

Action, Engagement, Remembering: Services for Adult Survivors of Child Sexual Abuse

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Trauma is not a disorder but a reaction to a kind of wound. It is a reaction to profoundly injurious events and situations in the real world, and indeed, to a world in which people are routinely wounded...Trauma is a concrete physical, cognitive, affective, and spiritual response by individuals and communities (Burstow, 2003).

Trauma symptoms arising from past violence and absence of a safe environment create obstacles to services, treatment, and recovery for survivors...Strategies that survivors develop for self-protection, combined with the posttraumatic stress symptoms of hyperarousal or avoidance, make a survivor's entrance into a service setting seem fraught with danger. Unacknowledged or untreated trauma and related symptoms interfere with seeking help [and] hamper engagement (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005).

The world can look like a series of locked doors to adult survivors of child sexual abuse. Whom can you really trust? How can you find the words for what happened? Child sexual abuse is complex and can affect survivors in different ways in different areas over the years: trust, safety, power, physical health, emotional and spiritual wellbeing, and social relationships. Far too many adult survivors of child sexual abuse suffer in silence, neglect, and isolation. Rape crisis centers are revolutionary in helping survivors of violence speak their truth, act on their power, and engage with the world. To design and provide responsive and effective sexual assault services, it is important to grasp the varied and complex impact of sexual violence. This paper will consider the practices of rape crisis centers and coalitions as they act, engage, and remember with adult survivors of child sexual abuse. It will discuss the incidence and dynamics of child sexual abuse, trauma-informed services, and strategies in crisis intervention, counseling, holistic healing, and advocacy for adult survivors of child sexual abuse. These strong, resilient, and creative survivors have unique needs that must be met with knowledgeable, specialized responses.

This paper will consider child sexual abuse broadly, providing an overview and tools for response rather than in-depth exploration. The majority of the language is gender-neutral in order to be inclusive of all survivors. Each of us has a default image in mind when we picture an adult

survivor of child sexual abuse. Try to imagine boys and men in these paragraphs, to see a transgendered teen, to consider folks with disabilities (for more information on the intersections of oppression and sexual violence, see *Color of Violence: The Incite! Anthology* or <http://www.sfwar.org/pdf/ManualCompleteCompressed.pdf>). Ask yourself some questions as you read. How does this issue manifest differently for people of color? What would this issue look like for someone living in poverty?

Adult Survivors of Child Sexual Abuse

Child sexual abuse, as with other forms of sexual violence, is the use of sex to exercise power over and inflict harm upon another. In the case of child sexual abuse, the target of sexual violence is a child, however “child” is defined in a particular community, society, or culture... Child sexual abuse can include child pornography, sexual exposure/voyeurism, sexual exploitation, genital contact, penetration, sexual jokes, invasive hygienic practices, and more hidden psychological and sexual preoccupations with a child. Sexual abuse can be coerced or manipulated by many means, from building trust and a “loving relationship,” to providing materials a child or young person needs or want, to using force. The vast majority of child sexual abuse happens in situations where the child trusts or is dependent upon the person abusing (Kershner, et al., 2007).

Child sexual abuse is all too common, and cuts across all gender, ethnicity, and socioeconomic lines. Approximately one in four girls is sexually abused before the age of 18 and one in six boys is sexually abused before the age of 18 (Felitti, et al., 1998). More than half (54%) of female rape victims were younger than age 18 when raped; 32.4 % were ages 12–17; and 21.6 % were younger than age 12 at time of victimization (Thoennes & Tjaden, 2000). Furthermore, the rates of sexual violence against children and youth with disabilities and lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) youth, especially transgendered youth, are heartbreakingly high (Elman, 2005; Gentlewarrior, 2009). The majority of child sexual violence is committed by someone close to the survivor, such as family members and close friends. Studies show that 70-80% of sexual violence is committed by someone known to, and often trusted by, the victim (Thoennes & Tjaden, 2000; see also <http://www.stopitnow.org/faqs> for more information about why adults sexually abuse children).

When we see the high proportion of sexual violence committed against children, we understand that “if we don’t serve this population, we miss helping with at least 70% of sexual assault cases” (D’Anniballe, 2010). There is some evidence that childhood sexual violence increases the risk for adulthood sexual violence and domestic violence (for a full discussion of the links, see Stevens, 2007; Yuan, Koss, & Stone, 2006a; and Felitti et al., 1998), indicating that many survivors seen at rape crisis centers and domestic violence programs are also adult survivors of child sexual abuse. Therefore, it is crucial that advocates understand the dynamics of child sexual abuse and implications for adult survivors.

The rates of sexual abuse are high, but sexual abuse is often hidden. Perpetrators work hard to ensure the victim's silence, and society does not encourage disclosure or discussion of sexual abuse. As kids, many survivors don't tell. There are myriad reasons for not telling, some of which continue to silence survivors long after the abuse is over. Boys and men have an especially hard time telling. In adulthood, survivors often do find reasons to tell: it's finally safe to tell; another victim tells and that gives the survivor strength; triggers like death, anniversaries, or becoming a parent cause the survivor distress; a television program inspires a survivor to call the hotline; or a rape crisis center opens and advertises services for adult survivors. Whenever a survivor is ready to talk, we need to be ready to fully listen and fully support them in their healing from trauma.

The aftermath of sexual violence manifests differently in each survivor because each person is unique and each sexual assault happens in unique circumstances. The emotional, physical, and social effects of child sexual abuse vary from person to person and depend on a number of factors. There are pre-trauma, peri-trauma (meaning 'during trauma'), and post-trauma factors that influence the survivor's path in healing. Some factors mitigate the trauma while others exacerbate it (Yuan et al., 2006a). Some, like past or concurrent victimization, have unpredictable relationships with current trauma. Pre-trauma factors include age, gender, economic status, membership in a marginalized community, and past victimization or concurrent victimization. For example, a male with developmental disabilities who was abused as a child may not have been understood by the non-offending adults in his life and was only able to describe the abuse later as an adult. The pre-trauma factors of age, gender, and membership in a marginalized community influenced his ability to communicate, be believed, and heal. Peri-trauma includes the severity and repetition of the violence and, most importantly, the relationship to the perpetrator. At least one study has found that most child sexual abuse happens repeatedly (Stevens, 2007). Post-trauma factors include how loved ones and professionals respond to the survivor's disclosure; family/social support; and fears about publicity, family fracture, and retaliation (Fribley, 2005). For example, a young girl experiencing incest by her older brother will be impacted by the fact that the sexual abuse has been ongoing and perpetrated by a member of her family. At the same time, being supported by her tribe's elders and participating in traditional healing practices are post-trauma factors that reinforce her healing.

A growing body of research in neurobiology has improved our understanding of the neurological and physiological changes caused by trauma. There is clear evidence that trauma changes the brain, but that the brain—with love and support—can heal. In brief, trauma leads to fragmentation of memories and deregulation of the autonomic nervous system and limbic system (two important systems in the brain that regulate reaction to fear and trauma; for an explanation of neurobiology and trauma, see <http://www.legalmomentum.org/assets/pdfs/neurobiology.pdf>).

Common problems for survivors include:

- Sleep disturbances
- Change in appetite
- Pain, fatigue, tension
- Health issues

- Hypervigilance
- Trouble concentrating
- Self-blame, shame
- Globalized fear, intense fears
- Relationship problems
- Loss of trust, sense of control
- Self-esteem problems
- Dissociation
- Feeling detached or numb
- Anger or desire for revenge
- Flashbacks
- Loss of identity
- Feeling stigmatized or marked
- Self-injury
- Drug/alcohol use
- Loss of important beliefs
- Depression/despair/ hopelessness
- Suicidal thoughts/attempts

The occurrence and severity of these problems vary for each survivor. Some show little emotional distress in childhood or adulthood, while others struggle with emotional, physical, and social troubles for years. “The diversity in outcomes may be attributed to characteristics of the violent acts, environmental conditions, survivor attributes, and availability of social support and resources” (Yuan et al., 2006a, p. 1). Environmental conditions include issues like oppression, family dynamics, and poverty. For some, these factors can add up to adulthood poverty, homelessness, chemical dependence, and psychiatric diagnosis. Whatever struggles survivors have, we know they have equal strengths. The job of rape crisis centers is to help survivors find and capitalize on those strengths.

Engagement: Trauma-Informed Service

“Human service systems become trauma-informed by thoroughly incorporating, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery” (Fallot & Harris, 2009).

Trauma-informed service is an application of trauma knowledge to an entire system or agency. It can work in any system or agency, as opposed to *trauma-specific services*, which “directly address trauma and its impact and facilitate trauma recovery” for individual survivors (Fallot & Harris, 2009). The anti-violence field has been doing trauma-informed service and advocating for trauma-informed service in other systems since the beginning of our work. Recently, professionals in mental health and substance abuse treatment looked at anti-violence work, with our focus on empowerment, belief, and choice, and distilled some principles to apply to their work in new ways and with new language. Although the elements of trauma-informed service will be very familiar to most readers, it is helpful to deconstruct and analyze the model to give fresh perspective and new words to our work.

The aim of a trauma-informed system, be it a rape crisis center, domestic violence program, hospital, homeless shelter, or substance abuse treatment center, is to infuse the elements of trauma-informed care throughout every contact, space, activity and relationship in the agency (Fallot & Harris, 2009; Elliot, et al., 2005). Healing from trauma is the primary goal, and that goal can only be achieved by supporting the whole person. Trauma-informed substance abuse

programs, for example, know that a trauma survivor has a much better chance of maintaining sobriety if the trauma is addressed and healed. Trauma-informed rape victim advocates don't hug survivors without invitation because they know, to a rape survivor, a hug can be threatening rather than comforting. Trauma-informed administrators know that empowered and respected workers are able to empower survivors, whereas demoralized or dispirited staff cannot.

Trauma-informed service comprises six basic elements that are applied to all activities and interactions with agency clients *and* with agency workers (Fallot & Harris, 2009; Elliot, et al., 2005). The six elements are safety, trust, choice, collaboration, empowerment, and cultural relevance. There are many ways for agencies to incorporate these elements into practice. The following table gives examples of the benchmarks, or defining characteristics, of these six elements.

Elements of Trauma-Informed Service & Benchmarks

Element	Benchmark Examples
Safety	<ul style="list-style-type: none"> • Safe relationships are consistent, predictable, nonviolent, non-shaming, non-blaming, and respectful • The staff feels safe at work, in all locations of work • The staff is attuned to signs of discomfort or distress from clients and knows how to respond • The agency maintains confidentiality a consistent manner
Trust	<ul style="list-style-type: none"> • Workers recognize the long-term and pervasive impact of violence • Relationships have clear boundaries and defined roles • Staff share information with survivors
Choice & Control	<ul style="list-style-type: none"> • Choices, even the small ones, are valued because the personal experience of choice builds the ability to direct life and dream • Giving choices fosters safe relationships • Choices must be conscious, intentional, and verbalized • The agency involves survivors in program evaluation and design
Collaboration	<ul style="list-style-type: none"> • The agency and workers use a partnership approach to services • Give survivors opportunities to be with other survivors and offer mutual support • Collaboration with survivors gives workers new sources of knowledge and strength
Empowerment	<ul style="list-style-type: none"> • Workers seek to build on strength because identifying and using strengths builds more strength • Celebrate the whole person • Validate resilience • Create opportunities for survivors to do and give
Cultural Relevance	<ul style="list-style-type: none"> • Workers take into account social and political factors of a survivor's life • Workers know that the meaning of violence, and the resources for healing, vary across cultures • Workers and agencies are open to learning and asking questions

Most rape crisis centers and dual/multi-service agencies are using these elements in their daily work already. Centers routinely offer choices, recognize strengths, and give opportunities for mutual support. Some centers and coalitions are revisiting concepts like empowerment, reviewing policies and procedures to find more ways to empower survivors and workers. Coalitions provide training and technical assistance on trauma-informed service. Many state coalitions are examining outcomes evaluations, looking to use evaluation as a tool for survivor collaboration and empowerment. Coalitions also produce model policies based on the elements of trauma-informed service and use trauma-informed service principles in their exchanges with member centers.

Action: Rape Crisis Services for Adult Survivors of Child Sexual Abuse

Women have come together in groups to heal wounds, celebrate victories, and find humor and love in even the darkest of situations. Secrets are shared and, in the sharing, paths out of pain, despair, and isolation are found. The rape crisis movement itself began with small groups of women sharing their experiences and seeking comfort and support from others in groups (Faupel, as quoted by Hurt, 2010).

Rape crisis centers and dual/multi-service agencies, with the support and guidance of their coalitions, provide a number of trauma-specific services to adult survivors of child sexual abuse. Centers provide a range of therapeutic services, from traditional talk counseling to yoga to art therapy to support groups to activism. Centers also provide important advocacy to adult survivors of child sexual abuse. Advocacy is sometimes difficult to figure out when the sexual violence happened long ago, but centers and coalitions are continuing to find many innovative ways to meet the needs of adult survivors of child sexual abuse with advocacy. In this section, we will consider counseling and advocacy separately, though there is considerable overlap between the two activities.

Counseling & Emotional Support

Rape crisis centers vary greatly in the amount and type of counseling they offer. Rape crisis counseling, including crisis intervention, short-term counseling, long-term therapy, and support group, may be broadly defined as the provision of emotional support, identification of personal strengths and resources, and discovery of options for healing. Crisis intervention is the provision of information, emotional support, and options during brief encounters, typically over a crisis line staffed by trained volunteers. Short-term or supportive counseling is usually described as shorter-term, solution or action-focused and less intensive interventions; and long-term therapy is described as longer-term, more intensive and more in-depth intervention. The vast majority of rape crisis centers and dual/multi-service agencies offer crisis intervention services. Many centers, though not all, offer short-term counseling. Long-term therapy services in general, and services for adult survivors of child sexual abuse specifically, are less common, especially in rural areas. Many centers offer support groups, which are groups of survivors coming together

with a facilitator, usually a trained staff person. Groups provide mutual support and often psycho-education or skill development (Bein, 2010).

Crisis intervention, short-term counseling, long-term therapy, and support groups all play important roles in the support we offer to adult survivors of child sexual abuse. Many adult survivors of child sexual abuse struggle with flashbacks, nightmares, or triggers of the abuse. For example, in a small immigrant community, the mother of a child that has been sexually abused by a cousin may suddenly be reminded that she too was sexually abused as a child. Her past abuse is triggered by her daughter's current abuse and may cause her to fear that shame will be brought on the family if people find out. These survivors find comfort and connection in the crisis intervention services at rape crisis centers, whether or not they seek any other type of services. To provide this connection, it is critical that survivors know the service is for them. A great many of our rape crisis centers have 'crisis' in their name and most use 'rape'; indeed, we usually use the words 'rape' and 'crisis' across the field to describe agencies that serve all survivors of sexual violence. However, many survivors—especially adult survivors of child sexual abuse—wonder if they qualify for 'rape crisis' services (Logan, Evans, Stevenson, & Jordan, 2005). After all, if the violence is long past, not a crisis, and if the survivor does not identify what happened as rape, a survivor could reasonably conclude that 'rape crisis' services are for other people.

Overcoming the hurdle of marketing is but one aspect of excellent crisis intervention. Providing comfort and connection to survivors also requires trained listeners, whether paid or volunteers, on the crisis line. Many coalitions provide training components on crisis counseling for adult survivors of child sexual abuse to their member programs. For example, approximately every three years the Nebraska Domestic Violence Sexual Assault Coalition (NDVSAC) offers a formal training on supporting adult survivors of childhood sexual abuse and the connections with other victimizations. NDVSAC also includes information related to adult survivors in their training for new advocates (M. Zinke, personal communication, August 30, 2011). The Michigan Coalition Against Domestic and Sexual Violence (MCADSV) offers continuing education to members and partner agencies on a wide range of issues, including support groups; culturally specific support for adult survivors of child sexual abuse; substance abuse and post-traumatic stress disorder (PTSD); and alternative healing techniques (T. Lemmer, personal communication, September 1, 2011).

Short-term counseling and long-term therapy have proven to be very helpful to adult survivors of child sexual abuse (Yuan, Koss, & Stone, 2006b). As part of the violence, perpetrators teach children to distrust themselves and others, to blur boundaries between themselves and others, to suppress or deny emotions, and to mistrust adults and institutions. Rape crisis counseling helps survivors relearn these critical skills of emotional regulation and social interaction. Dr. Janine D'Anniballe says,

For adult survivors of child sexual abuse, a combination of services is useful. Short-term individual counseling is good for stabilization...and group therapy is the treatment of choice, as it does so much that individual therapy cannot do, in terms of normalization and reducing isolation. It's also useful to incorporate holistic elements of treatment, such as yoga or meditation and mindfulness practice. Some survivors benefit from getting involved in social activism on the issue; they may choose to volunteer to help other survivors, which can help them in their own recovery (as quoted by Hurt, 2010, p. 29-30).

Counseling has many purposes for survivors, including unconditional support, belief, and validation; a safe place to explore scary or uncomfortable emotions and thoughts; and emotional education or skill development.

Securing and maintaining funding for full-time counselors can be tough, especially in rural communities. Many coalitions and programs have found creative ways to provide needed emotional support to survivors without funding a full-time counselor. The anti-violence field, with its history as a grassroots movement, celebrates peer-based helping. This philosophy, in addition to empowering survivors, opens up innovative possibilities for providing support to survivors. Many rural centers contract with community mental health services or private counselors to provide services to the center's adult survivors of child sexual abuse clients. These centers pay for the counseling, sometimes for a specified number of sessions. These centers often ask the community counselor to obtain additional training in sexual violence work. In many rural and urban communities, advocates, volunteers, or community contractors facilitate support groups specifically for adult survivors of child sexual abuse, often using proven group curriculum (e.g. *Seeking Safety*, *Trauma Recovery & Empowerment*, or *Circle of Hope*).

Coalitions support the creative development of services for adult survivors of child sexual abuse by providing specific training and expectations, ensuring that workers get high-quality training for the unique survivors they serve. Many coalitions or regulatory state entities allow advocates with this training to facilitate support groups and provide crisis counseling. However, in all of these solutions it is imperative that advocates receive good supervision and know their boundaries and scope of expertise.

Holistic Healing

Holistic healing services, like yoga, Somatic Experiencing (SE), brainspotting, Eye Movement Desensitization and Reprocessing (EMDR), and art, music, and dance therapy are now finding their way into our centers. Emotion and memory live in the body as well as the brain, and these techniques help to heal and empower the whole person. Meditation, brainspotting, and EMDR help the brain to process and store traumatic information, such as intrusive memories, in less triggering ways. Moreover, many of these techniques teach us—survivors and advocates alike—to connect to the body and soul in positive, nourishing ways. Krista Park Berry, Program Director at Orange County Rape Crisis Center (OCRCC), explains:

Adult survivors of child sexual abuse can carry years of forced silence, guilt, anger, shame and secrecy related to their abuse experiences. These and other emotional impacts associated with sexual abuse are not only felt but also often held or carried within the body. Talking through emotions is one modality for alleviating and releasing the impacts of trauma; giving a name and words to feelings within the body is often cathartic. We have found that using nontraditional approaches within our group program provides a variety of elements for a survivor to consider and can allow a group experience to feel safe and less threatening. These support programs draw on metaphors from nature and physical movement, allowing participants to embody the experiences and awareness of survivorship. Utilizing somewhat universal metaphors in a group setting allows participants to bring their own perspective to group discussion and to the healing process (personal communication, July 28, 2011).

WISE of the Upper Valley, a rural program straddling the border of Vermont and New Hampshire, has found holistic healing to be very helpful with adult survivors of child sexual abuse. Abby Tassel, Assistant Director at WISE, explains the center offers SE for individuals, yoga workshops, equine therapy, and groups that incorporate SE, mindfulness, and other body-mind modalities (personal communication, July 8, 2011). SE, based on the work of Dr. Peter Levine, is a body-mind healing approach based on “the realization that human beings have an innate ability to overcome the effects of trauma.” (Somatic Experiencing Trauma Institute, n.d.). WISE began holistic healing services with a gentle yoga group for survivors. It was instantly clear that the yoga was transformative for women in the group, particularly those who had never done any yoga before. From the immediate success of the workshop, it was apparent that with a little direction, they could make the process even more effective. They did some research and became particularly interested in SE among all the holistic healing modalities, due in part to its recognition in that we are the experts in our own lives. Tassel describes the benefits of holistic healing:

One of the most important aspects of this work for us has been facilitating the ability to feel safe on the most elemental, visceral levels. This connects well with the other support and advocacy work that we do and recognizes the potential importance of incorporating the physical body into creating safety. This sense of safety then allows survivors to feel feelings and sensations in their bodies without being overwhelmed and thus not have to shut down to function. Building this capacity allows survivors to experience their lives more fully and sets the stage for healing. In addition, getting (re)acquainted with our bodies and the enormous amounts of information that they store, opens us to accessing this inner wisdom. For survivors who might be overwhelmed or confused about choices, it then becomes possible to trust yourself in a different way, to know what you want and don't want. Less esoterically, anxiety and stress are reduced and the ability to be in the present and have positive experiences is increased, which allows us to feel joy, be creative...to be ourselves (personal communication, July 8, 2011).

At first, WISE brought in an outside facilitator for an SE-focused group, but soon recognized the value of having someone on staff that not only had the training, but the contextual framework of advocacy. Tassel is now trained in Somatic Experiencing. Tassel recommends programs start by finding out who in the community is doing body-mind healing work and then determine if they are philosophically aligned with the mission of the organization. After some experience, programs can then decide whether to have staff trained in a particular practice or to continue working with community providers.

The Orange County Rape Crisis Center (OCRCC) in Chapel Hill, North Carolina offers a variety of traditional and nontraditional groups for survivors. Their nontraditional groups include yoga and movement, art therapy, horticultural therapy, and a running-based group (K. Park Berry, personal communication, July 14, 2011). The nontraditional groups, such as running and horticulture, have thus far included both adult survivors of recent assaults and child sexual abuse. A therapist and a running coach—both volunteers—facilitate the running group, which is a mix of training for beginning runners and traditional support group content.

The running-based group experience draws on the kinesthetic movement of the body. Participants share not only their abuse experiences but share in the training process, which in itself is a metaphor of the cyclic nature of the healing process. One prepares for each run with warm-ups and equipment; each run has a structured beginning and end; training regulates body systems (i.e. respiratory, circulatory), all of which strengthen the body and ease the mind. (K. Park Berry, personal communication, July 28, 2011).

The group meets twice weekly for 10 weeks. At the first weekly session, they run for an hour and then participate in support group for 45 minutes, where they discuss traditional group topics like self-esteem, boundaries, or anger. However, the discussions are influenced by the experience of running, which helps survivors get in touch with their bodies. The second session of the week is training but no group meeting. A local running shop donates shoes and sports bras for all the group participants, and the local parks department provides private group meeting space just off the trail on which the group trains. The running coach maintains a private blog for the group, with motivational entries and advice on stretching, diet, and maintaining a running schedule outside of group. Group members can read but not comment on the blog, in order to keep any private content off the blog and within group conversations.

Park Berry notes that there were additional tasks in setting up this group beyond the usual preparation for a support group. First, they screened group members for specific potential triggers, e.g. assaults that happened outdoors or situations where a survivor ran from the perpetrator, in addition to conventional screening. Second, they had to create liability waivers for group members to sign, as the group involved physical exertion and potential injury. Third, they had to create confidentiality agreements with the running shop staff that fitted each member with shoes and an employee at the parks department who scheduled the meeting space and knew the purpose of the group (K. Park Berry, personal communication, July 14, 2011).

OCRCC also offers a horticultural therapy group. Horticultural therapy is most often used in recreational therapy with the elderly or folks with disabilities, but OCRCC found it works well for trauma survivors. A local horticultural therapist volunteers as a group facilitator. The *Healing with Nature* group uses therapeutic horticulture in a number of ways. The group might plant cactus bowls while discussing resilience, or create grief bouquets to compost. OCRCC has received support and donations from local botanical centers, local farmer's markets, area farms, and a community herbalist. Park Berry says that the horticultural or gardening connections to trauma are easy to see and use once you start looking. Centers do not need a trained horticultural therapist, she says, just a staff member or volunteer who enjoys gardening or farming and a spark of creativity (Park Berry, personal communication, July 14, 2011). Centers don't even need regular access to nature, because the metaphors work with drawings or small samples of nature. The herbalist provides teas to the OCRCC group as a way of drinking in nature and experiencing nature as self-care. With a little guidance, survivors can do some horticultural work on their own. For example, Park Berry says if an advocate or counselor knows a survivor enjoys gardening, they can give the survivor contemplations to use while gardening and discuss later with her advocate or counselor. The survivor could prune away anger or self-blame as she prunes the raspberry bushes, or plant new hope as she plants a sapling maple tree.

Advocacy

Advocacy is the practice of “supporting and assisting a victim/survivor to define needs, explore options, and ensure rights are respected within any systems with which the victim/survivor interacts” (New Hampshire Coalition Against Domestic and Sexual Violence, as cited by Bein, 2010). Historically, we have directed the majority of our advocacy training and protocol towards the emergent needs of recently assaulted survivors. We know very well what to do at the emergency department and how to talk to a survivor about police reporting. But what if the perpetrator has since died? What if the survivor has a chronic medical issue, like Crohn's disease or fibromyalgia? What advocacy do we provide then?

Researchers are learning more and more about the long-term health effects of child sexual abuse. Increasingly, we know that childhood sexual abuse may result in profound, long-term issues, and may influence current encounters with health care providers without the awareness of one or both parties. Long-term effects of child sexual abuse include post-traumatic stress disorder (PTSD), chronic health concerns, pain, and somatic complaints (Felitti et al., 1998), all of which can be addressed, at least in part, by advocacy. This growing body of knowledge gives coalitions and centers new opportunities for advocacy practice. Coalitions have opportunities to create statewide linkages with new partners working in maternal health, substance abuse and eating disorders treatment, health insurance, dentistry, and more. Coalitions also can use this knowledge to offer new trainings and advocate for state laws.

At rape crisis centers, advocates are looking to new venues in which to offer medical advocacy. Health care, particularly dentistry and gynecology, is often a difficult experience for adult survivors of child sexual abuse. Health care interactions—both positive and negative—are

frequently interactions in which a person in power touches patients in very intimate ways, something that is stressful for many people and very triggering for survivors. Additionally, the impact of the trauma and other factors (e.g., prior bad experience with health care, lack of health insurance, or type/location of healthcare facility) may hinder a survivor in obtaining healthcare assistance. For example, a mostly white community may not have health care facilities that are as well educated about the specific health concerns of African Americans. A gay African American survivor of child sexual abuse may not feel comfortable disclosing his abuse and any related long-term health effects to a white doctor.

Common issues for survivors include:

- Avoidance of routine healthcare (prevention and intervention)
- Physical injuries/scars
- Disability (physical and mental) preventing work
- Stress-related medical conditions
- Chronic pelvic pain
- Gynecological and pregnancy complications
- Gastrointestinal disorders
- Migraines or frequent headaches, back pain
- Autoimmune disorders

Common health care goals for adult survivors are to feel safe, have access to information, work in partnership with health care providers, and work with or be referred to health care providers who understand sexual violence. Advocates are great at breaking down complicated information into manageable pieces and helping survivors navigate emotionally charged situations while always respecting and protecting the survivor's choice. Advocates can put these skills to use in any health care issue.

Legal advocacy presents different challenges and options for adult survivors of child sexual abuse. Many states have complicated delayed reporting statutes and complicated statutes of limitations for both criminal and civil cases. Moreover, the criminal justice system can be hostile, frightening, or confusing for adult survivors of child sexual abuse. It is difficult to navigate the laws surrounding criminal and civil options related to child sexual abuse for advocates and survivors. Coalitions play a crucial role in member programs' success in serving adult survivors. Coalitions help advocates by producing guides and flowcharts on the choices for survivors, showing how age and other factors expand or limit traditional criminal legal system options. Coalitions also provide linkages and information on civil legal options for adult survivors of child sexual abuse.

Thinking beyond traditional legal advocacy is essential for adult survivors of child sexual abuse, as many are not interested in or eligible for criminal or civil proceedings. Justice is so much bigger than the courthouse. Nobel Peace Laureate Archbishop Desmond Tutu reminds us that, "There are different kinds of justice. Retributive justice is largely Western. The African

understanding is far more restorative - not so much to punish as to redress or restore a balance that has been knocked askew” (Rosenberg, 1996). Retributive justice—reporting, prosecution, and punishment—is healing for some survivors, but not all survivors. Survivors, rape crisis centers, and coalitions have discovered several forms of restorative justice that work in Western society. Many survivors may find their own justice by participating in Take Back The Night, Clothesline Project, media education, or other activism. Some survivors find justice by intervening in family dynamics (e.g., telling the abuser’s spouse or limiting the abuser’s interactions with other children in the family, if it is safe to do so) or removing themselves from the harmful family dynamics. Other survivors find justice through their faith and forgiveness. Still others find justice in reporting the crime to the police, even while knowing there will be no prosecution. Some survivors find justice in collaborating with centers and coalitions to change state laws on behalf of other survivors.

The safety and security needs of adult survivors of child sexual abuse are often quite different from survivors of recent assault or survivors of domestic violence. However, they are just as critical for advocates to address. Adult survivors of child sexual abuse oftentimes have safety concerns related to ongoing or potential threats from the perpetrator, the perpetrator’s family, or the their own family, similar to survivors of recent assaults. However, adult survivors also may struggle with a global sense of insecurity, based in the continuing effects trauma or simply never having learned what safety is as a child. Advocates help survivors identify the specific safety concerns, validate the concerns, and create an individualized safety plan. Counseling or therapy is often very helpful for adult survivors of child sexual abuse in dealing with the safety concerns that arise from flashbacks and intrusive memories. Advocates also train community partners, especially law enforcement, to recognize and respond to the real safety concerns of adult survivors of child sexual abuse.

Advocates can do many specific things to assist adult survivors of child sexual abuse. Advocacy always starts with listening and believing. Some techniques to support survivors include:

- ☑ Assist survivors in creating coping plans.
 - Many survivors struggle with unexpected and intrusive memories or sensations of the violence, brought on by things in the survivor’s environment (sensory experiences, thoughts, conversations, life events, etc.). These are often referred to as “triggers.” Part of the stress of triggers is not knowing what to do. That for which we are prepared holds less power than that which surprises. Coping plans help survivors manage distress in the moment. Coping plans are especially critical for high stress situations and those exchanges where important decisions are made. When a survivor must make an important decision, perhaps about which cancer treatment to choose or meeting with a principal about a child’s behavior, it is important that the survivor is able to be present and centered. The high stress

situations will vary from survivor to survivor, so it is important for advocates to know the survivors they serve well.

- Advocates help survivors create coping plans in a several ways. Here are a few strategies to consider: first, walk through the steps of an interaction or decision and break down all the parts that are within a survivor's power in order to help the survivor identify their power and think about critical decision points. Second, the advocate and survivor can role-play the interaction so the survivor can practice. Third, the advocate and survivor can create a list of coping techniques that have worked in other situations or techniques that are worth trying. Coping techniques can be as simple as a few deep breaths, or as elaborate as a written coping plan that is shared with loved ones.
- One coping plan to consider is an exit plan. Many survivors find it difficult to leave upsetting interactions, because they never experienced having the ability/authority to leave before and it can be socially awkward to leave many situations. Knowing how and when to choose to endure a trigger, and when and how to say "I need to leave right now" is an important skill for survivors. Some situations are harder to leave than others and should be anticipated: a dentist's chair, midway through the exam, is more physically difficult to leave than the dentist's waiting room, for instance.

Strategize communication.

- Some adult survivors of child sexual abuse have years of training in silence and obedience. Many survivors find it difficult to express their wishes as adults, even with safe and supportive people.
- Advocates help survivors reclaim their voices by teaching tools for communication and practicing difficult conversations. For example, if a survivor is afraid to tell the gynecologist that she can't speak during exams, the advocate can work with the survivor to create a script or a letter for the doctor explaining her needs.
- In Western culture, it is difficult for many people to question or disagree with authority figures. This difficulty is compounded for survivors by the experience of not being in a position to question or disagree with the perpetrator. Advocates help survivors by practicing or writing down questions and concerns that they want to address. For instance, consider a survivor who is suing the perpetrator. For the civil case, her attorney may want her counseling records from the rape crisis center and her private counselor, so the attorney simply instructs her to sign releases. The advocate can work with the survivor to name her own desires, and

come up with a list of questions and concerns for the attorney to determine the best course of action.

Normalize feelings of fear and stress.

- So many survivors struggle with self-blame, shame, or feeling crazy – all normal trauma symptoms. Advocates help by normalizing fears and stressors in terms of being a survivor *and* being human. Facing check forgery charges is scary for anyone, but interacting with the criminal legal system as a defendant could have additional triggers for a survivor.
- Advocates also help by creating room for compromise. Some important things in a survivor's life may have to wait until he has a stable coping plan in place. Everyone knows the health benefits of quitting smoking. However, we often forget that nicotine is a good mood stabilizer and can help survivors manage anxiety, depression, and triggers (Fellitti et al., 1998). An advocate can aid a survivor in researching different cessation models for methods that will ease, rather than aggravate, triggers. The advocate can also help the survivor navigate discussions with health care professionals about why he hasn't quit yet (the blame and shame of not quitting can prompt feelings of blame and shame related to the violence).

Prepare survivors for possible responses from health care providers, social services, criminal justice personnel, and others.

- Advocates know all too well that many well-meaning professionals do not understand trauma. Advocates prepare all survivors for these interactions, in part, by preparing them for potentially unsupportive or unhelpful responses. Adult survivors of child sexual abuse may need additional help in preparing skills or techniques to cope in these situations. For example, an advocate can help a survivor put together some information about trauma for the survivor's gynecologist and brainstorm a list of questions to ask before the exam. The advocate and survivor can discuss options for action based on potential responses from the gynecologist.
- Advocates also consider cultural relevance and oppression when they look at all the systems and professionals serving survivors. Oppression intersects with sexual violence and impacts safety and healing in a variety of ways. Oppressions such as racism, homophobia, classism, ableism, sexism exist in the institutions within our society, such as the criminal legal system. This may make it difficult for survivors dealing with intersecting oppressions to achieve justice and healing from such

institutions. Yet many survivors will engage with systems at some point. Therefore, systems or institutional advocacy is essential to supporting survivors. It is an ongoing process of developing and maintaining relationships with institutions and professionals in order to represent the interests of survivors and help improve services. Advocates can prepare systems professionals to serve survivors from a range of communities by providing education around victim-centered practices; sharing information about other community systems and services; participating on community task forces; and respectfully challenging service providers when they are not engaged in victim-centered practices. Advocates also prepare survivors to interact with these systems by knowing and conveying the local practices of institutions and professionals so that survivors can make fully informed decisions about engaging with any particular system.

- Provide or arrange accompaniment, if requested.
 - In situations where a survivor knows he is likely to dissociate or lose his voice, he may want someone to come along to help ground him, take notes, or advocate for him. Agencies that offer accompaniment in nontraditional settings should make this option known to survivors.
 - Advocates are accustomed to providing accompaniment to the emergency department, police station, or courthouse. Adult survivors of child sexual abuse may want accompaniment to routine healthcare appointments, attorney offices, or public housing offices.
 - Different funding streams may have restrictions on the type and location of advocacy allowed. Agency managers and coalition staff can advocate for loosening of these restrictions. Managers can also diversify advocate funding to allow for advocacy in nontraditional settings.

- Break the taboo.
 - Have information on child sexual abuse available and prominently placed at agency. Child sexual abuse is very common among survivors of domestic violence and survivors of recent sexual assault. Having information available is one way to show survivors that it is okay to discuss past sexual violence.
 - Bring child sexual abuse up in conversation and screening. Intake, whether based on a form or set of questions, should open up dialogue with survivors about all forms of sexual violence. Remember that sometimes the advocate's discomfort or lack of asking is the only reason survivors do not tell.

- ☑ Build strong relationships with systems professionals and service providers.
 - Provide information on services available and survivor needs to systems professionals and other service providers. Some service providers, like dentists or homeless shelters, may not even think of rape crisis centers or coalitions as a resource. It is important for agencies to make the time for outreach to a wide variety of community services. Coalitions help by providing brochures, posters, or other publications for service providers outside the criminal legal system and emergency medical fields.
 - Many advocates find it helpful to cultivate close relationships with specific service providers so they will have safe, knowledgeable providers to whom they refer survivors. In their communities, advocates work on training and linking with low-income clinics, dentists, community mental health centers, and attorneys to create a strong network of supportive services for survivors.

While the content of conversation in advocacy may be different for adult survivors of child sexual abuse than survivors of recent assaults, the core of advocacy does not change. Advocates are, above all else, the source for creative options, unconditional support, and development of empowering solutions.

A Word on Vicarious Trauma

Taking care of ourselves while taking care of others allows us to contribute to our society with such impact that we will leave a legacy informed by our deepest wisdom and greatest gifts instead of burdened with our struggles and despairs (van Dernoot Lipsky, 2009).

As rewarding and enlightening as working with adult survivors of child sexual abuse is, it is also emotionally challenging. Advocates often report that the more ambiguous or complex advocacy is, the harder it is to know they are doing their jobs well. This undermining of self-confidence coupled with the difficult subject matter increases the risk for vicarious trauma. Furthermore, we know that some of the coping skills and social skills that survivors embraced for preservation—and our reaction to those skills—can impede our helping relationships and increase worker stress. For example, many survivors struggle to ask for what they need or want directly, due to trauma symptoms and skills they learned to survive the abuse. Frustrated workers sometimes label these survivors as “manipulators” or just plain difficult. Good self-care and agency care of workers helps all of us serve survivors without becoming angry or frustrated. Healthy and happy workers are better able to see survivors as whole people (and not hastily pigeonhole them as ‘Borderline personality’). An agency is not fully trauma-informed until it provides to staff and volunteers the same safety, trust, collaboration, choice, empowerment, and cultural relevance that clients receive.

Self-care is important, of course, but agency endorsement of self-care must be matched by agencies actively caring for workers. Coalitions model this for member centers in the way they run meetings and make decisions. Coalitions also provide support and guidance to member centers about vicarious trauma, with trainings or model policies.

Remembering

All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear, and speak no evil. The victim asks the bystander to share the burden of pain. The victim demands action, engagement, and remembering (Herman, 1992, p. 7).

Services to adult survivors of child sexual abuse are integral to any successful rape crisis center, dual/multi-service agency, or coalition. We provide services to adult survivors of child sexual abuse by infusing our entire organizations with the elements of trauma-informed service, offering a range of therapeutic techniques, and providing comprehensive advocacy. We seek out new courses of actions in our organizational response and new partners to collaborate with in our efforts to end child sexual abuse. Broad partnerships are valuable to survivors and the programs that serve them. Collaborations with community partners can open up many new possibilities for the community to help more survivors. Coalition-sponsored collaborations can share local lessons across the state and change the landscape for survivors. In all these partnerships and collaborations, we create more and better spaces for survivors to share their pain and hope. Most importantly, when we actively engage with adult survivors of child sexual abuse, we honor their strength, resilience, and creativity.

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