This is a time when persons may need to deal with guilt or hidden emotions.
- **Stage 4: Depression.** A deep sense of loss occurs when prognosis is terminal. In addition, other concurrent losses may occur such as loss of career ambitions, money, loved ones, and possessions.
- **Stage 5: Acceptance.** Persons may have finished with the mourning of losses and come to terms with their death or the death of another. It may be a time of reconciliation or peaceful resignation. May be a quiet and reflective period.

Models are helpful in understanding what may occur in personal loss, how people progress and the stages they experience.

The Schneider Model focuses on the transformational stages of grief and suggests that *personal growth can result from loss*. It integrates physical, cognitive, emotional, behavioral, and spiritual responses to loss.

- **Stage 1: Initial Awareness of Loss** is accompanied by shock, confusion, numbness, detachment, disbelief, and disorientation
- **Stage 2: Attempts a Limiting Awareness by Holding On.** Concentrating energy and thoughts on making use of resources available and fending off disequilibrium.
- **Stage 3: Attempts at Limiting Awareness by Letting Go.** Recognition of one's limitations with regard to the loss. This allows for some beginning separation or detachment from the loss.
- **Stage 4: Awareness of the Extent of the Loss.** Recognized as mourning: loneliness, helplessness, pain are experienced. Feelings of deprivation, and exhaustion.
- **Stage 5: Gaining Perspective on the Loss.** A time of accepting the loss has occurred, making peace with the past. Discovery of positive and negative aspects of the loss. May experience feelings of patience, solitude acceptance, forgiveness, openness, reminiscence, healing, and peace.
- **Stage 6: Resolving the Loss.** Begin pursuing activities that are unconnected with the loss. A time of new commitment, self-forgiveness, finishing business and saying goodbye. Also a time for self-care, forgiveness of others and peacefulness.
- **Stage 7: Reformulating Loss in a context of Growth.** Connection with personal strengths and limitations, mortality, and finiteness of time may lead to a discovery of potential, personal challenge, curiosity, and a seeking of balance. A time of spontaneity, patience, centeredness, balance, and integrity.
- **Stage 8: Transforming Loss into New Levels of Attachment.** Higher levels of understanding and acceptance of the loss. A new approach to life with greater awareness of interrelationships, unconditional love, creativity, wholeness, and deep empathy.

90% of junior and senior high school students experience a personal loss which involves a death. (Kandt, 1994)

Factors that Influence the Impact of Grief

- Culture- Whether the culture is death accepting, death defying, or death denying. Western society is generally considered death defying due to the efforts towards curing illness and prolonging life.
- Unexpected or Untimely Death - Such as in the death of a child or young person.
- Suicide - due to blame and shame that may be taken on by bereaved persons. The negative stigma associated with suicide also leads to ignoring neglecting the bereaved persons and reduced social supports
- Personality and Previous Experience with death - those who tend to internalize feelings or numb themselves from painful feelings may have difficulty expressing their emotions associated with the loss.
- Age of grieving persons:

Children - Grief may be covert and the child may exhibit signs of depression, guilt, lethargy, confusion. If overt, may include aggression, disobedience, irritability, eating and sleeping changes, defiant behaviors. Depending upon the age of the child, magical thinking may occur and permanence of death a difficult concept to grasp.

Adolescents - Personal loss may include destabilized home environments and parent's job loss which may lead to feelings of pessimism, confusion, isolation, and hopelessness about the future. In the case of a death, adolescents need to be included and may need instruction regarding behaviors, expression of sadness and other feelings. They take more time moving through the grief process. Or may delay the grief response.

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Elderly - Age compounds the traumatic experience when physical decline, lower income, fewer supports and a high number of losses are present in that persons life. The loss of a spouse may result in a profound sense of loneliness. Elderly may ignore the inevitability of death entirely and make no preparations, they may obsess and make unusual preparations, or they may find a balance.

Intervention Strategies for Personal Loss

Main Tasks

There are 4 main tasks that persons must accomplish in order to successfully work through grief.

- 1) Accepting the reality of the loss
- 2) Experiencing the emotions associated with the loss
- 3) Adjusting to the environment without the deceased person.
- 4) Reinvesting the energy used to grieve into new relationships or new life activities.

General Intervention Strategies

- Encourage connections between family and friends
- Allow for a supported emotional release
- Advise bereaved to rest and relax, drink and eat
- Later in grief process, encourage a focus upon positive thinking and eventually reframing the loss in a positive direction
- Listen patiently to survivor's story. Express caring
- Listen to message about the need to retain object that provide symbolism about the loss

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Strategies by Developmental Stages

Counseling and intervention strategies are best delivered by taking into consideration the child's age and developmental level. The following are strategies based upon developmental level of the child.

Infant and Toddlers:

They tend to read facial expressions and sense emotions of persons around them. They express grief through behaviors and play. In addition to typical grief reactions, there may be separation anxiety, regression, tantrums, and a need to be held.

- Need physical contact and nurturing
- Need continued routine
- Provide simple explanations
- Engage in play

Preschooler:

The permanency of death is not understood and therefore feelings of abandonment may be primary. Magical thinking may lead the child to believe their actions were responsible for the death or can bring the person back. They tend to have numerous questions, may regress, and use play to process grief. In addition to typical grief reactions, may worry about others dying or leaving.

- Provide simple explanations
- Encourage attendance at funeral or memorial
- Encourage play
- Maintain routine
- Allow for regression
- Provide physical contact and closeness
- Read books about death

(Adapted from: The Dougy Center publications: Helping the Grieving Student: A guide for teachers; Helping Children Cope with Death; Schaeffer & Lyons: How Do we Tell the Children Fitzgerald: The Grieving Child)

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Elementary School Age:

Has questions about life without the person, how they died, and what happens to the body. Child may regress in behaviors, wish to be with deceased, worry about death of self and others.

- Provide truthful, clear, accurate explanations
- Encourage expression through art, music, writing
- Maintain routine
- Encourage physical activity
- Encourage expression of feelings

Middle School Age:

Understands death as permanent and unavoidable. Aside from typical grief reactions, may increase risk-taking behaviors, express increased physical symptomatology, and need to be included in processes.

- Expect argumentative or aggressive behavior
- Accept mood-swings
- Provide support and encouragement
- Encourage physical activity
- Encourage use of support groups
- Model and explain healthy grieving

Highschool Age:

Understands death as unavoidable and universal and permanent but does not believe that it will happen to him/her. Aside from typical grieving responses, may fight against receiving assistance with grief process due to need to strive for independence. May increase risk behaviors and acting-out behaviors. Death may be romanticized.

- Listen
- Encourage expression of feelings
- Provide factual explanations

High school age persons understand death as unavoidable and universal and permanent, but do not believe that it will happen to them.

- Model and explain healthy grieving
- Encourage use of support groups

Victimization

This section will examine the category of victimization. This will include: child maltreatment (abuse and neglect), elder maltreatment, domestic abuse, and sexual abuse.

Definitions of Child Maltreatment :

There are four major types of childhood maltreatment including: neglect, physical abuse, sexual abuse, and emotional or psychological abuse.

Child Neglect - The failure to provide for the basic needs of a child including emotional, medical, educational, and physical.

Major types of child neglect include: lack of food, shelter, and clothing. Neglect also encompasses child abandonment, failure to allow a child to return into the home, and expulsion from the home. Educational neglect is a failure to enroll a child in school, failure to respond to truancy, or not providing for special education needs. Medical neglect generally refers to the failure to comply with medical instructions or failure to seek necessary medical treatment. Emotional neglect may be either a failure to provide for child's psychological needs or allowing children to witness spousal abuse.

Child Physical Abuse - Includes a variety of abusive behaviors which are deliberate in nature and include single or repeated incidents of harm to a child. Although caretakers may not intend injury to occur, and may view their behaviors as justifiable punishments, any punishment of: hitting with a closed fist or object, kicking, throwing, or burning are considered physical abuse regardless of the extent of the injury.

Major types of child abuse include: head injuries and retinal hemorrhaging (many resulting from the violent shaking of children), broken bones, burns and visceral injuries due to actions of punching, beating, kicking, biting, burning, and throwing.

Child Neglect is the failure to provide for the basic needs of a child including emotional, medical, educational, and physical.

Psychological distress frequently occurs as a result of abuse and includes: posttraumatic stress disorder, low self-esteem, emotional difficulties, relationship difficulties, behavior disorders (suicide ideation, substance abuse, eating disorders, and compulsive behaviors), social and emotional problems.

Child Psychological Abuse - behaviors that include acts of omission and commission which are damaging to the psyche.

Major types of psychological abuse are behaviors include rejection, degradation, threats, isolation, and neglect of developmental, mental health, and educational needs.

Psychological abuse may result in shame, flat affect, lack of independence development, bed wetting, low self-esteem, low motivation, social withdrawal, relationship problems.

Child Sexual Abuse - includes a wide range of sexual behavior with a child that is perpetrated by an adult or by another child. Behaviors include oral-genital, genital, and anal contact with a child. States generally distinguish between sexual abuse and sexual assault based upon whether the person is a care giver or someone else. Abuse is defined as being perpetrated by a care giver and assault by someone other than a care giver. Researchers define abuse as any sexual contact with an adult, whether it is coerced or forced or any sexual contact with a child who is 5 years older than the victim. Sexual contact with a same age peer is considered abuse if the contact was unwanted.

Major types of abuse include: exhibitionism and voyeurism, child pornography, fondling, fellatio, cunnilingus, interfemural, vaginal, or anal intercourse, and sexually sadistic abuse.

Impact of sexual abuse - posttraumatic symptoms (dissociation, night terrors, avoidance, hyper-vigilance, and flashbacks), behavioral disorders (suicide ideation, self-mutilation, compulsive behaviors), sexualized behaviors, low self-esteem, relationship problems, substance abuse, depression, and anxiety).

Child Sexual Abuse includes a wide range of sexual behavior with a child that is perpetrated by an adult or by another child.

Incidence of Child Abuse and Neglect

The actual incidence of childhood sexual abuse is unknown. However, researchers have collected data from adults in order to estimate the percentage of those experiencing child abuse and neglect. Studies that look at abuse and neglect depend very much upon the definitions used in the studies. As expected, when definitions are broad and inclusive estimates are higher, and when definitions are narrow estimates are substantially lower. Inconsistent methods as well as varying definitions have made estimates of physical abuse unreliable. Emotional abuse and neglect have not been sufficiently studied to supply reliable estimates.

Childhood sexual abuse has been studied more frequently and with greater similarity in definitions, however there is still much variability in estimates of prevalence. Estimates of childhood sexual abuse among women range from 7 percent (Burnham et al., 1988) to 54 percent (Russell, 1983). David Finkelhor has done several large studies in this area and concludes that 27% of women and 16% of men were sexually abused as children (Finkelhor et al., 1990).

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Indicators of Child Abuse

Neglect

- Personal hygiene is lacking or neglected
- Malnourishment / Hunger
- Lack of social relationships
- Chronic untreated health problems
- Clothing that is grossly not appropriate to child's size
- Clothing not appropriate to season
- Aggressive or destructive behaviors
- Chronic tiredness
- Scavenging

Physical Abuse

- Any injuries (burns, bruises, bald patches etc)
- Expressed fear of another person
- Fear of being touched (cringing, stepping back)
- Hiding injuries with clothes, bandages, makeup, body art
- Talk about excessive punishment
- Chronic absence
- Repeated episodes of running away
- Self-injurious behaviors
- Refusal or fear of undressing for gym or for medical examination
- Disruptive or aggressive behaviors
- Implausible explanations or no explanations for injuries

Psychological Abuse

- Over-reaction to criticism or mistakes
- Overly passive or aggressive
- Repetitive neurotic behaviors (rocking etc)
- Expressed low self-esteem
- Self-injurious behaviors
- Self-depreciating remarks
- Sudden onset of speech disorders
- Social, emotional, intellectual development delays
- Unreasonable fears of new people or situations

Studies indicate that persons who have experienced childhood abuse and neglect are more likely to develop problems later in life

Sexual Abuse

- Attempts to be perfect
- Depression, isolation, social withdrawal
- Self-injurious behaviors, suicide attempts
- Eating difficulties or disorders
- Overly affectionate behaviors, insecure and dependent behaviors
- Advanced knowledge of sexual information for age
- Sexually explicit drawings
- Regressive behaviors such as bed wetting, thumb sucking
- Panic attacks, nightmares
- Lack of ability to concentrate
- Fear of removing clothing
- Fear of a familiar person
- Re-occurrence of medical problems in genital area

Childhood sexual abuse has been linked to the development of depression, anxiety, sexual dysfunction, personality disorders, eating disorders, dissociative disorders and substance abuse

Responses to Childhood Abuse and Neglect

Feelings:

- Helplessness
- Anger
- Guilt
- Sadness
- Shame
- Anxiety
- Hopelessness
- Loneliness

Behaviors

- Increased activity
- Aggression
- Suicidal behaviors
- Self mutilation
- Compulsive / indiscriminate sexual behaviors
- Binging / overeating
- Substance abuse
- Difficulty with relationships

Cognitions

- Intrusive thoughts
- Intrusive memories
- Intrusive images

Long-term Consequences of Childhood Abuse and Neglect

It is difficult to assign a causal relationship between abuse and later problems in life. However, some studies indicate that persons who have experienced childhood abuse and neglect are more likely to develop problems later in life. Childhood sexual abuse has been linked to the development of depression, anxiety, sexual dysfunction, personality disorders, eating disorders, dissociative disorders and substance abuse. Additionally, persons with abuse histories are more likely to have socialization difficulties, more likely to re-experience sexual and physical abuse, are more likely to inflict abuse upon their own children. Glover, Janikowski, and Benschhoff (1996) concluded that persons in substance abuse treatment had a greater incidence of childhood sexual abuse than the general population.

While causal relationships have not been determined, the literature has associated the following symptoms, disorders and diagnoses with a history of childhood sexual abuse.

- Substance abuse disorders
- Dissociative Identity disorder
- Borderline personality disorder
- Antisocial personality disorder
- Posttraumatic Stress disorders
- Posttraumatic Stress
- Somatization
- Eating disorders
- Depression
- Anxiety disorders

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Elder Abuse

Types of Elder Abuse:

The two categories of abuse of elders include maltreatment by a committed caregiver and maltreatment by paid professional caregivers. Abuse can include physical abuse, sexual abuse, psychological abuse, and neglect.

In addition to the above types of abuse, elders may also suffer from additional types of abuse. These include financial or material exploitation, passive neglect, active neglect, and self neglect.

- ❑ **Financial exploitation** is the improper act or process of an individual, using the resources of an older person, without his/her consent, for someone else's benefit.
- ❑ **Passive neglect** is found among caregivers who unintentionally fail to meet the physical, social, and/or emotional needs of the older person.
- ❑ **Active neglect** includes the caregiver intentionally failing to meet obligations towards the older person.
- ❑ **Self Neglect** is found when older persons fail to meet their own physical, emotional, psychological, and/or social needs.

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Prevalence of Elder Abuse:

It is estimated that hundreds of thousands of older persons are abused, neglected and exploited by family members and others each year. Due to their decreased physical health and stamina, they are particularly vulnerable, especially if they must depend upon others to meet their basic needs.

A national incidence study conducted in 1996 found the following:

- ❑ 551,011 persons, aged 60 and over, experienced abuse, neglect, and/or self-neglect in a one-year period;

- Almost four times as many new incidents of abuse, neglect, and/or self-neglect were not reported as those that were reported to and substantiated by adult protective services agencies.
- Persons, aged 80 years and older, suffered abuse and neglect two to three times their proportion of the older population.
- Among known perpetrators of abuse and neglect, the perpetrator was a family member in 90 percent of cases. Two-thirds of the perpetrators were adult children or spouses.

Indicators of Abuse and Neglect Among Elderly

Passive and active neglect

- Personal care is lacking or neglected
- Malnourishment (e.g. sunken eyes, loss of weight)
- Chronic health problems
- Dehydration (extreme thirst)
- Pressure sores (bed sores)

Physical Abuse

- Physical trauma (e.g. scratches, bruises, cuts, burns, punctures, choke marks, hypothermia, abnormal chemistry values, pain upon being touched)
- Restraint trauma (e.g. rope burns, gag marks, welts)
- Injury (e.g. sprains, fractures, detached retina, dislocation, paralysis)
- Unexplained injuries
- Inconsistent explanations of injuries
- A physical examination reveals undisclosed injuries
- A history of doctor or emergency room "shopping"
- Repeated time lags between injury and medical treatment

Material or Financial Abuse

- Unusual banking activity (e.g. large withdrawals during a brief period of time, switching of accounts from one bank to another, ATM activity by a homebound elder)
- Re-directed bank statements (no longer come to the older adult)
- Documents are being drawn up for the elder to sign but the elder can not explain or understand the purpose of the papers
- Living situation substantially lower than estate would allow (e.g. lack of new clothing or amenities, unpaid bills)
- The care giver expresses only has financial concerns for the older person and does not ask questions or express concern regarding the physical and/or mental health.
- Personal belongings are missing
- Signatures on documents do not match the signature of the older person
- Recent acquaintances declare undying affection for the older person and isolate the elder from long-term friends or family
- Recent acquaintances make promises of lifelong care in exchange for the deeding of all property and/or assigning all assets over to the acquaintance.

Psychological Abuse

- Ambivalence, deference, passivity, shame
- Anxiety (mild to severe)
- Depression, hopelessness, helplessness, thoughts of suicide

- Confusion, disorientation
- Trembling, clinging, cowering, lack of eye contact
- Evasiveness
- Agitation
- Hypervigilance
- Care giver withholds or reads the elder's mail
- Care giver intentionally obstructs the older person's religious observances (e.g. dietary restrictions, holiday participation, visits by minister/priest/rabbi etc.)
- Care giver has removed all doors from the older adult's rooms.

Sexual Abuse

- Trauma to the genital area (e.g. bruises)
- Venereal disease
- Infections/unusual discharge or smell
- Indicators common to psychological abuse may be concomitant with sexual abuse

Self Neglect

- Additional Indicators of Abuse or Neglect
- Elder is not given the opportunity to speak without the caregiver being present.
- Caregiver exhibits high levels of indifference or anger towards the older adult
- Over-medication or over-sedation

Adapted from Linda M. Woolf, Ph.D,
Webster University

Rape, Sexual Assault, and Incest

Sexual abuse is recognized as one of the most psychologically damaging types of abuse. This is because, in terms of traumatic events, sexual abuse frequently contains many of the elements that increase traumatic impact.

- It is a human-created event.
- The victim loses control of their body.
- They may be a fear of death.
- It is often a repeated event.

Unfortunately stigmatization of victims and the general messages from our society lead many victims to maintain secrecy about the assault, and internalize the guilt and shame that indeed should lie with the perpetrator. Mirroring the messages given by our society, victims will frequently blame themselves for the places they visited, the people they went with, the clothing they wore, or their perceived inadequate level of resistance, in an attempt to answer the question of *why did this happen to me?* Self-blame makes some sense because it may be an attempt to feel control over the event, over oneself and one's body.

Understanding sexual abuse from the victim's viewpoint and knowing what messages the victim has internalized is essential to treatment. It is also important for counselors to understand victim responses to sexual assaults. The male response to having been a victim may be to act out aggressively in order to shed the unacceptable label of *male victim*. In many ways, our society will be more accepting of a male perpetrator than a male victim. Thus, becoming a perpetrator may release the male from the stigma of being labeled as "weak or homosexual". If female victims act out, it will likely be against themselves. Self-abusive behaviors such as cutting and eating disorders make the female a victim even of herself, and in our society, *victim* is an acceptable label for a female.

Treatment

This overview will not attempt to comprehensively deal with treatment, it is well beyond the scope of this format and numerous texts have been written for professionals and for self-help assistance.

Sexual abuse is recognized as one of the most psychologically damaging types of abuse.

Counselors should be aware that treatment for sexual abuse can take years and that sometimes the impact of the abuse will be maintained throughout the lifetime. Thus, it is essential that treatment be approached as a process aimed initially at minimizing negative impact. While brief therapies may be used to deal with the immediacy of problematic thinking and behaviors, long-term individual therapy is frequently optimal.

Most often, therapy for sexual abuse centers around:

- recalling the event.
- exploring feeling and the resulting thinking and behaving.
- minimizing negative and destructive behaviors, and,
- reclaiming the self.

Reclaiming the self involves a shedding of the victim frame and bold steps forward that may initially involve the individual revisiting intense feelings of vulnerability. Group therapy approaches are especially beneficial for the support and connectedness they can offer to victims. Family therapy and couples therapy may also be assistive in the healing process depending upon the victims life circumstances.

It is also essential for counselors to consider the additional components of culture, religion and sexual orientation in counseling persons who have been sexually abused. How they frame the abuse and react to it will be affected by cultural thinking. The Gay-Lesbian-Bisexual-Transsexual (GLBT) community also struggles with sexual abuse and in perhaps one of the most disheartening recent disclosures, priests have been implicated as perpetrators. It appears organization, social class, profession, orientation, and tradition do not inoculate persons against sexual abuse. Likely they never did.

Finally, before counselors can be effective in assisting others regarding sexual abuse, they must have dealt sufficiently with any of their own issues of abuse, past or current. If a significant number of adults have experienced sexual abuse, then it is likely a significant number of counselors have also experienced sexual abuse. The client is not on the counselor's road to recovery, rather the antitheses must be true.

It is essential that treatment be approached as a process aimed initially at minimizing negative impact.

Definitions:

Sexual Assault and Rape While some believe that rape must include penetration, others believe that sexual assault constitutes a form of rape. Without making any determination of which term is more accurate, both terms can be defined as the implementation of *any unwanted, non-consensual, manipulated, forced, or coerced forms of sexual activity*

Sexual Assault/Rape ranges from the *non-consensual* touching of an intimate part of the body, such as breasts, buttocks, or genitals, to forced, manipulated, or coerced penetration of the vagina, anus, or mouth, by a penis or object. It can involve verbal coercion and threats, physical restraint, intimidation and/or violence. Sexual assault/rape is not a crime of passion but a crime of violence, using sex as a weapon to overpower and to degrade the victim.

Incest and child sexual abuse occurs when a family member, trusted family friend, or stranger forces, coerces, or intimidates a child into sexual relations. For a child this can be especially frightening and confusing since the sexual abuse is often achieved without violence, and abusers often prey on the child's trust and fear to insure secrecy. Incest and child sexual abuse is the abuse of power by taking advantage of the powerlessness of children. Incest and child sexual abuse includes sexually suggestive language, the showing of genitals, kissing, petting, vaginal and/or anal intercourse, and oral sex.

Sexual Harassment is any unwanted sexual attention. This includes repeated jokes of a sexual nature, sexual comments, subtle sexual suggestions, pressure for dates, and unwanted touching. Sexual harassment is a method of overpowering and controlling people, especially women, in our society. It limits mobility and makes one feel uncomfortable in both public and private settings.

Stalking is the repeated or continuing harassment of another individual that would cause a reasonable person to feel terrorized, frightened, intimidated, threatened, harassed, or molested. Stalking behavior includes following, showing up at home, class, or work, confrontation in public, making unwanted calls or sending unwanted letters or e-mail messages, or leaving objects or "presents." Strangers, acquaintances, and former partners can commit stalking. It can be both an infuriating and terrifying experience

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Domestic violence: an incident or pattern of behaviors (may include physical, emotional, economic, verbal and/or sexual abuse) that a person uses to gain power and control within an intimate relationship. "Domestic" usually refers to live-in partners, former live-in partners, or adult relatives who live in the same household

Dating violence: physical, emotional, economic, verbal, or sexual abuse committed by one dating partner against another.

(Definitions adapted or adopted from the University of Michigan Handbook of Violence www.umich.edu/~handbook/violence/dvintro.html)

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Prevalence of Rape and Sexual Assault

- One in four females and one in seven males have reported to have been sexually abused or assaulted by the time they are eighteen
- 17.6% of women have reportedly been raped.
- 3% of men have reportedly been raped.
- Slightly more than half of first-time rape victims were less than 18 years old.
- 76% of women raped and/or physically assaulted after age 18 were attacked by a current or former husband, co-habiting partner or a date. *(As reported in the Violence Against Women Survey - A national survey of 8,000 Americans funded by the US Department of Justice.)*
- 33% of females will be sexually assaulted in their lifetime
- 14% of males will be sexually assaulted in their lifetime
- 80% percent of all rapes are believed to be acquaintance rapes.
- Nationally, the majority of reported victims and offenders are of college age, with the rate of victimization highest among 16 - 19 year-old females.
- The second-highest victimization rate is experienced by females ages 12 - 15.

- The majority of rapists are males ages 18 - 34.
(As reported by the University of Maine, 1998
<http://www.ume.maine.edu/~healthed/rape/incidence.html>)

Incest

- 43% of the children who are sexually abused are abused by family members.
- 33% of the children who are sexually abused, are abused by someone they know.
- 24% of the children who are sexually abused, are abused by strangers .

Hayes, Robert. (1990, Summer). Child Sexual Abuse. Crime Prevention Journal.

- In a study of a nationally representative sample of state prisoners serving time for rape or sexual assault, two-thirds victimized children and almost one-third of the victims were the children or step-children of the assailant. (*Greenfeld, 1996.*)
- Because national statistics on incest are not kept separately from sexual abuse statistics, it is difficult to estimate the percent of incest abuse victims. Research estimates vary from 16% to 38% for females, and suggest about 7% for males.

It appears that male victims tend to act out through aggression and violence while female victims act out through being self-destructive.

Responses to Rape, Incest, and Domestic Violence

Incest

Because incest involves betrayal of a trusted person, some researchers believe that the impact on victims may be more severe than other types of sexual assaults. Some researchers additionally believe that incest which involves physical force or violence also increases the severity of the reactions. Other researchers believe that coercion is more problematic for victims because self-blame is greater. The closeness of the relation with the perpetrator may also affect psychological impact.

It appears that male victims tend to act out through aggression and violence while female victims act out through being self-destructive. However, survivors of child sexual abuse use a variety of mechanisms

to cope with the abuse. Denial entails repressing portions of, or all of the abuse. Sometimes this leads not only to gaps in memory about abusive events, but gaps of entire months or even years. Dissociation is a coping mechanisms that entails an abandonment of emotion in which victims distance themselves from psychological and physiological reactions to abuse. Later onset of substance abuse, self-mutilation and eating disorders may also serve to numb emotions and create a psychological distance between the victim and past abuse. (Sgroi, 1989).

About a fifth of all victims of childhood sexual abuse will experience long-term consequences. The most common long-term consequences of child sexual abuse include: chronic depression, post-traumatic-stress syndrome, chronic states of arousal, nightmares, flashbacks, venereal disease and anxiety over sex or exposure of the body, low self-esteem, sexual dysfunction, and dissociate identity disorder.

While most of the research on childhood sexual abuse has been conducted on female victims, a study of male victims concluded that over 80% had a history of substance abuse, almost 70% received psychological treatment, 50% had suicidal thoughts, 31% had violently victimized others, and 23% attempted suicide. (Lisak, 1994.)

Rape Trauma Syndrome

Reaction to rape seems dependent on the persons psychological make-up. Some persons will attempt to control intrusive symptoms and mask feeling while others may be obviously distressed. According to Renner et al. (1988), 10% of rape victims have no apparent disruption of behavior following the assault. However, 55% of victims display moderate disruptive behaviors and 35% of victims are severely impairment. Several months post-assault, 45% of women appear readjusted but 55% of victims have lasting effects.

There does appear to be some consistency in psychological response to rape which can be viewed as a three stage reaction process. It is important that counselors use this only as a guide and understand that reaction to rape is individualized and therefore not have particular expectations of victim response. The time-frame is an approximation and there may be overlap in reactions presented.

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Three stages of reaction to rape:

1. Short-term - experiencing of traumatic symptoms including: somatic complaints, sleep disturbance, nightmares, fear, suspiciousness, anxiety, major depression and impairment in social functioning (2-3 months)
2. Intermediate - diffuse anxiety becomes specific to the rape occurrence. This may be followed by depression, social and sexual dysfunction (3 months to 1 year)
3. Long-term - Anger, low self-esteem hypervigilance to danger, sexual dysfunction, relationship problems, and diminished capacity to enjoy life, fear, anxiety, reliving the trauma, sleep disturbances, nightmares, avoidance of the stimuli reminiscent of the assault (1 year and beyond)

(Ellis, 1983; Murphy et al., 1988; Rosenhan and Seligman 1989)

Domestic Violence:

Definitions:

Domestic violence has a three part definition that includes:

- 1) Abuse that occurs within the context of a relationship,
- 2) The perpetrator uses specific abusive behaviors that may be sexual, physical, psychological, or economic in nature, and,
- 3) Abusive behaviors are used in order to control the domestic partner.

Dating or domestic violence is the intentional use of abusive tactics and/or physical force to create and maintain power and control over an intimate partner. It includes emotional and psychological abuses.

Over three million children in the U.S. witness domestic violence every year. (Goldman, 1999)

Battery is physical abuse such as pushing, slapping, hitting, or kicking. Physical abuse can also involve the destruction of property, pets, or other belongings of the partner, which is done to frighten, intimidate, and threaten. Battery often includes sexual abuse as well as intimidation in the form of emotional and psychological abuse and controlling behavior. As with other forms of abuse, people from every racial, ethnic, socioeconomic, or religious background, and any gender and sexual orientation, can experience domestic violence.

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Prevalence of Domestic Violence

- The American Medical Association estimates that over 4 million women are victims of severe assaults by boyfriends and husbands each year.
- About 1 in 4 women is likely to be abused by a partner in her lifetime.
- Some researches estimate that one of every two women will be battered at some time in their life.
- Females are victims of family violence at a rate at least 3 times that of males.
- 28% of perpetrators of domestic violence were intimates such as husbands or boyfriends
- The victim in domestic violence is female in 85% of all cases reported. 64% of women who report domestic violence are white.
- The average age of the domestic violence offender is 31 years.

- Planned Parenthood Studies (1992) reveal that family violence occurs in two million families in the U.S. It is presumed that this is an under-estimate since battering is usually not reported until it reaches life-threatening proportions.
- Based on domestic crime data kept by 17 states, experts estimate that 1.37 million domestic violence offenses were reported to the police in 1991, women were the victims in an estimated 83% of the cases (1,130,000)
- The rate of violent crimes against women committed by relatives was 3.1 per 1,000. The rate for men was .9 per 1,000.
- Battered women seek medical attention for injuries sustained as a consequence of domestic violence significantly more often after separation than during cohabitation; about 75% of the visits to emergency rooms by battered women occur after separation

Sara Glazer, "Violence Against Women," CQ Researcher, Congressional Quarterly Inc., Vol. 3, No. 8, Feb. 1993, p.171.)

Bureau of Justice Statistics, Highlights from 20 years of Surveying Crime Victims Washington, DC: U.S. Dept. of Justice, 1993, p25.

Ronnet Bachman Ph.D., U.S. Department of Justice Bureau of Justice Statistics, "Violence Against Women: A National Crime Victimization Survey Report," January 1994, p. 6

Cycle of Violence

The cycle of violence (Walker, 1979) includes three basic phases that are cyclical and repetitive in the domestic relationship. Phase one is the **tension building** phase in which some stress is perceived. The victim is likely to make attempts to appease the perpetrator and feel their efforts can keep the situation from escalation. Phase two is the **explosion or acute** phase in which the act of violence occurs. During this phase the victim is likely fearful and will move to numb emotions and make attempts to de-escalate the situation. Phase three is the **calm, loving, respite or honeymoon** phase in which the tension has been released and the perpetrator becomes apologetic and positively attentive to the victim.

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