



*A Guide to Working with Survivors
of Sexual Violence:
for Faith-Based Organizations and Religious Institutions*

A Guide to Working with Survivors of Sexual Violence: For Faith-based Organizations and Religious Institutions

Written by Jill Maier, MA, LPC and Lois Keller, MS

Copyright 2010 Pennsylvania Coalition Against Rape

Acknowledgements

We would like to thank Alicia Oglesby for her contributions to this project, the Philadelphia churches that opened their doors to us, and to Carole Johnson for her unwavering support and dedication to all survivors.

This publication was supported in part by the
Commonwealth of Pennsylvania Department of Public Welfare.

Table of Contents

Introduction	4
Chapter 1 – Beginning the Helping Process	6
Chapter 2 – The Continuum of Sexual Violence & Common Reactions to Trauma	9
Chapter 3 – Responding to a Disclosure.....	17
Chapter 4- Counseling & Coping Skills	21
Chapter 5 – Forgiveness	29
Chapter 6 – Group Support	34
Chapter 7 – If the Perpetrator is a Part of Your Community.....	40
Chapter 8 – Help for the Helper	45
Resource List	49
References	51

Introduction

Sexual violence is a pervasive problem in our society. Although it may seem removed from our daily experience when we read about it in the newspaper or hear it on television, the fact is that sexual violence is a reality of many people, including those we brush shoulders with every day. Compassion and responsibility demand that we take this issue seriously, raise awareness of its destructive nature, and help survivors find the services and support they need to heal.

People who have been victimized may have difficulty reaching out for help. Barriers such as shame, fear, or not being ready to talk about the assault may make people reluctant to seek help. However, even when people do try to reach out for help, they may not know where to turn to find the services they need. Disabilities, language, cultural belief systems, transportation, or child care issues can add to the difficulty of accessing services, particularly when those services are located outside of the survivor's community. Some people are reluctant to seek help from a community provider such as a rape crisis center because it feels like they are seeking help from 'strangers.' Although victim service organizations have tried to bridge that gap by making their services more accessible, providers are not located in every community.

Many social service organizations that exist and thrive today have rich roots in a faith tradition. On the other hand, many faith institutions have been reluctant to join hands with secular service organizations wanting the services they provide to members of their fellowship to be consistent with their faith and beliefs.

Historically, faith-based institutions have been an aspect of the community that has been resistant to outreach from victim service organizations. A growing movement has begun among faith-based institutions that seek to serve to the whole person by providing faith-based help and support to address needs such as shelter, food, drug and alcohol counseling, and couples counseling. Inevitably, as faith based institutions become more involved with their members' emotional needs, the issue of sexual assault will come up. The recent revelations of clergy abuse that have dominated the news have increased awareness and brought this subject to the forefront for many people of faith.

This project was formed as a response to requests for training from local churches that have a desire to help those in their congregation who have been impacted by all types of sexual violence. The goal of this project was to make the expertise of those with training and experience in helping sexual assault survivors available to faith based institutions that want to be equipped to help their own people. Staff members of Women Organized Against Rape, a rape crisis center in Philadelphia, set out to write this guidebook to provide information and guidance.

For information on providing initial outreach or basic awareness training to the faith community please refer to *Partnering to Prevent and Respond to Sexual Violence: Reaching out to Communities of Faith* (2003), published by the Pennsylvania Coalition Against Rape (PCAR).

This guidebook was written as a quick reference guide that could be used to supplement a training on sexual violence. It is not intended to serve as formal training in psychological treatment. Our aim is to have this guidebook serve as a tool for those faith institutions that want to learn more about sexual violence and those who are willing and ready to take the next step by providing supportive services to members of their community who have experienced sexual violence. We believe this guidebook can be used by any religious institution no matter the faith. We have chosen to use terminology from the Judeo-Christian tradition because the organizations we have worked with have been predominantly from that tradition. In addition, most of the books and research that have been published from a religious perspective come from the Christian tradition. Our hope, however, is that people from all faiths will find the information in this book useful and relevant.

On a final note we have chosen to use the term *survivor* to refer to an individual who has experienced sexual violence. The word *victim* has been used in the past and continues to be used by law enforcement and in legal proceedings, however in the counseling and advocacy field the term *survivor* is more commonly used as a way of focusing on the healing and strength of the individual. Some people who have experienced sexual violence do not identify with either term and it is best to be sensitive to each individual's feelings about how she/he refers to themselves and what they experienced.

Chapter 1

Beginning the Helping Process

After being sexually assaulted one of the many difficult things a survivor must face is telling someone about it. As you will learn throughout this guidebook many individuals can feel a deep sense of shame and self-blame, making it even more difficult to reach out for help. Because this can be such a difficult process it is important for those who decide to listen to be a truly supportive helper. Even among professional psychologists, counselors and social workers, there are many who do not feel qualified or comfortable dealing with this issue, and will often refer a person to someone who specializes in working with survivors of sexual abuse. What is most important for someone who is going to be a supportive helper to a survivor is to ask themselves, “Is this something I want to do and do I have the capacity to do it?” Some faith organizations have made the decision to form special ministries dedicated to issues such as alcoholism or abuse by offering support groups. These are typically larger institutions which have the staff, often possessing formal or educational training, who can devote the time to the members.

If your faith-based community is planning on providing a service such as a group for survivors or your youth ministers are asking questions because members have made disclosures, it is important to think about how you want to handle the issue.

Traditionally people have turned to their pastor or faith leader for guidance and counsel on many issues in their lives. People seek support from their faith because it can be a powerful force for healing. *But are there certain factors that determine why someone turns to their faith leader for help rather than a mental health professional?* A study conducted by Mattis, Mitchell, Zapata, Grayman, Taylor, Chatters & Neighbors (2007) examined how a population of African-American adults utilized the support from their church and describe a list of things they would or would not address with the minister, as well as the factors that informed their decision. What the authors discovered was that members use the church as a therapeutic community going to the minister for many family and mental health issues including grief, relationship counseling, medical concerns, reproductive issues, financial and work stress, and spiritual development. Participants reported feeling uncomfortable talking to their minister about marital problems, sex, reproductive or gender-specific issues, domestic violence, sexual assault and substance abuse. The seven themes that informed both the positive and negative reasons to seek ministerial support were minister character, shame, availability of alternative support, direct relationship with God, uneasiness with turning to church, ministerial competence, availability of minister and seriousness of issue. What this research demonstrates is that there

are multiple factors to consider when offering counseling and support. As a helper it is vital to consider the reasons people are coming to you for help, as well as the possible reasons people are not turning to their faith institution.

It stands to reason that when you talk more openly about sexual violence and advertise ministries to address it, more people will disclose their abuse. Once it becomes known in the community that you are available and open to helping survivors, more people will seek you out for help.

This is a wonderful thing for those who need the help and it certainly validates a church's decision to offer the help. However, it may be shocking or overwhelming at first to see how pervasive and far-reaching the problem is. For this reason it is good to be prepared ahead of time to respond to the needs that may come up. Even if you do not plan on offering specialized services, it is likely that at some point a member of your community will disclose sexual assault during the course of confession, during the course of marriage counseling, in a youth ministry group, or in Sunday school, so it is wise to have your staff prepared. For many people who have been sexually abused, it is extremely difficult to disclose their past, and you may be the first person they are telling. It is important to consider some of the reasons someone may not disclose.

Why is disclosure difficult for some survivors?

- ▶ Fear she/he will not be believed;
- ▶ Fear based on threats made by the perpetrator;
- ▶ Fear of creating family turmoil, especially if the perpetrator is a member of the family;
- ▶ Guilt and the belief that it was their fault;
- ▶ Guilt for feeling pleasure –This can be seen especially in male victims;

Specific to children:

- ▶ Children are taught to obey adults;
- ▶ She or he may think this is what happens in all families;
- ▶ Developmental differences – A child may not know words to effectively describe what happened and may have difficulty understanding the event;

- ▶ Confusion about appropriate touches and body parts;
- ▶ Fear of parent's anger or blame; fear of getting into trouble. Children often have an innate sense that what was done was wrong, but they are not able to distinguish between what is their fault and what is not their fault.

Understanding that disclosure can be difficult is an important step in creating a supportive environment. One reason that a survivor may seek support from their faith organization is because they feel safe in that environment.

What does a survivor need?

- ▶ To be told that the abuse was not their fault and they did nothing wrong;
- ▶ To be believed and reassured that they were right to tell;
- ▶ To be informed of what will happen next with realistic and age-appropriate information;
- ▶ To be reassured that they will be protected and helped, but not given unrealistic assurances;
- ▶ A safe, comforting environment – One which it is known they will be heard without judgment;
- ▶ Patience with their process –Some survivors wait years before an initial disclosure so the path to healing may be a long journey;
- ▶ A support system that includes family, friends, and community if possible. Some families may not want to help or may not be truly supportive because they do not want to believe what happened or feel too much shame.

This guidebook can help you build skills for providing education and supportive counseling to adult and adolescent survivors of sexual abuse. This also offers tools for working with parents of children who have been sexually abused. Additionally, the information will help you to determine when you need to refer the person to an outside organization such as rape crisis center or mental health center.

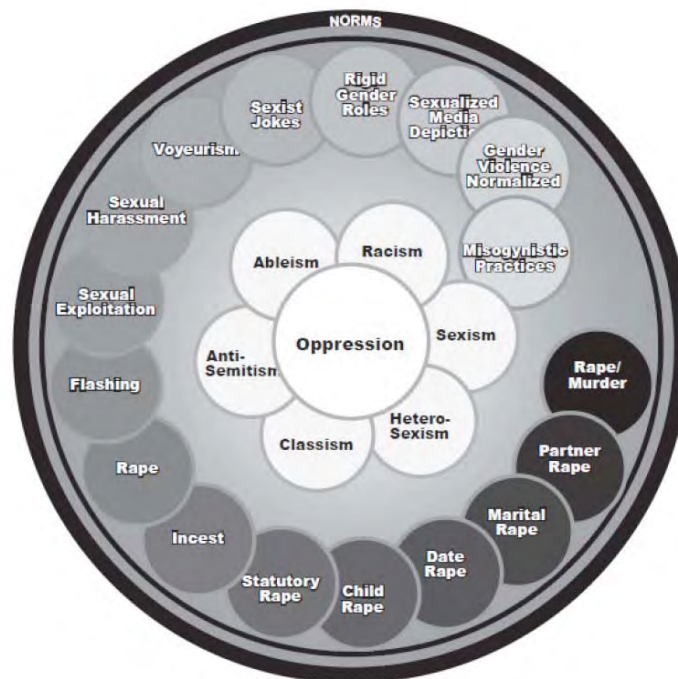
Chapter 2

The Continuum of Sexual Violence & Common Reactions to Trauma

This chapter will describe definitions and offer basic knowledge of sexual violence and common reactions to trauma. There has been much research and study over the last several decades on the effects of sexual abuse in the short term and its effect on long term behaviors and personality development. The information provided in this guidebook is a combination of the authors' knowledge and years of direct clinical experience with survivors of sexual assault. There is a resource section at the end of this book for suggestions on additional reading.

The Continuum of Sexual Violence

Sexual abuse can be conceptualized as a continuum of sexually violent acts. Sexual violence is a broad term covering all acts which violate a person's trust and feeling of safety. It occurs any time a person is forced, coerced, and/or manipulated into any unwanted sexual activity. The continuum of sexual violence includes rape, incest, child sexual abuse, ritual abuse, date and acquaintance rape, statutory rape, marital or partner rape, sexual exploitation, sexual contact, sexual harassment, exposure, and voyeurism.



Sexual Violence Continuum

Lydia Guy - WCSAP 2006

No Physical Contact

- Indecent exposure (flashing)
- Sexualized comments
- Peeping / Voyeurism
- Forced viewing of pornographic films
- Sexual harassment (unwanted verbal comments)

It is important to remember, however, that even if a person is not raped, sexual harassment or being touched over their clothing may lead to an equal amount of trauma. Many factors affect how much impact an incident has on a person, including how frightened and powerless the person felt at the time, who the perpetrator is, and what kinds of resources the person had or did not have to cope with the situation. There are individuals who suffer just as much from harassing comments as someone who was physically assaulted.

Minimal Physical Contact

- Unwanted light physical touching (hugs, kisses, pinching)
- Indecent Assault (Forced touching of the sexual parts over clothing)

Maximum Physical Contact

- Attempted Rape
- Rape
- Involuntary Deviant Sexual Intercourse (Penetration of the anus or penetration with an object)
- Statutory Rape

Adult Rape

Most people believe that the majority of rapes are committed by a stranger, but the largest percentages of sexual assaults are committed by someone the person knows. The perpetrator is typically a family member, friend/acquaintance, lover or partner. According to 2006 Rape, Abuse, and Incest National Network (RAINN) statistics on adults who were sexually assaulted: 47% were assaulted by an acquaintance; 31% were assaulted by a stranger; 17% were assaulted by an intimate partner; Three percent were assaulted by a relative; and two percent other.

Stranger Rape

Stranger rape is a sexual assault that occurs when the perpetrator is unknown to the victim. These types of assault commonly occur with a victim being taken against their will from a public place. Stranger rapes can also occur during a home invasion. A weapon or threat of violence may or may not be used during the attack.

Acquaintance Rape

Sexual assault that occurs by someone the victim knows such as a friend, date or co-worker.

Marital/Partner Rape

A sexual assault that occurs when the perpetrator is a husband, wife or lover. Sexual assault may be used to control, humiliate, or “punish” the other person.

Drug-Facilitated Sexual Assault

This occurs when alcohol or drugs are used by a perpetrator to incapacitate, thus compromising another person’s ability to consent to sexual activity. Commonly used drugs include alcohol, Rohypnol, GHB, Ketamine, street and prescription drugs. The side-effects from these drugs vary but can include memory loss, nausea, temporary paralysis, dizziness, or feeling overly intoxicated. Many of these drugs are dangerous because they are colorless and odorless and can easily be hidden in a person’s drink.

Child Sexual Abuse

Child Sexual Abuse (CSA) is attempted or actual sexual contact between a child and an adult or a child and another child. CSA can involve the use of physical force, threats of violence, bribes, or abuse of authority.

An important thing to be aware of is that children are often groomed for sexual abuse. *Grooming* is a process in which the perpetrator identifies a child he or she wants to abuse and uses tactics to foster a relationship with the child. These include building trust, bestowing favors or gifts, alienating others, demanding secrecy and violating boundaries.

According to Snyder (2000) when a child is abused 93% of the time they know their attacker:

59% of perpetrators are an acquaintance

34% of perpetrators are family member

7% of perpetrators are strangers

Statutory Rape

This form of child sexual abuse is defined as sexual activity with a child that is, by law, too young to consent and that is perpetrated by someone who is four or more years older than the child. For example, the age of consent in Pennsylvania is 16 years old, so statutory rape would occur if the child was 15 and the perpetrator was 19 or older. Always check with your local authorities or rape crisis center for the laws in your state.

Case Scenarios

To have a better understanding of a person who has been sexually assaulted we are going to provide three common scenarios. These scenarios will be used throughout the rest of this guidebook to further your understanding of the complexities of sexual violence and how to work with survivors.

Janet

Janet is a 29-year-old woman who attends your church. She has been raped by an acquaintance.

Latoya

Latoya is a 16-year-old girl who was molested by her step-father. The youth minister learned about her abuse initially from Latoya's friend Melissa.

Susan

Susan is a 35-year-old mother of three. You learn from her that her youngest child, Justin, who is 5 years old, was sexually abused by a teenage cousin.

Are there questions already forming in your mind about how this could have happened?

Do you feel like you could listen to their stories?

Common Reactions to Trauma

Sexual assault is a type of trauma that affects the whole person body, mind and soul. Each individual will respond to trauma in a unique way based on their experience, age, personality, previous traumatic events they may have suffered, and what kinds of support and resources they have had to cope with the event. However there are some common reactions that people

who have suffered a trauma often experience which are well researched and documented by clinical experience and throughout medical and psychological literature. Not every person will experience every symptom, so it is good to have a broad understanding of the possible reactions you may see. Reactions following sexual assault are very similar to the reactions you might see in someone who has suffered other kinds of trauma such as a serious car accident, combat experiences, being robbed or physically assaulted, or surviving a natural disaster or fire. Some of these reactions or symptoms happen immediately, and others may develop over time making them more difficult to eliminate.

Common Reactions in Adults

Physical

Body aches, nausea, changes in eating habits, difficulty sleeping, pain resulting from injuries during the assault, sexually transmitted infections, sexual dysfunctions, and/or pregnancy.

Cognitive

Intrusive thoughts, flashbacks, nightmares, negative thoughts of self, negative thoughts of the world, difficulty concentrating, and/or suicidal thoughts.

Emotional

Sadness, depression, anxiety, shame, guilt, denial, self-blame, feeling dirty, anger, and/or numbness.

Behavioral

Outbursts of anger or rage, difficulty controlling emotions, alcohol or drug abuse, self-injurious behaviors (cutting or burning), suicide attempts, and/or avoidance of people/places/things that remind them of the trauma.

Relational

Difficulties with trust and intimacy, changes in relationships with family, friends, intimate partner, and/or children. This can be seen by an increased avoidance of social activities and isolating oneself. Changes in sexual behaviors can occur on a continuum from sexual promiscuity to avoidance of all sexual activity. It can also be common to temporarily lose the ability to experience sexual pleasure.

Janet

Janet is a long-time member of your church and for the last two years has been an active member of the choir. It has been brought to your attention by the choir leader that Janet has been late to some practice sessions and even stopped coming to some church functions. When asked about her absences, she says she has not been feeling well. Because you are beginning to feel concerned, you call her and make a pastoral visit to her home. When you explain your concern for her she begins to cry. She explains that she has been withdrawing from the church because she is embarrassed about something that happened six months ago. After a few minutes she tells you that she was raped. She said that she has been having trouble sleeping, feels anxious, and is afraid that people will find out what happened. She says that you are only the second person she told. She disclosed to a close friend about a month ago.

What does it feel like hearing her disclosure?

Do you feel like you can help her?

Common Reactions in Children

Physical

Body aches, nausea, changes in eating habits, difficulty sleeping, pain resulting from injuries during the assault, and/or sexually transmitted infections.

Cognitive

Intrusive thoughts of the trauma, nightmares, difficulty concentrating, confusion, and/or zoning out.

Emotional

Increased fears, anger, sadness, depression, anxiety, quick changes in mood, and/or irritability.

Behavioral

Isolation, temper tantrums, aggression, refusal to do things, inappropriate sexual behaviors – sexually acting out with other children, and/or excessive masturbation. Regressive behaviors such as return to bedwetting, sleeping with parents, and/or baby talk.

Relational

Decreased interest in social activities with peers or family members, and/or difficulties with school, peers, and siblings.

Specific to Adolescents

Alcohol/Drug abuse, self-injury (cutting or burning of skin), thoughts of suicide or suicide attempts, running away, promiscuity, and/or eating disorders.

Latoya

Melissa is a teenager that is actively involved in the youth ministry. She tells the youth minister that she is concerned about her friend Latoya, who is also a member of the church. Latoya told her friend that she was molested by her step-father when she was a child and it occurred for a few years. Lately she notices that Latoya is fighting more with her mother and has started skipping classes at school. She has also begun dating an older boy who is a freshman in college. Melissa has spoken to the youth minister on a few occasions because she wants to help her friend and doesn't know what to do.

How would you handle this situation?

Do you immediately go to Latoya and offer her help?

What can you tell Melissa?

Do you feel you can help her?

Common Reactions in Parents

It is important to have an understanding of what a parent of a child survivor may be feeling. Interestingly a parent's reaction can mirror the survivor in that they too can experience physical, cognitive and emotional symptoms:

- Denial, self blame, feeling as if they didn't protect their children;
- Feeling overwhelmed by the decision making process regarding legal matters and/or psychological treatment;
- Feeling pressured or confused by differing opinions among family members on how to handle the situation;

- Wondering if their child is going to grow up and be a perpetrator;
- If their child is male they may be worried the child will be a homosexual;
- If the parent is also a survivor of sexual assault their reactions may be more complicated.
 - They may experience a greater level of denial
 - This may resurrect unresolved issues from their past
 - This may compromise their ability to support their child through the process because they are focused on their own issues

Susan

Susan came to you for pastoral counseling because she was having some struggles in her marriage. During your fourth session together as you are discussing trust between partners she begins to sob. She slowly tells you that she is having difficulty trusting that her husband is making good decision regarding the children. After promising you to secrecy she tells you that her 5-year-old son Justin was touched inappropriately by his cousin. She explains that her husband told her that this kind of thing stays in the family and that he and his brother, the cousin's father, will handle the situation. Through her tears she tells you that she just wants to help her son and she doesn't understand how this could have happened. She is also concerned that people will find out and that people will treat them, especially her son, differently. She has noticed that Justin is having more temper tantrums and has wet the bed a few times. She wants to get help for her son and heard that counseling can be beneficial but her husband doesn't want to tell anyone outside the family.

Are you surprised she didn't tell you sooner about her son?

What are your feelings about how the father wants to handle the situation?

Do you feel you can help her?

Chapter 3

Responding to a Disclosure

A disclosure of sexual abuse can occur in many ways. As we have seen in the case scenarios the disclosures may be direct or indirect. All church staff, including pastoral ministers, youth ministers, group leaders and Sunday school teachers, needs to know how to handle a disclosure of sexual abuse or violence. Being prepared can help staff feel more confident and should, in turn, make their response more helpful to the person who is sharing such a painful experience. It might be helpful to practice some role plays as a group or spend some time imagining what you might say to someone who discloses abuse.

Please remember this guidebook is not meant to replace any formal training, education or professional experience your organization may already possess. This guidebook is intended to supplement and act as an additional resource.

Below are some points to guide you as you think about handling a disclosure of sexual abuse.

Handling a disclosure

- ▶ Listen and let people tell as much of their story as they feel comfortable sharing. Put advice-giving on hold for now.
- ▶ Be aware of your own feelings. It is normal to feel helpless, inadequate, nervous, or sad.
- ▶ Don't be afraid to say you don't know or don't fully understand their experience. – You are not expected to be an expert with every situation a person is seeking your counsel on.
- ▶ Give the survivor control of how they can cope with the situation keeping in mind the fact that their control was taken away during the assault.
- ▶ Provide options and let them decide – Help the person consider what to do next. If you are not certain of the options ask for help or provide referrals to a local rape crisis center, counseling center, or the police.
- ▶ Be careful when making assumptions about the perpetrator. A perpetrator can be anyone; any gender, any race, any age, and may appear to others as an upstanding person.

- ▶ Do not assume how the survivor will act when they talk about the trauma. When people are in shock or have learned to shut down their feelings about their abuse, they may appear to be “fine.” They may not be crying. On the other hand, the person may cry a great deal as they recount the experience, maybe for the first time.
- ▶ Don’t get angry if the survivor is reluctant to talk. Don’t press for details or more information than the person is ready to disclose. It is important to be patient with the process.
- ▶ Be comfortable with silence.
- ▶ Don’t tell the survivor that they must immediately forgive the perpetrator. Although it may be tempting to suggest a ‘quick fix’ such as “forgive and forget,” this may actually encourage denial or minimization of the severity of the wrong. Forgiveness can be addressed at a later time.
- ▶ Believe the survivor – even if the account seems questionable at times.
- ▶ Avoid asking questions that may imply blaming, such as “Didn’t you know that was a bad neighborhood?” Or, “What were you doing out so late?”
- ▶ Be mindful of your body language, facial expressions, and tone of voice.
- ▶ Always ask before touching. Even something as simple as holding a hand can be anxiety provoking. By asking you are giving the survivor the control to accept your supportive touch.

Immediate needs of a survivor upon disclosure...

- ▶ To be told that the abuse was not their fault and they did nothing wrong.
- ▶ To be believed and reassured that they were right to tell.
- ▶ To be reassured that they will be protected and helped, but not given unrealistic assurances or promises.

- ▶ To be informed of what will happen next with realistic and age-appropriate information.

Confidentiality

Maintaining a high standard of confidentiality shows respect for the survivor and helps to build trust with that person. However, if there are limitations to your ability to keep the information confidential, then you should be honest with the survivor about those limitations. For instance, if you are a youth leader and are required to share disclosures with a superior, this should be told to the survivor. If the survivor is a child under the age of 18, and you are a mandated reporter, then it is important to explain to the person who is disclosing that you have to report. The survivor needs to know that as much as it is in your power, their 'secret' can stay safe with you. Obviously, if a child is involved or if there are other children in the home with the perpetrator, safety is the first concern.

Mandated Reporting

A Mandated Reporter is someone who is required by law to report to child protective authorities any suspected abuse or neglect of a child under the age of 18. Failure to report can result in serious legal consequences. You will need to refer to your state laws for information regarding your possible status as a mandated reporter. If you are not a mandated reporter, it is still important to think through your moral and ethical responsibilities and to have a protocol for how disclosures will be handled in your place of worship.

How do I know when I need to refer to an outside organization?

Some survivors experience a great deal of help and healing just from telling their story in the presence of a compassionate and supportive listener. Others, however, may need multiple resources to continue their healing.

Seek assistance if a survivor discloses any of the following:

- ▶ Suicidal intention
- ▶ Self-injurious behaviors
- ▶ Drug and alcohol abuse and dependence
- ▶ Other mental health conditions
- ▶ Loss of blocks of time or dissociation
- ▶ Medical problems

Latoya

Melissa tells the youth minister that she has spoken with her friend Latoya and that she has agreed to come to the next youth ministry meeting and speak with the minister after the group.

Latoya remained quiet during the group meeting but was friendly and polite when others interacted with her. After the group Melissa introduces her to the youth minister. Latoya says that she came to the group because her friend thought it would be a good idea. She said that she is not sure if it was a good idea but she trusts her friend. She said that she knows that Melissa has shared her secret and that she doesn't want to talk about it right now. He noticed that she was having difficulty keeping eye contact and kept her arms folded against her chest. The youth minister tells her that he is not going to push her to talk about anything until she is ready, but that he and the church are there for her when she is ready. He tells Latoya that he is glad that she told her friend and that it takes strength to share such a secret. He continues by explaining that when she is ready to talk if she would prefer a woman that he can ask the female youth pastor to meet with her or he can also make a phone call to a counselor in the area. Latoya says 'I don't know' and continues to look at the floor.

How would you have handled the situation?

Did Latoya's body language have anything to do with the response from the youth minister?

What would you do next?

Chapter 4

Counseling & Coping Skills

In this chapter we will examine skills and techniques that can be used to help an individual begin to understand and heal from her/his experience. We will also look at coping skills that a survivor can utilize as they move along their healing journey. It can be a long journey, from a few months to several years. It is important to discuss this fact with the survivor.

Counseling skills

Initial Disclosure

The following are some skills that can be utilized when someone initially comes to you and shares their experience:

- ▶ **Calm presence:** Your presence is one of the important initial responses when working with someone in a crisis. By keeping a calm, even tone of voice and a comfortable body posture you are demonstrating to the person that you are willing to hear them and are identifying yourself as a support system in that moment. A person usually can calm down to match your tone and body language.
- ▶ **Listening skills:** Use the skills you have already as a faith leader. Follow the lead of the person who is disclosing and let the person complete their thought, even if it comes slowly and with pauses. Often a person “returns” to the experience of abuse while telling, so remaining patient and calm will help the person feel safe.
- ▶ **Questions:** Avoid asking unnecessary questions that may interrupt the flow of the person’s story (“Was that Tuesday or Wednesday?”). Little details are not important at this point. Use open questions when possible. An open question is one in which you allow space for the person to respond fully, thus giving the individual the freedom to disclose as much as they feel comfortable at the time. For example, “tell me more about that.” A closed question usually asks for a one word answer such as yes or no. This type of question can be helpful in clarifying important details.
- ▶ **Avoid blaming statements or questions:** Avoid asking “why” questions as they often make people feel defensive or like they are being blamed. Asking why the survivor got into someone’s car or why they were out so late makes it seem that you think they brought the assault on themselves. Survivors already blame themselves, often irrationally. It is never a survivor’s fault he or she was assaulted. You can stress to the

survivor that the other person is responsible for his/her behavior. It may be important to discuss safety issues, but that can be done at a later time. Safety issues may include, but are not limited to, education about drugs and alcohol, healthy boundaries, domestic violence and discussing consent with a partner.

There are many issues to be discussed with a survivor, however some are important to explore at the point of an initial disclosure. If you are confused or uncomfortable discussing any of these points, have the phone number for a local rape crisis center available.

- ▶ **Medical attention:** Ask if the person sought medical care to determine if there were any internal injuries, for pregnancy screening, and to receive testing and any necessary treatment for sexually-transmitted infections.
- ▶ **Decision to contact police:** Although you may have a strong personal opinion regarding whether or not the person should report to police, it is the decision of the adult survivor to make a police report. Offering to accompany the person when making a report could be very helpful. If the survivor is a minor consult with a superior regarding your status as a mandated reporter and any need to inform parents or authorities.
- ▶ **Assess future safety needs:** Determine if the individual is in a safe living situation or is fearful of retaliation for disclosing the abuse. These situations are especially important to assess in cases of marital rape and acquaintance rape.

Ongoing Counseling Skills

Maintain professional boundaries

This may be difficult in some faith institutions, especially in small or tight-knit communities where you may have known this person for years. You may have counseled them, married them, baptized them, served on committees with them, and may consider them a close friend. It may be challenging to remain objective in an ongoing counseling role. If it becomes too difficult, then it is appropriate to discuss your feelings with the person and possibly refer them to someone else for ongoing counseling.

What are the goals of your meetings/sessions?

Is this a onetime session or will you continue to meet with the person? A survivor may want to meet with you a few times and then may feel they do not need anything further. They may have the expectation that you will continue to be their counselor, or they may feel they want to see a professional counselor for ongoing counseling. Initially, the survivor may not know what

they will need long term. Should the survivor request ongoing pastoral counsel, it is important to discuss what your role will be, how much time you feel you have to give, the length of the sessions and any policies you may have within your institution regarding counseling.

Discuss strengths present within the individual

When someone is in distress it can be difficult for them to see the skills they are already using to cope with the situation. Highlight the strengths and positive strategies the person has been using to cope with the situation up to now. Ask how they have handled past stressful situations and discuss ways they can use those same skills now. Help the client identify other coping skills that they could put into practice.

Offer education on sexual violence

If you feel you have a good understanding of basic facts about sexual violence and the common reactions to trauma it is helpful to discuss this with the survivor. Having thoughts and feelings validated can alleviate much of the anxiety a survivor may feel. Realizing that their reaction is 'normal' for someone who has experienced a trauma is very comforting.

Involve family if appropriate

This can be especially helpful or necessary when you are working with children. Remember the limitations of your confidentiality when working with minors. Sometimes a child or teen needs to have someone present with them as they are telling their parent. For adults it may be helpful to bring in a spouse or partner to discuss how the sexual assault is affecting their relationship. You can also then offer education to the partner.

Be knowledgeable of local resources for professional counseling

In case a survivor does not have friends or family they want to reach out to it is vital to offer community services and professional resources. Have several referral sources available so you can accommodate people's needs regarding travel and cost of services. Even if a survivor has a friend or family for support it is still wise to offer professional resources. Often survivors are protective of their families, not wanting to burden them or upset them with the extent of their distress.

Janet

Janet has continued to reach out to you for support, but has requested the sessions continue in her home. When you ask her why she wants to continue meeting at home she says that she is not ready to return to church. She said that she thought she would be over this by now and is still feeling sad and confused. You encourage her to return to things that bring her joy and peace like singing in the choir and she quickly says she is not ready to go back. You are unsure if you should question her further on her reluctance to return to church, but you are confused why a woman who was so involved in the community is refusing the support. You offer to pray with her and she says that would bring her great comfort.

Can you continue to maintain professional boundaries while meeting in her home?

What kind of skills are you going to use with Janet?

How are you feeling about her healing process?

Would you have handled the situation differently?

Coping Skills

Helping to tell their story

For some survivors it is difficult to put their experience into words. Ask if they enjoy writing or if they keep a journal. Many survivors find writing about their experience to be a first step in telling their story. Keeping a journal of thoughts and feelings of their experience and/or the experience of the healing journey can prove to be very therapeutic. The writing can be open and free form or can be in response to a prompt provided in a counseling session. There is a list of some workbooks in the resource list at the end of this guidebook which we have found to be quite helpful in treatment with many of our clients.

Establishing social support

It is important to help the survivor identify who in their lives they can rely on for support. Ask if they have told anyone and what their reaction was to the disclosure. It is important to remember that sexual assault does not just affect the survivor; it may profoundly affect the

survivor's loved ones. Loved ones may react with anger (at the perpetrator or at the survivor), blame, fear, grief, denial, and avoidance. Loved ones may blame themselves for "not being there" to protect the survivor. It can be very helpful for the survivor to discuss how others reacted and to be honest about whether others' reactions were helpful or added to the survivor's pain. For example, if a survivor's mother did not believe him or her, this can cause long lasting anger or sadness which can have long term effects on their relationship as well effect the survivor's ability to trust. Even if you know the family members of the survivor, do not assume that the survivor will interpret their reaction as supportive or helpful. Some people are reluctant to disclose to their family, especially if the perpetrator is a member of the family. They may also feel they are disappointing their family or are ashamed to tell them, particularly if this was their first sexual experience.

Acknowledging thoughts & feelings

It is important for a survivor to acknowledge her or his thoughts and feelings about the assault. It is common for someone to want to avoid thinking about the assault because it is so painful. Usually this is also the advice they may receive from loved ones –'just don't think about it and you will feel better'. However, it is this avoidance that can cause and/or maintain symptoms. Our brains need to process the traumatic experience and by pushing the thoughts and feelings away we are robbing ourselves of the opportunity to find out how to cope with the experience.

This process can occur very differently for people. Factors in children such as age, developmental level, exposure to issues of sex, and personal resiliency all affect the healing process. For adults depending on their protective factors and sometimes the details of the experience (i.e. how much they remember, who the perpetrator was, history of multiple traumas) processing times vary.

It is an important part of the healing process for a survivor to give themselves permission to feel all their emotions including the negative ones. This can be a difficult part of the process because it is the feelings of anger, sadness and pain that they want to push away. But one cannot heal by skipping over these emotions; they must go through them not around them to heal. One myth of the healing process is that if you quickly forgive the perpetrator you can move through these negative emotions more quickly, however the mere presence of these emotions is often a barrier to forgiveness (Egeberg & Raiter, 2008). It is best at the beginning to help the survivor to set aside forgiveness and honor their emotional truth so they can continue on the healing journey.

Ways your faith community can help

Ask the survivor if there are ways the faith community can help them. For example if they are in immediate safety risk do they need housing? Would the survivor be helped or encouraged by

having meals provided? Does the survivor need transportation or childcare in order to get to medical or counseling appointments? Are there members of the community they feel close to and would like to reach out to for support but are unsure how to ask for that help? By offering practical help, you communicate your care and increase trust. Offer to pray with them or for them. Do not put their name on a church prayer list without the survivor's permission.

Protective Factors

Some individuals are quite resilient and have things in their life that help them to effectively cope with stressful situations. Protective factors are aspects of a person's personality or things in their environment that they effectively utilize to cope with life's challenges. Strong connection to family and friends, a positive outlook on life, good physical health, and prior experience in dealing with a trauma are all examples of protective factors.

Unhealthy Coping Skills

Some people who experience a trauma may try different methods to forget the experience. These things usually "work" for a while, meaning that they may help the person to avoid painful memories, but in the long term are damaging and may lead to a new set of problems. Examples of unhealthy coping skills are alcohol or drug abuse, denial of the experience, engaging in risky sexual activity, or trying to control one's body by restricting food or overeating (i.e. eating disorders). You can help people to identify the unhealthy ways in which they have tried to cope, but it is also important to affirm her or his desire to get rid of the pain and help them brainstorm healthy coping skills to replace the unhealthy ones. Exercise, eating healthy foods, self-care, spending time with supportive people, spending time doing enjoyable activities, journaling, music, prayer, and meditation are all examples of positive coping skills.

Role of Faith and belief in higher power

In a review of research Gall, Basque, Damasceno-Scott & Vardy (2007) and Knapik, Martsof & Draucker (2008) found interesting, and somewhat contradictory findings, on the role of religion and spirituality on survivors' coping. Some studies found that female survivors of childhood sexual abuse exhibited negative feelings toward their God because this higher power allowed them to be abused. Many of these women then reported stress and difficulties coping as a result of feeling disconnected from their faith, decreased their attendance at their religious institution, and expressed a lower level of spiritual well-being. Abuse by clergy typically resulted in more negative perceptions of spirituality and greater distancing from faith. Whereas, other research demonstrated that spirituality can serve as a protective factor in adulthood. Spiritual belief systems can lead to a greater sense of healing from a traumatic experience. Spirituality

was also found throughout many studies to be a protective factor by helping to construct meaning of the experience and aided against development of many symptoms including depression and disruptions in relationships. (Gall et al, 2007). So it seems that some people may experience a crisis of faith, while others will find their belief and commitment strengthened. Thus, it is important to determine how the survivor who is seeking your counsel is viewing their own spiritual beliefs and feelings about their God. Allowing people the freedom to question, doubt, and voice their concerns in a safe space can open the door for spiritual healing.

Knapik, Martsof & Draucker (2008) conducted interviews of 27 women and 23 men who participated in a large study on response to sexual violence. Through these interviews, they constructed a therapeutic framework that counselors can use as an aide in helping survivors heal using spirituality. This framework explains “the participant descriptions of being rescued, saved or set free from the effects of sexual violence by a spiritual being or power” (p. 339-340). The framework consists of a core category “Being Delivered” which is comprised of three dimensions: Spiritual Connection, Spiritual Journey and Spiritual Transformation.

- **Spiritual Connection** is one’s attempts to connect to God through four main experiences; *communion* (prayer or communication with God), *presence of God in their lives*, *passion* (strength of connection) and *perpetuity* (timelessness of connection).
- The **Spiritual Journey**, follows the sense of a spiritual connection, and is the path to healing. This path can involve three parts: *being sustained*, *being awakened* and *being tested*.
- For some the Spiritual Journey results in the final aspect of Being Delivered –**Spiritual Transformation**. The transformation was described as a process of perceiving their violence in a spiritual way and finding meaning in the experience. Some of the participants turned this transformation into inspiration or creative energy which led to acts of compassion to others, interest in volunteering and joining in the community.

The authors hope this model can be used to help identify the process of healing with a survivor and opening the doors for future spiritual growth.

Susan

In your next session with Susan you ask her how she has been coping since the last time she saw you. At the end of the last session she left quickly after she disclosed the reason she was experiencing marital difficulties was because she and her husband were disagreeing about how to help their son who had been sexually abused. You ask Susan if she would like to continue talking about her son because you would like to help. She describes how helpless she feels and upset with herself that she was not able to protect her son. You see she is starting to cry so you offer her a tissue. You give her a few moments to silently cry. You ask if she would like some written information you have on child sexual abuse and she gratefully says yes. You recommend that she call the number on the back of the information which is for the local rape crisis center that offers counseling for her child and can assist her in determining what if any legal and medical matters she may want/need to consider. You tell her that she is a good mother and it is not her fault that her child was abused. You remind her that she was right to seek your counsel and you are available to help. You ask if she might want to have her husband join in the next session to discuss his feelings and the effects this is having on their relationship.

What is coming to your mind regarding how to respond to Susan?

Are there additional things you would have offered Susan to help her?

Should the husband join the next session?

Chapter 5

Forgiveness

Sexual assault can create a deep and painful rift between human beings. For many individuals who are healing from pain that was inflicted by another human being, the issue of forgiveness comes up during the healing process. It may come up in the heart and mind of the survivor or it may be suggested by others as a solution to the problem. As a helper we will often be asked about forgiveness and it is important to fully listen to a survivor's struggles on this issue as well as to examine our own ideas, beliefs, and definitions of forgiveness.

A good place to begin may be to think about the various definitions of forgiveness, the language your faith uses to describe forgiveness, and the role you believe forgiveness should or must play in healing. *Is forgiveness an event or a process? Do people forgive once and for all or do they have to keep coming back to it? Is forgiveness an act of the will or an emotional feeling? How can I respond in a helpful way to someone who believes differently than I do? Can I separate my beliefs and doctrine from where that person is at right now?*

People may come to helpers clearly stating that they will never forgive the person who hurt them. Others may come stating firmly that they have already forgiven the person, although their behavior and emotions may make you question if forgiveness really has taken place. Because forgiveness is an important part of doctrine for Christians, Jews, and Muslims, survivors who grew up in those faith traditions may have a strong sense that they *should* forgive and feel guilty if they can't or don't want to (Egeberg and Raiter, 2008; Gall, Basque, Damasceno-Scott, & Vardy, 2007). For those who believe that their religious doctrine requires them to forgive, this issue will need to be addressed.

As part of counseling it is important to let survivors know that they are not less spiritual or religious if they are struggling with this issue, but it is another part of the healing journey. On the contrary, a true struggle with this issue often indicates a person who is maturing spiritually. As survivors ask hard questions and bring their doubts out in the open, there is an opportunity for growth. Those with no spiritual or religious beliefs may not feel any obligation to forgive. They may, however, express a need to let go of what happened to them or put it behind them. Forgiveness for some people has nothing to do with religion; it is simply a practical means to an end. They want to put the sexual assault behind them and they feel that if they forgive they can free themselves from the pain, bitterness, and anguish.

It is natural for a survivor of sexual assault to struggle with forgiveness because the experience violates someone in such a personal and intimate way. The very personhood and dignity of the survivor has been violated and forgiveness can seem like an impossible hurdle.

When the perpetrator of sexual assault is a family member, a whole new dimension is added to the abuse. When those who are supposed to love and protect us hurt us, we experience a deep sense of betrayal. Those who are abused by a family member may react in various ways. For instance, some may want to forgive in order to quickly repair any turmoil within the family. Others may forgive to avoid losing the only loved ones they have. One survivor at our Philadelphia rape crisis center shared that regardless of her faith, she felt that she needed to figure how to forgive her father who had sexually abused her because he was the only father she had. For her it became a focus at the end of treatment to explore how to rebuild the relationship with her father so she could heal herself and her family. On the other hand, a survivor may feel so betrayed that they could not forgive someone who knew them and still chose to hurt them. These feelings deserve validation and understanding.

Variables such as whether or not the perpetrator admitted to and acknowledged the abuse and whether or not other family members believed the survivor will all play a role in how the survivor feels about forgiveness. It is important to keep in mind that during a sexual assault, control is taken away from the survivor and they were at the mercy of someone else. Part of the healing process is restoring control to the survivor and patiently allowing them to move at their own pace in the healing process. Attempts to push someone to forgive or move forward too fast can again violate the dignity and personhood that we want to see restored, thus revictimizing the individual.

It might be helpful to look at some definitions and concepts related to forgiveness. *Who exactly is being forgiven?* People talk about forgiving the perpetrator, forgiving themselves, or forgiving someone they feel could have prevented the assault such as a parent or friend. One survivor asked, "If I forgive him, then am I acknowledging that it was ok what he did to me? By forgiving, am I implying that what happened was not that big of a deal?"

When we look at definitions of forgiveness one can quickly understand why there is confusion on the subject. The Merriam-Webster's Dictionary (2010) defines:

- The noun *Forgiveness* as: "An act of forgiving".
- The adjective *Forgiving* as: "Willing or able to forgive; allowing room for error or weakness".
- The verb *To Forgive* as: "to give up resentment of or claim to requital for; to grant relief from payment of; to cease to feel resentment against an offender; pardon".

On the website Forgivenessweb.com (2010) the authors provide summaries of psychological and theological definitions of forgiveness which describe:

- A psychological perspective of defining forgiveness as an interpersonal process involving changes in a victim's cognitive and behavioral systems.
- A theological perspective of actions that cannot be taken outside the context of God's forgiveness or notions that deals with sin and repentance.

These definitions still do not define the word but define an act or a behavior. Further, these definitions all point to granting something to the person who caused the pain, but do not tell you how to do it, what you are doing, or the social and emotional meaning of the concept.

From a theological perspective, the idea of forgiveness is rooted in the belief that someone has violated a standard of conduct or broken a moral imperative that has resulted in a broken relationship. Tracy (2005), in his Biblical research on the subject of forgiveness, notes that Biblical passages may be confusing at times or appear to be contradictory. For instance, some Biblical passages seem to indicate that forgiveness is absolute without depending on the perpetrator's attitude (Colossians 3:13 and Mark 11:25), whereas others address the need for repentance on the part of the perpetrator in order for forgiveness to take place (Luke 17:3 and Matthew 18:15-20). In order to clarify the issue, Tracy (2005) proposed three different types of Biblical forgiveness. These types can be used as a framework to understand and explain the seemingly different messages about forgiveness in the Bible.

- Judicial Forgiveness – Forgiveness that is granted only by God. This type of forgiveness however is contingent on confession, the acknowledgement of sin, and a form of repentance. Therefore since judicial forgiveness must be given by God, an abuse survivor should not be pressured into giving absolute forgiveness.
- Psychological Forgiveness – This type of forgiveness involves the personal healing journey of the person who experienced the pain. This two part process involves initially letting go of hatred and personal revenge or turning it over to God. Part two involves extending grace to the perpetrator.
- Relational Forgiveness – This type of forgiveness describes the process of restoring or reconciling a relationship. This can occur only after the perpetrator has displayed genuine repentance.

It might be helpful at this point to consider for a moment what forgiveness is *not*. Forgiveness is *not* denial of the pain and impact of sexual assault. Forgiveness is *not* a quick-fix to make the problem go away and to avoid facing the ugliness and painful truth of sexual assault. Forgiveness is *not* a way of minimizing what happened. In fact, forgiveness begins with a full

awareness of how the survivor was wronged. For those who can and want to forgive, Tracy (2005) described five steps in the practice of forgiveness:

- 1) Clarify the offense(s) and resultant negative emotions. Identifying the ways one has been harmed is an essential preliminary step to forgiveness. Holding the perpetrator solely responsible is important for getting rid of false guilt and self-blame.
- 2) Determine appropriate boundaries to check evil and stimulate repentance – The victim determines the appropriate boundaries for protection of self. For instance, the victim should not be pressured to attend family events where the perpetrator is present in order to “prove” she has forgiven him.
- 3) Deliberately let go of the right to hurt an abuser for the hurt they have inflicted – This step involves turning over the responsibility of justice and judgment to God.
- 4) Reevaluate the abuser and discover their humanity- Consider the perpetrator as a fellow human being.
- 5) Extend appropriate grace - Allowing the perpetrator to experience God’s healing.

Additional help and perspective can be found in an inspirational book co-authored by a social worker and a former California State prison chaplain, *The Forgiveness Myth: How to heal your hurts, move on and be happy again when you can’t or won’t forgive*. In their book Egeberg and Raiter (2008) propose steps individuals can take as they are healing from a traumatic offense and are questioning whether or not to forgive. The authors address issues that many people find difficult to discuss and allow the reader to make their own choice in healing. Some of the themes covered in the book are:

- The importance of placing the focus of your healing and not the perpetrator.
- Acknowledging that there is no universal understanding of forgiveness.
- Thinking of healing as a process not an event.
- Examining what the hurt has cost you and what healing will bring to your life.
- Setting your healing intention.
- Defining and understanding what it means to heal, move on, and be happy.
- Examining healthy alternatives to forgiving if you are not ready or can’t forgive. This could include grieving, releasing the pain to God or a higher power, finding a ritual way to signify closure, and distancing from the person who hurt you.

As we have seen in this chapter and as you have most likely already encountered in your own work as a faith-based helper, forgiveness is sometimes difficult to define and complicated to

apply to life's most painful situations. Walking with people along the personal journey of exploring their feelings about forgiveness requires patience, sensitivity, and a willingness to give the survivor the freedom to choose what they will ultimately do.

Susan

You have had several productive sessions with Susan. She has shared her thoughts and feelings about her child's disclosure of abuse. She has taken your advice and contacted a counseling center where she asked questions about her son's symptoms and learned some things she can do to help him until her husband agrees to counseling. She has been disclosing more of her feelings and has recently begun talking about the guilt she feels for not being able to protect her son.

Today she shared with you a recent disagreement with her husband. He is still insisting that this remain in the family and doesn't understand why she, as a good Christian woman, will not just find a way to forgive this sin. He believes that God will judge the perpetrator and that she should believe in that process and through forgiveness she will heal. Susan said that she continues to wonder how her husband can so quickly forgive something that he doesn't even seem to want to acknowledge has happened. She asks how she can explain to her son when he gets older why her parents allowed this to happen.

How do you help Susan with her questions about forgiveness?

What can you offer her as support in her parenting skills?

Do you agree with the husband's perspective?

Chapter 6

Group Support

A support group can be a powerful tool to help people on their healing journey. Being surrounded by others who have had a similar life experience can help people realize that they are not alone. Getting to know people who understand firsthand the thoughts, feelings and reactions that a survivor has can be very reassuring. Support groups have been used as one method of healing from sexual trauma since the 1970s when the rape crisis movement began. Groups have been used by churches for many years to help foster closeness and a sense of community among members. In recent years, many churches have added groups specifically designed to provide help and support for members who are healing and learning to cope with a particular challenge such as addiction or marital problems.

Group support can be offered at various points along the healing journey. Some people find group counseling beneficial as a way to complete their healing after they have dealt with most of their symptoms. Taking the step of looking for support from other survivors may take a great deal of courage. For those who have kept their sexual assault a secret, sharing in a group can be a powerful way of letting go of shame and feelings of isolation. On the other hand, some people who are just starting out on their journey may be nervous about starting counseling. For those people, being in a group may feel less threatening than being in an individual session because the attention is not focused solely on them.

Groups can be offered for adults, teenagers, children, or parents. We have found it helpful to keep the genders separate because women and men may have different issues they want to explore regarding their sexuality and often times feel more comfortable doing so in a same gender group setting. When offering groups for children, it is good to limit the age span so that the children will be around the same developmental level. In planning activities and topics or in offering information, you can plan something that is age appropriate. Groups such as ages 7-9, 10-12, 13-15 or 16-18 year olds usually work well.

Consider the following before offering a group:

- Do you have the staff or individuals capable of leading a group?
- Do you have adequate space to house a group comfortably?
- Is the leader trained on the topic of sexual violence and properly supported by the faith leaders to appropriately respond to any questions or issues that may arise?
- How will your community respond to such a group being offered?

Forming a Group

You may decide to advertise your group only within your institution or to advertise publically to reach more individuals. It is a good idea to meet with each person who expresses an interest in your group prior to admittance to determine if they are appropriate to be in the group. Some issues that might make someone *not* appropriate for group are serious mental illness, abusing drugs and/or alcohol (unless the group will also be addressing substance use), and uncontrollable aggression toward others. These survivors would be better served in individualized treatment where all the issues caused by the trauma can be addressed. Keep in mind the points discussed in earlier chapters regarding assessment of needs and referring for additional or more appropriate services if necessary.

Open vs. Closed

An *open group* is a group in which people can drop-in at any point during the cycle. Members are usually not screened prior to entering an open group and there is no suggested number of sessions. An advantage to this type of group is that there is always a service available to people looking for help. A disadvantage to this type of group is because there may be different people each week it is difficult to build upon themes discussed at a previous session and it is more difficult to build trust among members.

A *closed group* is a group of established members who were usually assessed prior to the start of group. There are a set number of sessions to the group and no new members are allowed to join once it has started. The benefits to this type of group are that trusting relationships can be more easily formed among the members who are together from start to finish and more progress can be made due to being able to build on lessons learned from previous sessions. A disadvantage to a closed group is that if members drop-out you cannot replace them with new people and the group may become too small or fall apart.

Confidentiality

Confidentiality is just as vital in a group setting as it is during an individual meeting. Creating a safe place for people to share is essential to the healing process. Your institution's confidentiality policies should be discussed to each individual prior to joining the group and these policies should be reviewed during the first session. Members can be instructed to use only a first name to further protect their identity. In addition you will need to provide a meeting room in a place that enables members to talk freely without being heard by others outside the room.

Group Facilitator

Support groups are often guided by a leader in the institution, a professional from an outside organization, a peer who has completed their own healing or a combination of these. This designated person is termed the facilitator. The facilitator of a group is like a director of a choir; they initiate contact with group members, create a format for the group, and promote a healthy conversational environment during each session. It is the role of the facilitator to assist members in participating in the process, provide education on topics, promote discussion among the members, and to lead any group activities. It is not the role of the facilitator to do all of the talking; rather, it is the role of the facilitator to help others be able to talk. It can be very helpful to have two facilitators. Often one can be leading an activity or discussion while the other is staying tuned in to how people are feeling and who might need some individual attention. Also, a second facilitator will offer another perspective and provide another set of eyes and ears to be sensitive to the needs of the group.

Group Environment

It is important for members to feel they are in a safe environment to be able to interact openly and honestly. Through ongoing conversation and activities, group members are able to form relationships, encourage and support one another, and respectfully challenge and disagree with each other. The environment of the group can also be established by providing a comfortable space for the members, beverages or snacks, and the calm presence of the facilitator.

Group Rules

Establishing rules in a group is helpful in maintaining a safe and cooperative space. It is recommended to discuss rules during the first session. Allowing group members to suggest and form their list of shared group rules and putting them on a white board helps the group to feel ownership in the group process from the very beginning. Important rules not brought up by the members can be suggested by the facilitator.

Some examples of group rules are:

- Turning off cell phones and pagers.
- Coming to group on time.
- Asking before you touch another group member – Often times people may become emotional in group and someone's response may be to reach across and grab their hand or to hug them. However, some survivors of sexual abuse are very sensitive to touch and it is respectful to ask them if it is ok to touch before doing so.
- Emotional expression is encouraged but it is not acceptable to become verbally abusive to another member.
- What is shared in the room stays in the room.

Group Process

Any type of journey or exploration is considered a process. The facilitator can help guide the process with activities and topics to discuss, however the group members should have an equal role in setting the pace and tone of the sessions. The facilitator should always be prepared with a topic or agenda, but also be flexible enough to allow the members to explore an immediate need or concern that arose during the week. If one particular member tends to dominate the group taking an inordinate amount of the talking time, the facilitator may need to ask that person to “hold that thought for a minute so that others can have a chance to share.”

Group Cohesion

Group members begin to rely on each other for support during and after sessions. Initially, group members may be hesitant to share because they are not familiar with the process of support groups or they are a stranger amongst the group members. As time continues, groups form cohesion. Cohesion is a noticeable difference in the way the group interacts. Dialogue may flow easier, members may talk to each other instead of just talking to the facilitator and members may begin to share more effortlessly with each other. When there is strong cohesion more healing can occur.

Confrontation

Sometimes after group cohesion the members become so comfortable that they begin to question and challenge each other. Group members may give one another advice. Members may address inconsistencies or hypocrisies in group. Group members may even argue in session. These types of occurrences are common and normal to the group process. Opportunities of confrontation should be used to explore feelings and individual perspectives while supporting members equally.

Common topics to address in a survivor group

Common reactions to trauma	Effect the abuse has had on relationships
How it felt to tell others about the abuse	Body image & Self-esteem
Coping Skills – both healthy and unhealthy	Trust
Expressing feelings	Forgiveness
Understanding thoughts	Guilt and shame
Reaction of family when they learned about the abuse	Self-blame
	Acceptance and grief

Group Format

Most groups meet weekly for 1 ½ to 2 hours. The length of a group can vary anywhere from 8 to 16 weeks. The format of a group should reflect the natural process of healing for most individuals. In other words, we would expect people to share more as they become more comfortable.

The following is an example of an eight week teen survivor group.

Week 1. Each member and facilitator introduces themselves to the group. Group rules and group goals should be determined in collaboration with the members. Allow group members time to share what brought them to group if they choose. Members should be invited to share, but inform the group that no one will be pushed to say anything before they are comfortable. Often in this first session members will disclose, but not go into the details of her/his experience. It is helpful to have an activity for group members to work on together or an ice breaker to share silly facts about their life and personality as a means of building group cohesion.

Week 2. This week can focus on providing education on sexual violence. Introduce the concept of common reactions to trauma and discuss as a group. The discussion will help group members feel “normal” and validate their reactions to a traumatic life experience. Invite members to identify and share their own reactions in a creative way through writing, art, music or spoken word.

Week 3. A brief review of the previous week’s topic may be helpful, especially if members missed a session. The education continues with a focus on healthy and unhealthy coping skills. Members can share ways they cope with their various reactions to trauma. Rather than condemning unhealthy coping skills, discuss ways to replace them with healthier coping. Provide education about relaxation and the benefits of prayer and meditation, exercise and healthy eating, talking and creative self-expression as ways to cope with symptoms and process their experience. Provide exercises for members to practice various methods of coping in session and as homework in between sessions.

Week 4. This session can be used as a time to discuss relevant statistics and helpful action plans to combat the effects of abuse and future prevention methods. You may want to help members create a safety plan for protecting themselves in the future. This can also be the time to begin exploring emotions experienced during and after the trauma. This can be done in a variety of means through a discussion around common emotional reactions to trauma, or using creative methods such as music, art or writing to elicit emotional exploration and expression.

Week 5. Members may be more open about their experience at this time if they have not shared already. Allow time for members to share their experience and how the group has impacted their perspective so far. Some find it helpful to creatively express their thoughts and feelings during the abuse compared to now. Some may see progress and some may not. All input is natural to the healing process. Education about the differences in healing will help normalize each person's experience.

Week 6. Discuss relationships with family, peers and loved ones. This may lead to a discussion of healthy and unhealthy relationships. Create opportunities for members to build relationships within the group, although friendships within the group are not necessary. Explore feelings surrounding family reactions to the disclosure of abuse or members' fears of disclosing. Members may be struggling with the decision to tell or not tell their families about the abuse.

Week 7. Review lessons learned in group. Explore any topics the members have suggested. Discuss feelings about the end of group. As people talk about their feelings regarding the end of group, issues of grief and loss may come up.

Week 8. Celebrate the process of healing. Create plans for the future. Provide an activity that helps members feel a sense of closure and progress. It can be helpful for the members to create something to take home as a remembrance of the group experience.

Closing/Ending a Group

Group members should be informed of the number of sessions at the start of group and reminded at the mid-way point of the groups ending. Many members enjoy having a final ceremony with certificates of completion, potluck meals, or an exchange of a healing token such as a journal with positive sentimental or affirmations from the other members. The facilitator should offer additional counseling services, if that is an option, to anyone who is interested and to anyone the facilitator thinks could benefit. A referral should also be offered to anyone you think may be in need of professional counseling.

Chapter 7

If the Perpetrator is a Part of Your Community

When we look at the statistics demonstrating the prevalence of sexual violence, 1 in 4 females and 1 in 6 males will experience sexual assault or attempted assault before the age of 18, we realize that not only is it certain that there are members of your community who have been sexually assaulted, but it is also fairly certain that there are perpetrators of sexual assault within your community. An insidious fact about sexual assault is that sexual offenders look like everyone else. They may appear to be upstanding, devoted members of society, but they have a dark violent side. *How would you react if you found out that someone you know was a perpetrator? How would you respond if someone disclosed to you that a church member you know and respect sexually abused them? How would you respond if a church member confessed to you that he has been abusing children?*

A discussion on types of offenders, reasons they offend, and treatment options is beyond the scope of this guidebook, but if you are interested in these topics you can consult an expert in the field of offender treatment or search psychological literature for information. For the purposes of this guidebook we felt it was important for you to think about your own feelings towards sexual offenders, how you might respond when a sexual offender is part of your community, and how you can support your community.

Keep in mind that a sexual offender:

- Commonly knows his or her victim – Most survivors, especially children, are abused by a family member, family friend, or an intimate partner.
- Usually blends into society, meaning they look like everyone else.
- May work very hard to maintain an impeccable reputation and appear above reproach.
- May appear to be “great with children.”
- Often use what is called the “grooming process” to prepare a child for abuse. They will position themselves as a person the child can trust, be an authority figure, and give gifts, favors, or special attention to the child as a means of establishing a relationship and ensuring secrecy.

Understanding your own feelings

Listening to stories of pain and violence can be difficult. When a survivor shares their story of being sexually assaulted, you may be filled with feelings of empathy, sadness and a desire to comfort.

Would you feel that same sense of empathy and desire to comfort if someone is sharing a story of inflicting pain against another? Do you feel you could offer them similar support and guidance?

Certainly if an offender confesses their problem, they are likely in a great deal of pain and need help. However, as noted in previous chapters, no one should feel that they have to engage in a helping relationship if the issue is something that feels too difficult, complicated, or disturbing for them to deal with. It is a good idea then, to ask ourselves if we are equipped to help a sexual offender in our congregation.

The research on sexual offenders demonstrates that a large percentage have experienced childhood abuse, come from dysfunctional families, and have a lack of empathy towards others. These circumstances do not excuse the acts of violation of others; however, they can help us see the person's need for help in processing their own painful histories, understanding their behaviors, and take responsibility for their actions, and for changing.

Perpetrator Disclosures and Reporting

If someone would disclose to you that they have abused another person you may ask yourself 'am I required to contact the police and/or child protective services?' In considering the answer to this question it is important to keep in mind that there are specific legal responsibilities that you may have, but, in addition there are ethical and moral issues as well. For instance, even if you do not have to report by law, you may feel that reporting is the ethical and moral choice. If you are a member of the clergy and someone discloses during a confession, then you are bound by confidentiality and not liable to report. However, if someone discloses outside the confessional that they may commit a criminal offense in the future, this is something you can report to the authorities and/or warn the intended victim. This means that if it is possible that this person might offend again, you have an ethical duty to prevent that by warning the victim and reporting. This is an ethical code that psychologists and social workers follow called *duty to warn*. Always consult with a superior if you are unsure of your role and legal responsibilities.

If a perpetrator discloses or confesses about offenses against a minor, consult with your superior. It is important to understand the laws of mandated reporting, especially if you are working with children. In Pennsylvania, for example, it is only during confessional that you are not required to report a crime committed against a child. Outside of a confessional, if you are

responsible for the care of a child, you are required to report any sexual or abusive acts against a minor. For example, if a child discloses during Sunday school or during an afterschool program you are required to report the disclosure. You can look up the laws for your state on child abuse for additional information or contact your local rape crisis center to consult with a legal advocate.

The thought of reporting someone will likely make you feel anxious and uneasy, especially if the perpetrator is someone you know and whose family you know. You may worry that reporting will affect relationships you have with the family or others in the congregation, and it probably will. You may be tempted to try to get to the bottom of it yourself and deal with it in-house. However, taking on the roles of investigator, judge, child protective services, and family therapist in addition to trying to maintain your vocational role will likely prove to be very difficult and complicated. By trying to deal with something as volatile as sexual assault quietly, you risk being accused of withholding the truth. You may also find it impossible to remain objective since you know the people involved. Although there are no easy and painless solutions to these sensitive situations, referring to appropriate outside professionals can free you to do your job of providing spiritual nurture, counsel, and comfort.

Offering help to a perpetrator

The same counseling skills you use in any other situation you can use should a perpetrator ask you for guidance: listen, offer support, and set a plan of how to heal. It would be wise if you are going to offer support or counsel to an offender to consult with an expert. The cycle of abuse is usually a long and difficult one to escape for both the survivor and the perpetrator. There are varying rates of achievement for sexual offender treatment, which is why services from experts in the field are so vital. It might be most helpful for the sexual offender to receive both pastoral and professional counseling. This gives the offender more sources of support and allows each counselor to focus on their area of expertise in helping. In your role as a spiritual healer, it is likely that the offender will come to you with issues such as guilt, fear of going to hell for the offenses, regret, or self-loathing. Your own doctrine will guide you in how to respond to these issues of the heart. It will be helpful to clarify the offenses, the meaning of repentance, and the meaning of forgiveness. Unfortunately, some offenders become apologetic after they have been caught, and will often feel that making an apology and a promise not to offend again should be enough to grant them full restoration to their community and family. There is a principle that is taught consistently throughout scripture that we “reap what we sow” (Galatians 6:7 New International Version). Allowing someone to face the full consequences of what they have done may be the most helpful way for them to make meaningful change. Someone who confesses but does not want there to be any consequences for their sin is not truly repentant.

Tracy (2005) explains that an abuser who is truly repentant should:

- Confess – admitting full responsibility for the act.
- Have an expression of remorse.
- Demonstrate clear boundaries and assurances that abuse will not happen again.
- Show visible steps demonstrating that change of sinful behaviors is occurring.

When a survivor identifies a perpetrator in your community

If a member of your community discloses sexual assault and tells you that the offender is someone well-known within the community, you may be unsure what to do. If the survivor is over the age of 18, then by law it is up to that person to report or not report to authorities. Do not assume that the survivor wants your help in speaking with the perpetrator. In fact, they may not be ready now, or ever, to report or confront the perpetrator. Many survivors fear the embarrassment that might come if other people find out. Many find the thought of telling their story to police and testifying to be daunting.

Your particular denomination may have its own policy on situations in which breaking confidence is required. For instance if it is disclosed that a church elder has committed a sexual offense, the church may maintain the right to terminate that elder's relationship with the congregation. In that case, it is important not to promise or imply to counselees that anything and everything they tell you will be held in strict confidence. The limits of confidentiality should be clearly outlined, preferably in writing. In any case, confidentiality should be maintained to whatever degree is reasonably possible, keeping the circle of people who know as small as possible and disclosing only information that is absolutely necessary.

Some survivors may ask for your help in reconciling with their family or the relationship they had with the perpetrator. There are many things to explore with the survivor before you would intervene and facilitate such reconciliation:

- Has the survivor received any counseling to explore their own feelings about the trauma?
- If the survivor is involved in a legal case, they should consult with their attorney before reaching out to the perpetrator.
- Is the survivor being pressured by others to reconcile (external pressure or coercion)?
- Is the survivor being pressured by guilt or a sense of obligation (internal pressure)?
- Is it safe for you to discuss this with the perpetrator?
- Have safety issues been discussed with the survivor?
- If this is a minor bring the parent/guardian in the conversation.
- Is the timing right and are there sufficient safe guards in place?

Some perpetrators may also speak of a desire to want to repair their relationship with their victim. If they ask for your assistance in reconciling with the survivor you must consider:

- Is this something the survivor wants? A survivor should never be pressured to restore a relationship with a perpetrator in order to “prove” that they have forgiven him.
- The safety of the survivor.
- The sincerity of their confession.
- Are there signs of repentance?
- Is it your role to facilitate such a request?
- Have they received treatment for their sexual offenses?
- Does the perpetrator have the humility and respect for the survivor to wait patiently for the survivor to be ready for such a step?

Janet

You have been meeting with Janet for two months in her home and you both agree that she has been making great progress. She explains that she is sleeping better and that the pills she got from her doctor have helped her anxiety. You suggest that it is time for her to return to church and tell her how much her friends in the community miss her. She tells you that she needs to tell you the whole story about the rape. She explains that the reason she hasn't been to church is that she was raped by a member of the church. When she says the name “William” you are shocked. This is a man who grew up in the church and is a successful businessman. She begins to cry and asks you not to tell anyone. She says that she wants to return to church but is afraid of seeing him.

How do you offer a safe environment for Janet?

What are your feelings towards William?

Has your role now changed?

How would you handle the situation?

Chapter 8

Help for the Helper

A *trauma*, by definition, is something that overwhelms a person's ability or resources to cope. When the governor of a state declares a state of emergency after a flood or earthquake, what he or she is really saying is that the event is so overwhelming that more resources are going to be needed in order to deal with such a big crisis. Traumatic events in the lives of individual people are similar in that the person's own resources cannot possibly deal with all that is involved in what happened.

In a review of literature Brady, Guy, Poelstra & Brokaw (1999) define three terms used to describe the experience of a helper who is counseling someone who has experienced a trauma:

- Burnout - The stress and negative feelings that counselors can experience due to the demands of the job.
- Secondary traumatic stress – Symptoms that a counselor may experience as a result of indirect exposure to traumatic material. These symptoms can mimic symptoms of their client that are similar to Posttraumatic Stress Disorder.
- Vicarious trauma – This is similar to secondary traumatic stress, however the counselor also has changes in their cognitive schemas and belief systems. This can result in changes in world view, identity, and spirituality.

Vicarious Trauma is a term that was coined to describe the impact that working with survivors of trauma has on those who help them. Anyone who is in a position to closely witness the trauma of another human being is at risk of being deeply affected themselves. For instance, listening to someone talk about being held down and raped may cause you to feel a profound sense of helplessness, which is probably what the victim was feeling at the time, or you may feel rage and at the same time a feeling of powerlessness since you cannot do anything to stop what happened. Spending time with someone who has been sexually abused may alter your personal feelings of safety and trust. You may find yourself being more careful about locking doors or keeping an eye on your children or grandchildren.

The Bible talks about “weeping with those who weep and rejoicing with those who rejoice” (Romans 12:15). It is this kind of entering into another person's pain that makes us vulnerable to pain ourselves. So it is a good idea to think about what it will mean for you to open yourself up to people who disclose sexual assault.

Ways to Counteract Vicarious Trauma

Time

It makes sense to be honest with yourself about how much time you have to commit to helping an individual or group of people with their problems. The person you are considering helping may need more ongoing help than you have time to give. Thinking about this ahead of time can help you to avoid over-committing or feeling that you have somehow gotten in over your head.

Comfort Level

Some people find the subject of sexual violence so painful and upsetting that they really do not feel comfortable talking about it or hearing about it. There is no shame in admitting if this is something you really do not want to do. Helping people who have been sexually abused out of a sense of guilt and obligation will in the long run be unfair to the person who needs help. It would be better to refer the person to someone else than to enter into the helping relationship with ambivalence or avoidance. On the other hand, it can be a growth experience for helpers to have the courage to enter into such painful territory with another person. If you are able to try, you may be surprised at your own strength and capacity to help.

Clarity of Role

People who have experienced sexual assault often need many kinds of care. They may need medical care, logistical care such as transportation and child care, pastoral care, and/or professional counseling. The painful stories of those who have experienced sexual assault may activate a strong desire on our part to help and to rescue that person. Thinking ahead of time about what role you will play can help to avoid over-committing or committing in an area in which you are not trained or qualified. Remember we are one part of what this person needs and maintaining healthy boundaries will benefit the survivor and ourselves.

If you are a survivor

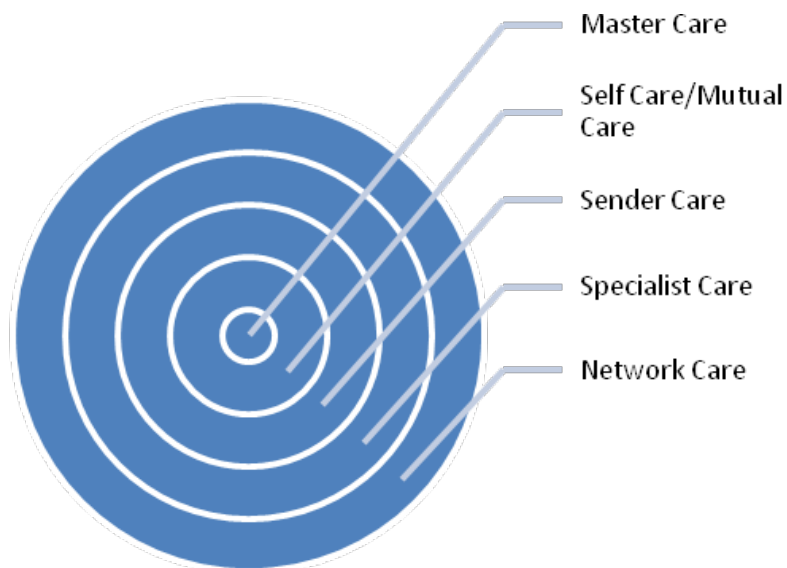
Hearing other people's stories, whether they are having marriage problems, have lost a loved one, or are disclosing sexual abuse, always has the potential to stir up something personal in our own lives. Hearing someone's grief may remind us of our own losses. Hearing about sexual abuse, if you have a history of trauma yourself, can have a powerful effect. It may trigger all kinds of feelings and memories, maybe some that you thought were behind you. It is good to think about how much you have processed and healed from your own experience before you take on the task of helping someone else. It may be wise to refer the person to another helper if too many personal issues are rising to the surface. This is not to say that someone who has

been abused themselves should never take on the role of helper for a survivor. However, it is good to think about how this work might affect you and whether or not you are in a place to cope with your own feelings as they come up.

Self Care

If you or members of your staff are going to begin ministering to people who have experienced sexual assault, it is a good idea to plan how you will care for yourselves. When we throw ourselves wholeheartedly into any kind of work, we have to at the same time pay attention to our own physical, emotional, and spiritual health to avoid burn out. Burnout, as we defined previously, has some similarity to vicarious trauma, but is different in several important ways. Burnout was defined by Pines & Aronson (1988) as “a state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations” (p.9). Burnout is conceptualized as a process rather than as a fixed condition; in other words it is something that happens over time (Figley, 1995). It is a condition that can afflict people in any profession and is not specific to work with trauma survivors. So how can we care for ourselves to avoid burn out and cope with the feelings of vicarious trauma?

An excellent model of care for people of faith has been suggested by O’Donnell (2002) in which he conceptualizes the care people need in concentric circles.



- *Master Care* - These are the things that only God can provide and that are at the center of our spiritual lives; like unconditional love, grace, mercy, forgiveness, and providence.
- *Self Care and Mutual Care* – Self care involves the things that we are responsible to provide for ourselves. This would include taking care of our health, and spending time in

prayer, meditation and solitude. Mutual care is the care we give to one another as we live out our faith. This involves developing meaningful relationships and being willing to both give and receive care from others.

- *Sender Care* - Resources and services available through your denomination or organizational structure.
- *Specialist Care* - This care requires special knowledge and expertise such as medical or psychological care.
- *Network Care*- This is care that may be available as we network with others in our community and circles of influence.

Accessing care from all five areas will help us to be healthier and more effective in all areas of life.

You might want to set aside some time to think about the practical ways that you can care for yourself physically, emotionally, and spiritually such as:

- Make the time to exercise, eat well, and keep doctor's appointments.
- Make time for a creative outlet or spend time doing something you enjoy.
- Spend time with family and friends.
- Sing, dance, laugh, play!
- Have a safe person with whom you can honestly share your feelings.
- Use your vacation time.
- Spend time outdoors enjoying nature.

Supporting Your Staff

One of the best ways you can support and care for your staff is to be a model by caring for yourself and encouraging your staff to do the same. Work on creating an ethos of care among your staff that will translate into staff members being sensitive to each other's needs and helping to fill each other's spiritual and emotional tanks. Letting staff members know that they can talk to you if they are feeling overwhelmed by a particular situation will help them to be more effective. Encourage everyone to take a lunch break, take a walk outside, or take time off when they need to.

In conclusion, helping people who have suffered the injustice of sexual violence can be rewarding work. Seeing people heal and grow stronger is encouraging and motivating. Just remember it is vital to care for you throughout this process. Self care will help to avoid vicarious trauma and will keep you strong as you are helping others on their healing journey.

Resources

Websites for general information

Rape, Abuse, and Incest National Network www.rainn.org

Pennsylvania Coalition Against Rape www.pcar.org

National Sexual Violence Resource Center www.nsvrc.org

Male Survivor information - www.malesurvivor.org

National Center for Victims of Crime www.ncvc.org

Search for the internet for your local rape crisis center or this information can be accessed from the state coalition website.

Books on Sexual Violence – Great as a resource for both helper and survivor

Copeland, M. & Harris, M. (2000). *Healing the trauma of abuse a women's workbook*. Oakland, CA; New Harbinger Publications.

Lew, M. (2004). *Victims no longer: Men recovering from incest and other sexual child abuse* (2nd Ed.). New York, NY: Harper Collins Press.

Lueders, B. (2006). *Cry rape: The true story of one woman's harrowing quest for justice*. Madison, WI: University of Wisconsin Press.

Matsakis, A. (1998). *Trust after trauma: A guide to relationships for survivors and those who love them*. Oakland, CA: New Harbinger Publications.

Miller, D. (2003). *Your surviving spirit: A spiritual workbook for coping with trauma*. Oakland, CA: New Harbinger Publications.

Munson, L. & Riskin, K. (1995). *In their own words: A sexual abuse workbook for teenage girls*. Washington DC: Child Welfare League of America.

Williams, M. & Poijula, S. (2002). *The PTSD workbook*. Oakland, CA: New Harbinger Publications.

Books for Children on Sexual Abuse

Freeman, L. (1982). *It's My Body*. Seattle, Washington: Parenting Press, Inc.

Freeman, L. (1986). *Loving Touches*. Seattle, Washington: Parenting Press, Inc.

Goldblatt, R. (2004). *The Boy Who Didn't Want To Be Sad*. Washington, DC: Magination Press.

Holmes, M. M. (2000). *A Terrible Thing Happened*. Washington, DC: Magination Press.

Jessie. (1991). *Please Tell! A child's story about sexual abuse*. Center City, MN: Hazelden.

Kehoe, P. (1987). *Something Happened And I'm Scared To Tell*. Seattle, Washington: Parenting Press, Inc.

Kleven, S. (1997). *The Right Touch*. Bellevue, Washington: Publishing Company, Inc.

Porett, J. (1993). *When I Was Little Like You*. Washington, DC: Child Welfare League of America.

Spelman, C. (1997). *Your Body Belongs To You*. Morton Grove, Illinois: Albert Whitman & Company.

Books for Parents

Adams, C., & Fay, J. (1987). *Helping your child recover from sexual abuse*. Seattle & London: University of Washington Press.

Levy, J. (2005). *Healing the harm done: A parent's guide to helping your child overcome the effects of sexual abuse*. USA: Xlibris Corporation.

Mather, C & Debye, K. (2004). *How long does it hurt: A guide to recovering from incest and sexual abuse for teenagers, their friends and their families*. San Francisco, CA: Jossey-Bass.

Books for Partners

Davis, L. (1991). *Allies in healing: When the person you love was sexually abused as a child*. New York: Harper.

Graber, K. (1991). *Ghosts in the bedroom: A guide for partners of incest survivors*. Deerfield beach, FL: Health Communications Inc.

McEvoy, A. & Brookings, J. (1991). *If she is raped: A guidebook for husbands, fathers and male friends*. Holmes Beach, Fl.: Learning Publications.

References

- Brady, J. L., Guy, J., Poelstra, P. & Brokaw, B. F. (1999). Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A national survey of women psychotherapists. *Professional Psychology: Research and Practice, 30*(4), 386-393.
- Egeberg, G. & Raiter, W. (2008). *The forgiveness myth: How to heal your hurts, move on and be happy again when you can't or won't forgive*. USA: Original Pathways Press.
- Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1-20). New York: Brunner/Mazel.
- Gall, T., Basque, V., Damasceno-Scott, & Vardy, G. (2007). Spirituality and the current adjustment of adult survivors of childhood sexual abuse. *Journal for the Scientific Study of Religion, 46*(1), 101-117.
- Knapik, G., Martsolf, D. & Draucker, C. (2008). Being delivered: Spirituality in survivors of sexual violence. *Issues in Mental Health Counseling, 29*, 335-350.
- Mattis, J., Mitchell, N., Zapata, A., Grayman, N., Taylor, R., Chatters, L. & Neighbors, H. (2007). Uses of ministerial support by African-Americans: A focus group study. *American Journal of Orthopsychiatry, 77*(2), 249-258.
- Merriam-Webster's Dictionary (2010). Retrieved May 2, 2010 from <http://merriam-webster.com/dictionary/forgive>
- O'Donnell, K. (2002). Going global: A member care model for best practice. In K. O'Donnell (Ed.), *Doing member care well: Perspectives and practices from around the world*. (13-22). Pasadena, CA: William Carey Library.
- Pines, A. M. & Aronson, E. (1988). *Career burnout: Causes and cures*. New York: Free Press.
- Rape, Abuse, & Incest National Network website. Retrieved November 10, 2009, from <http://www.rainn.org>
- Rossetti, S. J. (1995). The impact of child sexual abuse on attitudes towards God and the Catholic Church. *Child Abuse & Neglect, 19*(12), 1469-1481.

Snyder, H. (2000). *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics*. U.S. Department of Justice Statistics, Office of Justice Programs, U.S. Department of Justice.

The Forgiveness Web (2010). Retrieved May 2, 2010, from <http://www.forgivenessweb.com/RdgRm/definitionpsychological .htm>

Tracy, S. (2005). *Mending the soul: Understanding and healing abuse*. Grand Rapids, Michigan: Zondervan.



If you have questions
or would like more information,
please contact us,

Toll-free 800-692-7445

717-728-9740

Fax: 717-909-5864

TTY: 877-585-1091

www.pcar.org