

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

THE ADULT SURVIVOR OF CHILDHOOD SEXUAL ABUSE HANDBOOK

A graduate project submitted in partial fulfillment of the requirements
for the degree of Master of Science in Counseling,
with a specialization in Marriage and Family Therapy

By

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DEDICATIONS

This graduate project is dedicated to my husband, Paul Hutchinson, and my daughter, Nicole. With their love, support and encouragement, I have completed my under-graduate degree and master's degree so that I could fulfill my dream to help other people on their life journeys. Thank you Paul for your patience about the amount of time that I have spent away from you to complete my studies and fieldwork.

I am also dedicating this graduate project to my clients that have inspired me to research and design this project to help them overcome the effects of their childhood sexual abuse. I am so grateful for the knowledge that I have gained through their experiences and my research.

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ABSTRACT

THE ADULT SURVIVOR OF CHILDHOOD SEXUAL ABUSE HANDBOOK

By

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Master of Science in Counseling,

with a specialization in Marriage and Family Therapy

The purpose of this project is to create a handbook to provide information, insight, and therapeutic interventions to assist adult survivors of childhood sexual abuse (CSA) in their therapeutic process, and provide tools to professionals working in this counseling field. The handbook illuminates the challenges, limitations, and various aspects of their issues and problems that have been affecting the adult survivor's life, and offers insight into their experiences and the comfort of normalization of those experiences. The information, assignments, and guided visualizations take an integrated evidence-based therapeutic approach, drawing from different theories, and are to be used in conjunction with a comprehensive integrative treatment protocol that addresses the variety and extensive psychological, social, and spiritual effects experienced by adult survivors of CSA. The information, assignments, and guided visualizations can be used in individual and group therapy by both men and women survivors of CSA.

CHAPTER I

INTRODUCTION

Childhood sexual abuse (CSA) is of major social importance in the United States (US). CSA affects the lives of many children and families; specifically, one in three to four women and one in six to seven men (Dube, Anda, Whitfield, Brown, Felitti, Dong, & Giles, 2005; Finkelhor, 1979; Herman, 1981; Russell, 1999). Since therapists often see adult survivors of CSA many years after the sexual abuse has occurred, the purpose of this project was to develop a handbook with information, assignments and audio-recorded guided visualizations to assist the adult client in gaining insight into the various areas and aspects of their issues and problems that have been affecting their lives. The handbook that will be given to the client will have audio-recordings of the guided visualizations instead of the written scripts that have been included in the Appendix of this graduate project. The assignments and guided visualizations are to be used in conjunction with a comprehensive integrative treatment protocol that addresses the variety and extensive psychological, social, and psycho-spiritual effects experienced by adult survivors of CSA (Bass & Davis, 1988; Blume, 1990; Briere & Runtz, 1991; Courtois, 1988; Dolan, 1991; Finkelhor, 1979; Herman, 1981; Rush, 1980). The problem of CSA has become more widely acknowledged and researched since the 1970's, and the awareness of the possible negative effects and problems for adult survivors and the need for effective treatment has increased (Bass & Davis, 1988; Blume, 1990; Briere & Runtz, 1991; Courtois, 1988; Finkelhor, 1979;

Herman, 1981). Although the risk of CSA is higher in families with alcoholism, absent parents, and isolated environments, sexual abuse occurs in all socioeconomic groups, in most cultures and ethnic groups, and has occurred throughout history (Finkelhor, 1979; Herman, 1981; Rush, 1980).

The evidence-based integrative approach outlined in this project combines the components of evidenced-based treatments for PTSD (Foa, Keane, Friedman, & Cohen, 2009; Schiraldi, 2009; Williams & Poijula, 2013; Raja, 2012) and complex traumas (Briere & Scott, 2006; Courtois & Ford, 2009; Herman, 1992a), Cognitive Therapy for emotional disorders (Beck, 1976), Cognitive Processing Therapy for Sexual Abuse (CPT-SA) (Chard, Weaver, & Resick, 1997), Solution-Focused Therapy for Sexual Abuse (Dolan, 1991), Narrative Therapy for Sexual Abuse (Cloitre Cohen, & Koenen, 2006), Forgiveness Therapy (Enright & the Human Development Study Group, 1991), Traumatic Bereavement Therapy (Pearlman, Wortman, Feuer, Farber, & Rando, 2014), guided visualizations and PTSD meditation (Dolan, 1991; Lee & James, 2011), and the use of a ritual (Bass & Davis, 1988; Parker, Horton, & Watson, 1997). The assignments and guided visualizations can be used by either male or female adult survivors of CSA in the therapeutic environment and as homework assignments to assist with the process of either individual or group therapy. The handbook will have audio-recordings of the guided visualizations instead of the written scripts that are included in the Appendix.

Statement of the Problem

The prevalence of CSA in the U.S. is very high, and affects one in three to four women and one in six to seven men and the effects of this abuse has been of great concern to mental health professionals since the 1970's (Bass & Davis, 1988; Finkelhor,

1979; Herman, 1981; Russell, 1999). Academic literature since the 1970's has progressively documented research using different theories, clinical interventions, and opinions regarding the risk factors for the sexual abuse of children, the profile of the perpetrator, and the short and long-term effects (Finkelhor, 1979; Herman, 1981; Russell, 1999). By the late 1970's and early 1980's, CSA was identified and recognized as a problem in increasing proportions, resulting in more public awareness and literature on the topic (Finkelhor, 1979; Herman, 1981; Rush, 1980; Russell, 1999). CSA is a difficult problem for researchers to study and because of the shame and stigma that surround it, victims, perpetrators, and their families are often not willing and co-operative research participants (Finkelhor, 1986). Consequently, there have been many research studies to identify the sexual abuse factors related to the CSA experience, the long-term effects of CSA on the adult survivor, and various treatment protocols and models aimed at providing successful therapeutic interventions to address the detrimental short and long term negative effects (Briere & Elliott, 1994; Courtois, 1988; Finkelhor, 1979; Herman, 1981).

Since the United States Congress passed the Child Abuse Prevention and Treatment Act in 1974 (CAPTA; Public Law 93-247) to prevent child maltreatment, the states have had the funding to establish child protective service agencies with legal mandates to investigate reports of childhood physical and sexual abuse (Finkelhor, 1979; Struve, 1990). The increase in the reporting of CSA in childhood has allowed for immediate intervention after the disclosure of their abuse to prevent continued abuse. By therapeutic intervention, children are able to overcome or lessen both the short and long-effects so they can grow up to lead normal lives (Courtois, 1988; Finkelhor, 1979;

Herman, 1981). However, the majority of CSA cases go unreported leaving children and adults with a variety of problems, and extensive psychological, psychosocial, and psychospiritual long-term effects (Bass & Davis, 1988; Blume, 1990; Briere & Runtz, 1991; Courtois, 1988; Finkelhor, 1986; Herman, 1981; Rush, 1980; Russell, 1999).

The concept that many CSA survivors have post-traumatic stress disorder (PTSD) has become an accepted diagnosis, and treatment that addresses the PTSD symptoms has been shown to reduce effects from the trauma (Briere & Scott, 2006; Courtois & Ford, 2009; Foa et al., 2009; Herman, 1992a; Schiraldi, 2009; Williams & Poijula, 2013; Raja, 2012). PTSD is a long-term stress reaction to trauma, and as in PTSD cases not related to sexual abuse, cognitive restructuring is necessary for successful treatment because the primary goal is to transform cognitive distortions of the trauma from perceptual to conceptual and re-establish beliefs that are more objective and appropriate (Briggs & Joyce, 1997; Foa et al., 2009; Koopman, Gore-Felton, Classen, Kim, & Spiegel, 2001; Schiraldi, 2009; Williams & Poijula, 2013; Raja, 2012).

CSA can be experienced as an intensely stressful act committed against an individual where he or she is powerless to escape. Symptoms of the CSA trauma can appear at the time of the abuse, or later in life where they manifest as various psychiatric disorders ranging from depression and anxiety disorders to somatization, borderline personality disorder, and multiple personality disorder (Herman, 1992a; Linehan, 1993). Memories, smells, tastes, body sensations, and anxiety producing thoughts and emotions can be recalled when a survivor is in the proximity of any situation or person that triggers a connection to the traumatic abusive event (Briere & Scott, 2006; Courtois & Ford, 2009; Foa et al., 2009; Herman, 1992a). Treating the CSA is important to the

normal functioning of the individual, and central for psyche healing and recovery. From a therapeutic perspective, it is important to identify and treat the underlying emotions that are a result of CSA, work through the symptoms produced by the post-traumatic stress responses, and examine old coping skills, beliefs, and other defense mechanisms which he or she relied on to survive the traumatic events (Briere & Scott, 2006; Courtois & Ford, 2009; Foa et al., 2009; Herman, 1992a).

Individuals and particularly children, have difficulty tolerating and integrating trauma into their psyche. As a defense mechanism these experiences are frequently denied, repressed or disassociated from consciousness of the adult survivor (Blume, 1990; Courtois, 1988; Herman, 1992a). Since the sexually abused child learns to survive the terror and pain by numbing and disassociating from his or her body, the adult survivor needs to learn to be fully present in the now and experience the self (Herman, 1992b; Linehan, 1993; Russell, 1981). The particular defenses that he or she employs and the extent to which they are used are determined by his or her own individual personality structure, the duration of the abuse, the severity of the abuse, and the age at which it began (Bass & Davis, 1988; Blume, 1990; Briere, 1991; Courtois, 1988; Finkelhor, 1979; Herman, 1992b; Russell, 1981). Dependent upon the age of the onset of the sexual abuse, the psycho-social stages of development may not be accomplished, and the adult survivor's identity may not be fully developed and individualized (Erikson, 1963; 1980). However, these conflicts can be recovered and resolved in a safe nurturing environment, so that the adult survivor can learn to trust

people again and allow themselves to experience their own emotions and feelings in appropriate ways (Bass & Davis, 1988; Blume, 1990; Briere & Runtz, 1991; Courtois, 1988; Finkelhor, 1979; Herman, 1992b; Russell, 1981).

For healing to take place, the adult survivor needs to work with a therapist that establishes trust and safety and is empathetic and accepting of the adult survivor and their history (Bass & Davis, 1988; Blume, 1990; Briere & Runtz, 1991; Courtois, 1988; Finkelhor, 1979; Herman, 1992b; Russell, 1981). While there have been many studies on the effects of PTSD and complex trauma on children and adults with a history of CSA, research on treatment addressing the non-religious spiritual implications or the existential aspect, the survivors identity or self-concept, and self-forgiveness appears to be more limited (Bass & Davis, 1988).

Purpose of the Project

The purpose of this graduate project was to develop a handbook for male and female adult survivors of CSA that uses integrative evidence-based theories and treatment protocols. The handbook has information, assignments and guided visualizations that can be used by professionals in the counseling field, and male and female adult survivors of CSA to use as in-session or homework assignments. The assignments have been designed to assist the adult survivor identify the different effects of the CSA trauma that have become issues, problems, and limitations in different areas in their lives. The guided visualizations have been designed to help the adult survivor relax and reduce their PTSD symptoms, affirm new positive ways of thinking, reframe their story, identify their strengths, build their self-esteem, establish their unique

identity, learn how to set appropriate boundaries, reduce or eliminate self-destructive behaviors, eliminate their shame and guilt by promoting self-forgiveness and self-compassion, help them mourn their loss and create a releasing ritual, improve their communication skills and relate to other people, regulate emotions in appropriate ways, develop their own beliefs and values, and develop connection, or re-connecting them to their own spirituality. The discussion will include the significance of addressing the major components in treatment of cognitive restructuring, behavioral problems and limitations, and interpersonal communication. The role of religious and spiritual beliefs, spiritual wellness, the concept of “the self”, individual identity, self-forgiveness, and the possibility of forgiveness of the perpetrator will be examined from a therapeutic point of view.

Researchers have found that when an integrative approach is used, adult survivors of CSA show greater improvement and a reduction in their symptomatology (Bass & Davis, 1988; Blume, 1990; Briere & Runtz, 1991; Courtois, 1988; Draucker, 1995; Finkelhor, 1979; Finklehor & Brown, 1985; Herman, 1981). Curtis and Davis (1999), Ganje-Fling and McCarthy (1996), and Ryan (1998a, 1998b) have acknowledged the importance of addressing the client's spiritual needs. Bass and Davis (1988), and Parker, Horton, Jr., and Watson (1997) suggest using rituals to signify releasing the CSA trauma, achieving a level of healing and wellness, and celebrating their new life. Enright and the Human Development Study Group (1991), and Freedman and Enright (1996) found that compassion for self, self-forgiveness and forgiveness effective in treatment protocols, but that it appears limited in secular counseling at this time. Bass and Davis (1988), and Freedman and Enright (1996) used some of these therapies together that

have proved to be helpful for symptom reduction when implemented independently of one another. There has been disagreement about using all of the different interventions together as a treatment protocol. Draucker (2000) recommended clarifying both the meaning and the role of forgiveness in the healing process. Briere and Runtz (1991) do not refer to concepts of forgiveness as therapeutically relevant at any point through the recovery process of the adult survivor of CSA.

Definition of Terms

Childhood Sexual Abuse (CSA). The legal definition of CSA varies from state to state, has many forms which involves a wide range of violence from none to extreme, and emotional trauma varies (Baxter, 1986). Many statutes relating to CSA are found in the states' civil and criminal codes because "criminal codes focus on conviction and punishment and civil codes focus on child protection and family therapy" (Baxter, 1986, p. 12).

In 1978, The National Center on Child Abuse and Neglect defines child sexual abuse as:

"Contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is significantly older than the victim or when the perpetrator is in a position of power or control over another child."
(NCCAN, 1978:2)

Dube et al (2005) in their study asked the following questions to define CSA:

"During the 1st 18 years of life with an adult or someone at least 5 years older than themselves where an adult, relative, family friend, or stranger; (1) touch or fondle the your body in a sexual way; (2) have you touch their body in a sexual way; (3) attempt to have any type of sexual intercourse with you (oral, anal, or vaginal); or (4) actually have any type of sexual intercourse with you (oral, anal, or vaginal)."
(p. 432)

Finkelhor (1979) identified various terms that have been used which include “sexual abuse, child molestation, sexual victimization, sexual harassment, sexual assault, child rape, and sexual misuse” (p.17). Finkelhor uses “the term sexual victimization which emphasizes that the child is victimized by age, naiveté, and relationship to the older person rather than by the aggressive intent of the abusive behavior” (p.17).

The US federal government defines child abuse and neglect in the Child Abuse Prevention and Treatment Act as:

"The physical and mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened." (CAPTA; Public Law 93-273; 42 U.S.C. 5101)

Child Maltreatment (2012) defines sexual abuse as:

“A type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities.”

The National Association of Counsel for Children defines CSA as: “The involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend and to which they are unable to give informed consent for that violate the social taboos of family roles”

(<http://www.naccchildlaw.org/?page=ChildMalreatment>).

The term “sexual abuse” includes:

“A. the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or B. the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children” (CAPTA; Public Law 93-273; 42 U.S.C. 5106g, Sec. 111. Definitions, 4, p. 32).

Post-Traumatic Stress Disorder (PTSD) for CSA. PTSD is a complex, often chronic and debilitating mental disorder that develops in response to directly experiencing, or witnessing in person, a traumatic event or events where the individual is exposure to actual or threatened death, serious injury, or sexual violence (Criteria A)(American Psychological Association (APA), 2013). In Criteria B (APA, 2013) PTSD is usually characterized by recurrent, involuntary, and intrusive distressing memories, recurrent nightmares, dissociative reactions such as flashbacks, intense or prolonged psychological distress at exposure to internal or external cues that resemble or symbolize the traumatic event. Criteria C (APA, 2013) for PTSD includes avoidance of reminders of the event or events, avoidance of distressing memories, thoughts, or feelings associated with the trauma, avoidance of external reminders such as people, places, activities, objects, and situations. Criteria D (APA, 2013) for PTSD includes the inability to remember important aspects of the trauma, persistent and exaggerated negative beliefs, and expectations, distorted cognitions, persistent negative emotional state such as fear, horror, anger, guilt, or shame, diminished interest or participation in activities, detachment or estrangement from others, and an inability to experience positive emotions. Criteria E (APA, 2013) for PTSD includes irritable behavior, anger management problems and aggression, reckless or self-destructive behavior, hypervigilance, exaggerated startle response, problems with concentration and sleep disturbances. The PTSD symptoms persist for more than one month; and social and occupational, or other important areas of functioning are significantly affected (APA, 2013).

Borderline Personality Disorder (BPD). It is characterized by patterns of instability in affect regulation, impulse control problems, intense feelings of emptiness, anger, & sorrow, & difficulties in handling these feelings, intense interpersonal relationships, problems with self-image, paranoid or dissociative symptoms, parasuicidal behaviors including suicide threats or self-mutilating behaviors (APA, 2013). An invalidating childhood environment plays a crucial role in the development of BPD by responding to the individual's utterances of affect and emotion in an irregular or inappropriate way. Early serious traumatic events are common and there is a connection between sexual abuse in childhood and a future development of self-injurious behaviors and suicide ideation (Linehan, 1993).

Dialectical Behavior Therapy (DBT). A treatment protocol developed by Linehan (1993) for the treatment of trauma in individuals that have difficulty managing emotions, forming close relationships, and who have suicide ideation. DBT was originally used to treat borderline personality disorder (BPD), but has since been found to be effective in treating symptoms of PTSD (Becker & Zayfert, 2001). Many individuals with BPD have been physically and/or sexually abused as children.

Dissociative Identity Disorder (DID). A disruption of identity characterized by two or more distinct personality states within an individual where each personality is dominant at different times or in different situations. The disruption in identity involves changes in the person's behavior, perception, cognition, sensory-motor functioning, and they have recurrent gaps in memory, (APA, 2013).

Psycho-Spiritual. For the purpose of this project, psycho-spiritual involves both the integration and connection of the psychological and spiritual aspects of the individual

which affects their connection to their psyche, higher self, God, or higher consciousness. It includes recognizing and accessing higher consciousness through such tools as meditation, imagery, metaphor, visualization, creative arts, awareness, and intuition (Bass & Davis, 1988; Dolan, 1991).

Cognitive Processing Therapy. A therapy model developed by Resick and Schnicke (1993) specifically to treat post-traumatic stress disorder symptoms in victims of sexual assault by writing and discussing the traumatic event, how it influenced the client's view of themselves, other people, and the world. By reading the account repeatedly in the therapeutic environment, the client and therapist are able to identify stuck points which are thoughts that involve powerlessness, self-blame, and guilt.

Mindfulness. It is a practice based on Buddhist tradition that helps the individual build awareness so they can focus on the present moment. By focusing their attention and observing their emotions, thoughts, and body sensations without judgment the individual is able to ground themselves and manage their PTSD symptoms more effectively (Cloitre et al., 2006; Lee & James, 2011).

Ritual. The creation and implementation of an individualized therapeutic spiritual ritual to assist in mourning and healing the trauma of CSA (Bass & Davis, 1988; Dolan, 1991; Herman, 1992b; Parker, Horton, & Watson, 1997).

Seeking Safety. Developed by Najavits (2002) as a treatment protocol comprised of 25 topic areas to treat individuals with PTSD and substance abuse. There is a focus on safety, ideals, the therapeutic alliance, cognitive restructuring, behavioral modification and interpersonal skills.

Solution-Focused Therapy (SFT). Developed by de Shazer (1985) to build upon the client's inner resources to co-construct with the therapist individualized and uniquely

effective solutions to help the client achieve their preferred outcomes to their problems (O'Connell, 2001). SFT for CSA uses pre-treatment changes, the Solution-Focused Recovery Scale, the miracle question, the first session formula task, and constructive individual and systemic questions (Dolan, 1991).

Stress Inoculation Training (SIT). Developed by Michenbaum (2007) focuses specifically on the anxiety and fear experienced by individuals with PTSD. SIT develops awareness of the triggers for the anxiety and flashbacks. Treatment focuses on relaxation skills, breathing exercises, and guided visualizations to develop coping skills to prevent overwhelming emotional reactions to triggers.

Therapeutic Alliance. The relationship between a therapist and client in which the therapist gives unconditional positive regard to the client. The therapist establishes trust and provides a safe environment for the client to express their emotions and tell their story (Cloitre et al. 2006; Herman, 1992b; Jehu, 1988).

Traumatic Countertransference. The conscious or unconscious reactions experienced by a therapist in relation to the information given by a client in therapy which results in the therapist over-identifying with the client or being traumatized by the information (Herman, 1992b).

Self-Esteem. For the purpose of this project, self-esteem is used to reflect a person's overall emotional sense of self-worth or personal value (McKay & Fanning, 2000). Self-esteem is often seen as a personality trait, which means that it tends to be stable and enduring. Self-esteem encompasses both positive and negative emotions, and represents judgments and evaluations of the self, such as worthiness, despair, pride, and shame (Carlock, 1999). It can involve a variety of beliefs about the self, and occurs in

conjunction with a person's thoughts, behaviors, feelings and actions. According to Branden (1969), self-esteem is the sum of self-confidence and self-respect which is a feeling of personal capacity and personal worth. Self-esteem is the individual's experience of being competent to cope with the basic challenges of life, to understand and solve problems, and their right to achieve happiness, be given respect, and being worthy of happiness.

Self-Forgiveness. For the purpose of this project, self-forgiveness is used as a kind and compassionate intervention that an individual can do for themselves. When an individual forgives themselves for the thoughts, beliefs and actions of the past, they can let go of old emotions attached to them such as blame, shame, guilt, and fear from the trauma of CSA (Bass & Davis, 1988; Enright & the Human Development Study Group, 1991).

Summary

The prevalence of CSA in the U.S. is very high, and affects one in three to four women and one in six to seven men and the effects of this abuse has been of great concern to mental health professionals since the 1970's (Bass & Davis, 1988; Finkelhor, 1979; Herman, 1981; Russell, 1999). The literature review outlines the research that has formulated the comprehensive integrative treatment protocol to address the variety and extensive psychological, social, and spiritual effects experienced by adult survivors of CSA. The literature review will identify the history of the problem (Baxter, 1986; de Young, 1982; Finklehor, 1979; Finkelhor, 1994; Herman, 1981; Rush, 1980), the prevalence (Blume, 1990; Easton, Coohy, Rhodes, & Moorthy, 2013; Finkelhor, 1986; Struve, 1990), the risk factors of CSA occurring to a child (Bass & Davis, 1988; Blume,

1990; Briere, 1991; Brown, 1991; Courtois, 1991; Draucker, 1995; Finklehor, 1979; Herman, 1981; Russell, 1983), the types of perpetrators (Baxter, 1986; Butler, 2013; de Young, 1982; Finklehor, 1979; Herman, 1981; Meiselman, 1978), different aspects of CSA, and the short and long-term effects of CSA (Bass & Davis, 1988; Blume, 1990; Briere & Runtz, 1991; Brown, 1991; Courtois, 1988; Draucker, 1995; Finklehor, 1979; Herman, 1981; Meiselman, 1990; Russell, 1983).

The literature review uses peer-reviewed articles, books and treatment manuals on the evidenced-based theories and treatment protocols on the topics of CSA, PTSD, anxiety, depression, fear, emotion regulation, substance abuse, identity, communication skills, sexual dysfunction, self-esteem, self-forgiveness, loss, guilt, shame, spirituality, meditation, guided visualizations, and rituals (Bass & Davis, 1988; Briere & Scott, 2006; Carlock, 1999; Cloitre et al., 2006; Courtois & Ford, 2009; Dolan, 1991; Draucker, 1995; Enright, 1992; Ganje-Fling and McCarthy, 1996; Goodyear-Brown, 2012; Herman, 1992b; Lee & James, 2011; Linehan, 1993; McKay & Fanning, 2000; Michenbaum, 2007; Najavits, 2002; Parker, Horton, Jr., & Watson, 1997; Quina & Carlson, 1989; Resick & Schnicke, 1993; Turell and Thomas, 2002; Whitfield, 1990).

CHAPTER II

LITERATURE REVIEW

Introduction

The literature review will outline the history of the problem, the prevalence, and the risk factors of childhood sexual abuse (CSA) to a child, the types of perpetrators, different aspects of CSA, the short and long-term effects, and the different treatment protocols that have used. Until the 1970's, and in most ethnic groups and cultures of the world, CSA has been legal, accepted, ignored, and denied, and it was only in 1974 that the United States Congress passed the Child Abuse Prevention and Treatment Act which made CSA a criminal offense (Finklehor, 1979; Herman, 1981).

In the US, CSA is considered a serious problem that has attracted the attention of researchers since the 1970's since it affects one in four women and one in seven men (Bass & Davis, 1988; Finkelhor, 1979; Herman, 1981; Russell, 1999). While some researchers have classified CSA as strictly acts of sexual intercourse, others have included a wider range of victimization, such as fondling, witnessing sexual acts between others, or sexual harassment. For the purpose of this project, CSA can be identified as any unwanted sexual contact, including genital fondling and penetration, during which the victim is under the age of 18 and the perpetrator is an adult in a position of power or control over the child (NCCAN, 1978:2). *Child Maltreatment 2012* defines sexual abuse as:

“A type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities.” (Appendix B: Glossary, p. 121)

Russell (1986) defined a hierarchy of sex abuse according to a spectrum of severity into three levels of specific activities. Very severe sexual abuse involves attempted or completed, forcible or non-forcible, genital or anal intercourse, fellatio, cunnilingus, or anilingus. Severe sexual abuse involves attempted or completed, forcible or non-forcible, manual touching or penetration, simulated intercourse, or breast contact (unclothed). The least severe sexual abuse involves forcible or non-forcible sexual kissing, intentional sexual touching of buttocks, thighs, legs, or clothed breasts and genitals. In clinical samples, over 60% of the patients report having been sexually abused at the very severe level as defined by Russell (Frawley, 1988; Jedu, 1988).

History of Denial and Recognition of Childhood Sexual Abuse

There has been a long history of acceptance and denial of CSA in most cultures and countries of the world (Baxter, 1986; Finklehor, 1979; Finkelhor, 1994; Herman, 1981; Rush, 1980). The maltreatment of children has been defined differently in different cultures and countries of the world, and the value of children to a society has changed over time according to their economic, social, and religious status (Baxter, 1986; de Young, 1982; Finklehor, 1979; Herman, 1981). Therefore, it has been suggested that sexual victimization must always be interpreted in the context of the culture in which the abuse takes place. Culture is always relevant to trauma because there are unique cultural standards and attitudes that shape the victim's experience and act to maintain the existence of sexual abuse in that society. Two important cultural contexts are the perpetrator's cultural power base and the culture's mythology of children and sexual victimization (Baxter, 1986; Finklehor, 1979; Finkelhor, 1994; Quina & Carlson, 1989).

The history of CSA dates back to ancient cultural practices where the parents and community consented to the killing of infants for sacrifice, to avoid dishonor, to serve a religious purpose, and to insure financial security (Baxter, 1986; Rush, 1980). In the Roman civilization prior to the A.D. 600's, wives, slaves, and children were considered to be the possessions of their masters, the male authority of the household (de Young, 1982). Roman law gave the power of life or death to the father and he could loan his children to guests for sexual gratification and sell them into prostitution (Baxter, 1986; de Young, 1982; Rush, 1980). In Babylonia, children were temple prostitutes for religious purposes, in Egypt, girls were prostitutes until puberty, and Persia had boy brothels (Baxter, 1986; Rush, 1980). In other countries such as China, Peru, and Mexico, children were killed to insure a good harvest (Baxter, 1986).

According to de Young (1982), pederasts are men that are fixated on young boys or adolescents and are involved in an underground group that have a code of ethics which governs their sexual behavior. This form of CSA dates back to early Greek times when a hierarchical relationship between an older man and a youth was an accepted socially endorsed intellectual, emotional and sexual relationship where youths and their families were willing participants in the relationships. Famous pederasts were Socrates, Plato and Pindar (de Young, 1982). Rush (1980) suggests that pederasts do not consider this behavior as CSA, and have used history, tradition and experts to organize an underground network using the internet to continue this form of CSA. In modern times, pederasts have lobbied to rescind legislation which prohibits sex with minors, and have tried to lower or eliminate the legal age of consent. In ancient Greece and in Biblical times up until the mid-1800's children and women of any age were considered a man's property in

the same way as land or animals and had no human rights and attributes (Baxter, 1986; Rush, 1980). Because children and woman were also considered sexual property, all sexual relationships were defined as financial transactions, and marriage was the purchase of a daughter from her father and rape was defined as the theft of a girl's virginity which could be compensated for by payment to her father or husband (Baxter, 1986; Rush, 1980).

Rush (1980) states that a Talmud decree from the Book of Numbers 31:18 allowed a female child of "three years and one day" to be betrothed by sexual intercourse with her father's permission, or given or sold as concubines and slaves to wealthy men. The Talmud recommended that a daughter be given in marriage when she reached *na'rah*, which was between the ages of 12 and 12 ½ years old, but a father could arrange a marriage at any time before that age (Rush, 1980). Once married, the daughter became her husband's property and was under his total control. A boy was considered an adult at 13-years-old, and was then eligible to negotiate his own affairs and marriage. He was not obliged to marry until he was 18-years-old, and could postpone matrimony until his mid-20s (Rush, 1980).

Christian canon law permitted marriage for a 12-year-old girl and a 14-year-old boy, but since girls were considered to be their father's property, they had no choice or rights in whom they married (Rush, 1980). Sex with a female child under seven years of age was considered inconsequential, and was therefore not illegal (Rush, 1980).

Finkelhor (1979) found that in some societies sexual contact takes place on a sanctioned and highly ritualized and structured basis between adults and children and is not considered a sexual or deviant act. In some societies such as in New Guinea,

homosexual acts between men and boys play a part in tribal ritual where “each prepubescent boy passes through an initiation in which he is introduced to anal intercourse by one of the tribe’s older men” (Finkelhor, 1979, p. 29).

According to Struve (1990), social norms that have historically created a context to allow children to be sexually abused are chattel property, learned helplessness, sexual entitlement, and the shroud of secrecy. Chattel property laws and customs, where men have ownership and control of their wives and children, have been accepted in all cultures throughout history (Rush, 1980). Men have been conditioned by society to believe that they have the privilege to be assertive, and have mastery and control over their own lives, women, and children (Finkelhor, 1986). According to Baxter (1986), in the nineteenth century there was a shift in attitude from property to the concept of parents’ rights over their children. Until the 1960’s, women and children had been taught to be passive, yielding, accepting of their second class status, and to be compliant (Quina & Carlson, 1989; Rush, 1980; Struve, 1990). Struve (1990) defines learned helplessness as the “ability to accept one’s position of passivity in relationship to those who are defined as being more dominant, to such a degree that a person experiences psychological paralysis” (p.10). When children are threatened by a trusted parent they are powerless because they do not have the economic resources, skills, or maturity to live independently. The powerlessness in repeated trauma over time creates feelings of numbing, disassociation, passivity, helplessness, and the inability to exercise free choice (Struve, 1990). According to Struve (1990), men who sexually abuse children believe that “sex is a privilege for the dominant person” and that they “deserve to have their sexual desires met” (p. 11). Lastly, Struve (1990) states that it is a common belief in U.S.

society that sexual information is “dangerous and corrupting” (p. 11), which leads to ignorance, confusion, distortion, and fear about sexuality. In modern times, fundamentalist religious values that promote the sanctity of the home and family, and the dominance of males have discouraged their members, and professionals from reporting physical and CSA (Struve, 1990).

During the last 120 years, CSA has been denied by the public and mental health professionals because society has wanted to promote an idyllic image of the family as a safe haven for children in an unsafe world (Struve, 1990). According to Finkelhor (1979) and Herman (1981), there have been three discoveries of the prevalence of sexual abuse by mental health professionals. The awareness of the occurrence of sexual abuse as a traumatic experience in the lives of children was first identified by Sigmund Freud (Davis & Frawley, 1994; Draucker, 2000). According to Finkelhor (1979) childhood sexual experiences played a key role in Freud’s early theories of neurosis. In 1896, Freud presented his paper, *The Aetiology of Hysteria*, to the Society for Psychiatry and Neurology which outlined his Seduction Theory that theorized that childhood sexual trauma was the root of adult psychological problems (Davis & Frawley, 1994; Struve, 1990). Freud later revised his theory, partly due to the negative reception by the male-dominated psychiatric community, and because he did not believe that such widespread perversions against children was probable (Davis & Frawley, 1994; Herman, 1981). Since Freud believed that children were not sexual until puberty, he decided that the stories he had been hearing from his female patients were fantasies, not true experiences, and that psychopathology stemmed not from sexual trauma with adults but from failure to resolve their Oedipal conflict with their fathers (Davis & Frawley, 1994; Finkelhor,

1979). According to Briere (1989) and Struve (1990), Freud's revised theory also turned his original theory upside down by placing blame for CSA on the child instead of the adult's predatory behavior. Freud believed that children were inclined towards fantasies, that adult reports were a result of a hysterical personality, or were the result of the seductive energies of promiscuously inclined children. This produced a false set of assumptions regarding the etiology of hysteria, and other psychological maladies and set a precedent for later psychotherapists to disbelieve their clients' reports of childhood sexual victimization, and allowed professionals to maintain a "dignified silence" on the topic of incest and the public continued to deny the reality and the prevalence of childhood sexual abuse (Briere, 1989; Herman, 1981).

It was not until the 1940s that CSA was discovered for a second time by Kinsey, Pomeroy, Martin, and Gebhad (1953) in their large-scale survey studies of female sexual practices (Draucker, 2000). According to Finklehor (1979) these studies established that childhood sexual experiences were universal and gave assurance to many people that their previously imagined deviance was shared by many others. In spite of evidence from his survey that child molesting, sexual abuse, and incest were far more widespread than anyone had previously been able to show, Kinsey did not focus on these findings and gave them very little attention in his report. Kinsey and his colleagues indicated that the women's distress resulted from social conditioning rather than the sexual act itself (Draucker, 2000). Herman (1981) concluded that Kinsey and his colleagues, in an attempt to encourage enlightenment and tolerance of sexual attitudes, did not distinguish between sexual acts committed by consenting adults, and inappropriate acts such as

exhibitionism and exploitative acts such as prostitution and the sexual molestation of children.

The third discovery of CSA was during the 1960s, and credits the feminist movement with bringing the problem of childhood sexual abuse into public awareness, along with other taboo issues such as domestic abuse and rape (Finkelhor, 1979; Herman, 1981).

On January 31, 1974, the United States Congress passed the Child Abuse Prevention and Treatment Act (CAPTA; Public Law 93-247). The act provided states with funding for the investigation and prevention of child maltreatment, conditioned on the states' adoption of mandatory reporting law. States were able to establish child protective service agencies with legal mandates to investigate reports of childhood physical and sexual abuse (Struve, 1990). The act also conditions funding on reporter immunity, confidentiality, and appointment of guardians ad litem for children. The act also created the National Center on Child Abuse and Neglect (NCCAN) to serve as an information clearing-house and to provide supportive services related to the identification and treatment of child abuse (Struve, 1990). It has been amended several times and has included The Adoption Reform Act in 1978, and in 1984, CAPTA was amended to include medically disabled infants, the reporting of medical neglect and maltreatment in out-of-home care, and the expansion of sexual abuse to include sexual exploitation. In 1986, the United States Congress passed the Child Abuse Victims' Rights Act, which gave child victims of sexual exploitation a civil damage claim, and was most recently amended and reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (Public Law 111-320).

Prevalence of Childhood Sexual Abuse

The results of a national US telephone survey where 2,626 adults were interviewed with assurances of anonymity, was published on August 25, 1985 in the *Los Angeles Times* showed that 27% of the women and 16% of the men reported having experienced sexual abuse involving physical contact during their childhood (Finkelhor et al., 1990; Struve, 1990). Almost half of the adults who had been victimized kept it a secret, 70% of those that disclosed their victimization reported that there was no effective action taken, and 10% of the adults did not disclose the sexual abuse because they did not consider it serious (Struve, 1990).

In Finkelhor's study (1979) of college students, he found that 19.2% of the women and 8.6 % of the men had been sexually victimized as children. Finkelhor believed that the rate in his study might be low due to the students being more middle class, more psychologically healthy, may have failed to report their experiences due to memory loss or embarrassment. Finkelhor (1979) found that 4% of the CSA experiences reported by girls involved intercourse, but that perpetrators that were exhibitionists made up about 20% of the CSA experiences girls had with adults. Finkelhor (1979) found that 58% of the female students were frightened by the CSA experiences, thought that the person was acting strange and furtive, and that the sexual behavior was not right. Finkelhor (1979) found that sexually abused boys on average were older than girls, and that the boys' perpetrators were younger than the girl's perpetrators. Girls' CSA experiences occurred with older family members 44% of the time, compared to 17% of the time for boys. Finkelhor (1986) and Alaggia and Mishna (2014) speculated that CSA of boys may be under-reported due to the threat to their masculinity, and that it may be a

similar rate as that for girls. Finkelhor (1986), in his meta-analysis of different regions in the US, reported that he did not find any greater prevalence of CSA in a particular region except for two of three studies conducted in California.

Finkelhor (1994) reviewed 21 international population studies of CSA, primarily from English speaking countries and northern European countries, and found the prevalence rates of CSA were from 7% to 36% for women and from 3% to 29% for men.

The Children's Bureau in the Administration on Children, Youth, and Families within the US Department of Health and Human Services (HHS), only collects data on all reported instances of child maltreatment that are investigated, but does not reflect the much greater number of unreported sexual abuse cases. The Children's Bureau was created to ensure the safety, permanency, and well-being of all children by working with state, tribal, and local agencies to develop programs to prevent child abuse and neglect. The Children's Bureau published the twenty-third edition of the annual report on child abuse and neglect data collected via the National Child Abuse and Neglect Data System (NCANDS) in *Child Maltreatment 2012*. This report is based on federal fiscal year 2012 data submitted voluntarily by the by 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. Most states recognize four major types of child maltreatment: neglect, physical abuse, psychological mal-treatment, and sexual abuse. Although any of the forms of child maltreatment may be found separately, they can occur in combination. In 2012, 78.3% of victims were neglected, 18.3% were physically abused, 9.3% were sexually abused, and 8.5% were psychologically maltreated (Children's Bureau, 2012).

The prevalence of CSA in the US is difficult to ascertain because it is under reported. The most commonly cited statistic of childhood sexual abuse is that one in every three to four women in the general population are victims of CSA (Blume, 1990; Finkelhor, 1986). In addition, it is estimated that males experience victimization of childhood sexual abuse at a rate of one out of every six to seven males in the general population (Alaggia & Mishna, 2014; Bass & Davis, 1988; Finkelhor, 1986). The reason why these statistics are much higher than the reported cases statistics is because they represent adults who were victimized as children who as adults were treated by various psychological services (Briere, 1989).

The Easton et al. (2013) study included a large number of men (67%) that were abused by a member of the clergy because the researchers had recruited from the Survivors Network of those Abused by Priests (SNAP) as well as MaleSurvivor, and 1in6. CSA by the clergy was found to be devastating since it affected the survivor's spirituality and shut off a potential source of hope, comfort, strength and support in recovery. Male survivors often experience rage at God and the church for failing to protect them from being sexually abused and powerless. The average age of the survivors when they were first sexually abused was 10.3 years, 45% were abused more than 10 times, 34.3% were abused for more than three years, and 55% reported that sexual abuse included penetration (Easton et al., 2013). Easton et al. (2013) found that post-traumatic growth in male survivors of CSA increased when they had an understanding of the CSA and how it had affected their lives, placed responsibility on the perpetrator, gained insight through disclosure, allowed themselves to think about the trauma and victimization, and experience the intense emotions of shame, anger, and

betrayal in a safe environment. Easton et al. (2013) found that turning points in the men's lives were positively related to post-traumatic growth because it shows a commitment to healing and a more deliberate processing of the CSA experiences.

Based on their national survey of day care centers involving a total of 1,639 victims during a three-year period, Finkelhor, Williams, and Burns (1988) found the incident rate of CSA to be 5.5 per 10,000 children compared to 8.9 cases of intra-familial abuse per 10,000 in children under six years of age. Finkelhor et al. (1988) found that 13% of the cases involved ritualistic abuse. According to Kelley (2014),

“ritualistic abuse refers to repetitive and systematic sexual, physical, and psychological abuse of children by adults as part of cult or satanic worship”, and “is characterized by forced ingestion of human excrement, semen, or blood; ceremonial killing of animals; threats of harm from supernatural powers; ingestion of drugs or “magic potions”; and use of satanic songs, chants, or symbols” (p.503).

In her survey of children aged four to 11 years, Kelley (1989) found that sexual abuse involving ritualistic abuse was associated with more types of sexual abuse, more forms of penetration (vaginal, rectal, and oral), more likely to report having pornographic photographs taken, and being forced into sexual acts with other children, than children abused without rituals. Eighty-nine percent of the victims were physically abused by the perpetrators, and 74% of the children abused in rituals were forced to drink a drug that made them drowsy (Kelley, 1989). Kelley (1989) found that 98% of the victims were intimidated with physical threats, with death threats to themselves (71%), parents (85%) or siblings (31%). Survivors of ritualistic abuse in day care centers are considered at risk for severe psychiatric problems, especially dissociative disorders.

Research Related to Childhood Sexual Abuse

Finkelhor (1986) reports that there have been several problems with research studies which include a shortage of research funding, slowness of disseminating of information from the studies, creating assessment instruments, and developing treatment protocols. There have been problems with the type and size of the samples, age of the child, inconsistency in research design, conflicting definitions of CSA including inclusion or exclusion of non-contact abuse, and analysis of data (Finkelhor, 1986). The fact that CSA does not fall into one particular discipline, but several including psychology, sociology, nursing, psychiatry, pediatrics, social work, criminal law, and counseling psychology has meant that there is diversity in approaches, but it has also caused problems in communication between the disciplines (Finkelhor, 1986).

According to Draucker (2000), research related to CSA has focused on determining its prevalence in the population and in identifying long-term effects that stem from the abuse, and exploring what factors might mediate the relationship between abuse characteristics and how adult survivors of CSA function as adults (Bass & Davis, 1988; Blume, 1990; Briere & Runtz, 1991; Browne, 1991; Courtois, 1988). This has included identifying the sexual abuse factors related to the childhood experience of sexual abuse, the long-term effects of CSA on the adult survivor, and various treatment considerations and models pertinent to providing successful therapeutic interventions for the CSA survivor. While not all victims experience damaging effects of CSA, research with this population suggests that many do, and that many studies reflect the significance of developmental issues related to early victimization (Blume, 1990; Briere, 1991; Courtois, 1991; Finkelhor, 1979; Herman, 1981). Finkelhor and Browne (1985) developed the

Theory of Traumagenic Dynamics that utilizes the four factors that create the mental and emotional impact of CSA which are powerlessness, betrayal, stigmatization, and traumatic sexualization. These dynamics, which can affect a child's cognitive and emotional worldview, and may consequently manifest in adulthood as mistrust, depression, anxiety, social problems, and sexual identity confusion (Blume, 1990; Briere, 1991; Draucker, 1995; Courtois, 1988; Finkelhor, 1979; Finklehor & Browne, 1985; Herman, 1981).

Up until the 1970's, the subject of sexual abuse was taboo in US society, which resulted in women hiding the abuse and internalizing the blame which resulted in feelings of guilt, shame and isolation (Blume, 1990; Draucker, 2000). Other consequences of CSA may be eating disorders, health problems, sexual disorders and substance abuse (Blume, 1990; Briere, 1991; Courtois, 1988; Finkelhor, 1979; Herman, 1981). More devastating long-term effects result in borderline personality disorder, dissociative identity disorder, and suicidal ideation (Blume, 1990; Briere & Runtz, 1991; Courtois, 1988; Finkelhor, 1979; Herman, 1981).

Four-Factor Theory. Finkelhor and Araji (1983) developed a four-factor theory to address why someone would sexually molest a child. The factors include emotional congruence, sexual arousal, blockage, and disinhibition. According to Meiselman (1990) the first two factors depend upon the individual's emotional development and the effects of early sexual experiences in establishing patterns of sexual response. Blockage refers to situation events that occur before the onset of the molestation such as parental impairments, particularly maternal illness or death, alcoholism and substance abuse, extended maternal absences, frequent pregnancies, and serious marital conflicts,. The

disinhibition factor is when the perpetrator's inhibitions were weakened by alcohol or drug use, depression, psychosis, exposure to child pornography, or cultural influences (Finkelhor & Araji, 1983).

Theory of Traumagenic Dynamics. Finkelhor and Browne (1985) developed the Theory of Traumagenic Dynamics to organize the immediate effects of CSA into four major ways in which CSA can produce trauma. The first way is traumatic sexualization includes the distortions, confusion, and fear in regard to sexual behavior and beliefs. The second way is a result of betrayal that the child experience in the realization that a trusted adult has harmed him or her. The third way is the feeling of powerlessness that the child experiences due to being coerced and being helpless in the situation, and the forth way is by stigmatization where the child receives negative messages about the meaning of the CSA.

CSA Risk Factors for Children

According to the US Department of Health and Human Services (1998) data from 1996 indicates that approximately 10% of victims are between birth and three years old. For children between the ages of four and seven years, the percentage almost triples to 28.4%. Children aged between eight and eleven years account for a 25.5% of cases, and children aged 12 years and older accounting for the remaining 35.9% of cases. Some authorities believe that, as a risk factor, age operates differentially for girls and boys, with high risk starting earlier and lasting longer for girls. Finkelhor (1979) found that the mean age of onset of CSA was 10.2 years for girls and 11.2 years for boys, and that the greatest risk is between the ages of 10 through 12 years of age when they are victimized

at more than double the average age. Russell (1983) found the average age of onset of CSA for girls was 11.2 years.

Butler (2013) suggests that children are at higher risk when they have physical disabilities such as blindness and deafness, and mental retardation due to increased vulnerability associated with dependency, institutional care, and communication difficulties. Butler (2013) found an increased risk for girls with learning disabilities and speech and language impairments. According to Butler (2013), attention deficit hyperactivity disorder (ADHD) has been associated with CSA although it has been suggested that posttraumatic stress disorder (PTSD) symptoms of impulsivity, inattention, hyperactivity, and externalizing behavior may be misdiagnosed as ADHD. Impulsivity increases a child's risk of victimization because they are focused on the present and fail to correctly judge the potential danger in the situation (Butler, 2013).

Community survey studies find almost no socioeconomic effects, but a disproportionate number of CSA cases reported to Child Protective Services come from lower socioeconomic classes and in African-American families (Butler, 2013). Race and ethnicity by themselves do not seem to be risk factors for CSA (Finkelhor, 1986); although research suggests that they may influence symptom expression (Baxter, 1986). According to Quina and Carlson (1989), there is a correlation between gender and race to power since women are often less powerful than men they are more vulnerable to sexual abuse than men, and minority women and children are slightly more vulnerable in the lower socioeconomic environments. Butler's study (2013) confirmed previous research that perpetrators often select children from a family headed by an overburdened single mother regardless of their race, but that the risk of CSA fell when the girls lived with

both parents during the first year of their life. The risk of CSA fell when the mother's education level was beyond high school, allowing the mother to live in a better neighborhood and had access to better facilities (Butler, 2013).

Parental impairments, particularly maternal illness, emotional incapacitation, maternal alcoholism, extended maternal absences, serious marital conflicts, parental substance abuse, social isolation, poor supervision of children, and punitive parenting, have all been associated with increased risk in some studies (Baxter, 1986; de Young, 1982; Finkelhor, 1979; Herman, 1981). Family constellation, particularly the absence of one or both parents, is a significant risk factor (Butler, 2013; Finkelhor, 1993). According to Baxter (1986), Finkelhor (1979), and Herman (1981), social isolation of the family increases the prevalence of familial CSA in both rural and in urban areas because sexual attachments occur within the family instead of outside people. Social isolation allows sexual deviance to emerge due to lack of public scrutiny, and because it deprives people of socially acceptable forms of support and intimacy. CSA can become accepted as the normal in the family, and can be transmitted from one generation to the next generation. Further research by Finkelhor (1986) found that families with incomes below \$7,000 in 1982 accounted for 29.3% of the CSA cases reported to the American Humane Association. The presence of a stepfather in the home doubles the risk for girls, not only for being abused by the stepfather but also for being abused by other men prior to the arrival of the stepfather in the home (Finkelhor, 1986). The sexual habits such as observing sexual encounters between parents, use of explicit sexual language, and little or no privacy within the family may create an atmosphere of acceptance of CSA (Baxter, 1986).

Baxter (1986), de Young (1982), Finkelhor (1979), and Herman (1981) found that the mothers are unable or afraid to exercise their intra-familial power to intervene in the victimization due to their unresolved dependency on her husband and the mothers' submissive and passive behavior. The non-participating mother uses the defense mechanism of denial to avoid having to do something about the CSA. The mothers fear the dissolution of their marriages, public humiliation, and the loss of financial support so they rationalize that CSA is rare and so therefore cannot be happening in their family. These mothers often still deny the CSA when the daughters confront them with the information (Baxter, 1986; de Young, 1982).

Perpetrator

The Victim–Perpetrator Relationship. The victim–perpetrator relationship is often a familiar one that is emotionally close and significant, and the individual perpetrating the CSA is often a parent or parent-figure where denial has often been the defense (Herman, 1981). In Green, Ramelli, and Mizumoto (2001) study in Hawaii, 96% of children zero to five years, 90% of those six to 11 years, and 79% of those 12 to 17 years knew their assailant. The perpetrator is frequently in a position of power and authority over the child and/or responsible for providing childcare (Finkelhor, 1979; Herman, 1981). The child does not understand the concept of consent and choice that would apply to relationships among adult peers (Herman, 1981). The CSA is more often fondling of the genitals, masturbation, and exhibition (Finkelhor, 1979).

Finkelhor (1979) found that there were different motivational reasons in different men which included sexual gratification, the need for closeness, or for aggression, and fear of adults and adult sexuality. There are different motivations for adolescents

molesting children than adults, and motivations for molesting very young children differ from those interested in molesting older children. The motivational roots of exhibitionism are different to those of sexual intercourse. Alcohol is often connected to CSA and may be more of a way in which the activity is excused or rationalized by the perpetrator than a causative factor (Finkelhor, 1979).

Herman (1981) found that among white middle and working-class perpetrators, most were churchgoing, worked hard, financially stable, maintained a façade of respectability, and were often very successful and admired by other people. The fathers were patriarchs whose authority was absolute, asserted by force, and they were feared within the family. Herman (1981) found that the fathers controlled the family's social life and often isolated the women in the family.

In her study, de Young (1982) found that the perpetrator rationalized their behavior in the following ways: Twenty-five (49%) of the incestuous fathers and step-fathers said the reason for the CSA was the sexual education of their daughters; eighteen (35%) stated that they were seduced by their daughters; seven (14%) stated that their emotional state and controls were weakened by alcohol; and one (2%) stated that he was severely neurotic and in psychic pain at the time. De Young (1982) stated that other rationalizations that perpetrators used included the beliefs by fathers or step-fathers that their daughters were their possessions and are therefore subject to their needs and desires, that everyone needs to be liberated from archaic and repressive sexual attitudes, and that was their daughter's duty to have sexual relations with them.

The child's relationship with their perpetrator filled significant emotional deficits in the child's life in many cases especially when the parents do not show the child

sufficient affection (Butler, 2013). Most of the children described their relationship with the perpetrator as positive, expressed ambivalent feelings toward their perpetrator, and many did not perceive themselves to be permanently harmed by the CSA experience (de Young, 1982; Finkelhor, 1979; Herman, 1981).

Rush (1980) suggests that CSA of boys may appear to be less traumatic in its impact on the victim because the boy may identify with his male molester and therefore suffer no loss of masculine esteem through the experience. De Young (1982) found that parents, particularly fathers, may react extremely negatively to their sons' molestations, due to father's fear that his son's masculinity may have been diminished, or the father's fear of homosexuality, the boy is less likely to report the incident due to fear of the father's negative reaction.

Perpetrators generally targeted children who were quiet and withdrawn and/or appeared vulnerable because of their age or friendliness (Baxter, 1986; Butler, 2013). They seek out children who are particularly trusting and work proactively to establish a trusting relationship with them before assaulting them. This may extend to establishing a trusting relationship with the victim's family as well allowing the perpetrator greater access to and control of the child. CSA can occur anywhere including the child's home, the perpetrator's home, neighborhood, school, parks, playgrounds, public restrooms, movie theaters, wooded areas, and campgrounds (Baxter, 1986).

Strategies employed to gain the compliance of child include the addition and withdrawal of inducements such as special attention, material goods, and privileges, misrepresentation of society's morals and standards, the abusive acts themselves, and externalization of responsibility for the CSA onto the child (de Young, 1982; Herman,

1981). According to de Young (1982), many perpetrators use special attention, followed by inappropriate hugging, kissing, and fondling over a period of time so that the girl victim does not resist and may enjoy the experience until the child realizes that the behavior is wrong and must be terminated. De Young (1982) and Meiselman (1990) found that the perpetrators can be very devious in their behavior by getting into to bed with their victim and begin the overt sexual contact while the child is asleep.

Pedophiles. According to de Young (1982) and Baxter (1986) a fixated heterosexual or homosexual pedophile is an individual that has a permanent arrestment of psychosocial maturation resulting from unresolved phases of development. From adolescence the pedophile has been sexually attracted to children because emotionally and sexually they are still a child with low self-esteem (Finkelhor, 1986). Pedophiles are more comfortable around children than adults because children make the pedophile feel more powerful (Finkelhor, 1986). Pedophiles often have childhood histories of physical and sexual abuse and received too little attention early in life and are still trying to get their dependency and nurturing needs met (de Young, 1982; Baxter, 1986; Finkelhor, 1986). They are passive and dependent people who are socially awkward with adults and anxious with adult women because they view themselves as inferior (Finkelhor, 1986). Some heterosexual pedophiles may have originally been attracted to same age women but when they experience difficulties in peer sexual relations they turn to children (de Young, 1982). The pedophiles are more likely to use force with the child, and are more likely to attempt or to complete intercourse with their victim. The sadistic heterosexual pedophile uses physical aggression because it has become eroticized for them and sexual satisfaction is achieved only when the child has been hurt and humiliated (de Young,

1982). The sadistic heterosexual pedophile views the child victim as a representation of everything they hate about themselves which includes their own memories of their abusive childhood. Homosexual pedophiles are not attracted to adult males because they see them as too threatening (de Young, 1982).

Father-Son Incest. According to de Young (1982), Finkelhor (1979), Herman (1981), and Meiselman (1990) father-son incest is rare and occurs when the fathers are regressing to a time in their lives when they experienced sex play with other boys, they that want to conceal their homosexual or bisexual preference, and they use rape as a means to prove their dominance over other family members. De Young (1982) found that the CSA between fathers and sons is usually shorter in duration and terminates without outside intervention when the son refuses to participate further usually because they fear that they will become homosexuals.

Female Perpetrators. Finkelhor (1979) found 15 instances of women being the perpetrator. The female perpetrators ranged in age from 12 to 45, and they included a mother, an aunt, several sisters, and some strangers, and their activities range from exhibition to intercourse. The older women tended to be younger, 22.1 years old as opposed to 29.4 for men, and the older women were more often homosexual oriented in 67% of the cases, as opposed to 14% with older men. The female perpetrators were similar to male perpetrators in that they approach children of the same age, are members of the child's family, engage in similar sexual activities, initiate the activity, often use force or coercion, and last about the same amount of time. Finkelhor (1979) found that although the experiences were similar that they did not elicit the same kind of reactions from the children because the women provoked less fear than the men (20% for women

compared to 62% for men). The children were more likely to be interested by the experience (40% for women compared to 13% for men), and they also reported fewer negative feelings about the CSA in retrospect (40% for women versus 68% for men). A larger proportion of the children were boys, who generally report fewer negative experiences of CSA than girls (Finkelhor, 1979).

Sibling Incest. Finkelhor (1980) survey discovered that 13% of his sample (15% of females and 10% of males) had sexual experiences as children with their siblings. Force was used in 25% of the incidents, and 40% of the students reported that they had been under eight years of age. De Young (1982) documented five cases out of 80 incest victims in her study, but believed that the low figure may be due to under-reporting of this type of incest. De Young (1982) found that there was an increase in sibling incest when the father was dead, not involved with the family, absent from the home for periods of time, had alcohol or substance abuse, or mental illness. De Young (1982) suggested that there was an increase in sibling incest when the mothers were very passive and ineffectual, and did not supervise her children, or mothers who were absent from home for periods of time. Meiselman (1978) found that 50 percent of the fathers in her study were dead, or did not act as restraining agents due to alcoholism or mental illness.

Baxter (1986), Meiselman (1978), and Wiehe (1990) suggest that sibling incest is more common than father-daughter incest, and often begins with mutual interest and participation and may evolve slowly from sibling play activities. De Young (1982) and Wiehe (1990) suggest that sibling incest may be an imitation of sexual behavior viewed by the children in the home in which nudity, overt sexual behavior, and viewing pornography is common. De Young (1982), Finkelhor (1980), Meiselman (1978), and

Wiehe (1990) found that many brothers initiate the incest through threats and bribes. Finkelhor (1980) reported that violence among siblings is the most common form of family violence, reported in 82% of all families, and he found that force entered into 25% of all of his cases of sibling incest.

Factors Influencing Disclosure of Childhood Sexual Abuse

Paine and Hansen (2002) suggest that less than one in four child victims of CSA disclose immediately. Self-disclosure by victims of CSA is critical to initiate legal and therapeutic intervention. The investigatory and legal processes almost inevitably necessitate that the child make repeated disclosures of abuse to multiple individuals during a process that may span months or even years. Repeated disclosures may also be necessitated by the disbelief of family members or trusted adults to whom the child discloses and/or the failure of these individuals to take effective action to halt the abuse. Other factors, such as photographic evidence or disclosure by other victims, eventually resulted in investigation and confirmation of the abuse (Paine & Hansen, 2002).

Research findings consistently indicate that children sexually abused by a close family member are less likely to report their abuse than those abused by a stranger (de Young, 1982; Finkelhor, 1986). This finding is particularly important as research also suggests that the longer children are abused, the more hesitant they may be to disclose their CSA. Children are afraid to disclose because they fear they will be judged negatively, blamed, and/or punished (Meiselman, 1990). Threats decrease the likelihood that children will self-disclose the CSA and can take many forms including physical harm to the victim and/or their loved ones, or forecasting negative or dire outcomes for the victim, their loved ones, and/or the perpetrator (de Young, 1982; Herman, 1981). Green

et al. (2001) found that 53% of victims from birth to five years were fooled or tricked by their perpetrators. For male victims, 67% of those from birth to five years old, 81% of six to 11 year olds, and 71% of the 12 to 17 years olds were intimidated by male perpetrators. For female victims, 76% of those from birth to five years old, 81% of six to 11 year olds, and 78% of the 12 to 17 years olds were intimidated by male perpetrators.

Finkelhor's study (1979) of college students found that 63% of the girls and 73% of the boys did not tell anyone about the CSA, and that the survey was the first time that they mentioned it since it had occurred. De Young's study (1982) found that some victims disclose the CSA by symbolically disclosing first by running away from home, school problems, and other types of self-destructive acting-out behavior that forces some adult authority to pay attention to them. Lodico, Gruber, and DiClemente (1996) found that among high school students extrafamilial abuse was more commonly reported than intrafamilial abuse. Coercive sex with a friend or date in adolescence was six times more likely in adolescents with a history of CSA, and sexually abused females were 2.5 times more likely to force sexual contact on another person, and sexually abused males were over five times more likely to be victims of sexual coercion. Both by victimizing and being re-victimized, sexually abused adolescents perpetrate their abusive experience (Lodico et al., 1996).

Research has found that it is not enough to just educate children regarding acts that constitute abuse but to also instruct them to disclose any CSA. Since 1974, many efforts have been made to increase the responsiveness of others to children's disclosures of abuse (*Child Maltreatment 2012*).

Arata (1998) found an inverse relationship between disclosure and severity of abuse, with children who experienced contact sexual abuse being less likely to disclose than those reporting noncontact sexual abuse. Fifty-four percent of children subjected to intercourse, and 50% of those who experienced attempted sexual activity or noncontact forms of sexual abuse did not disclose. Arata (1998) found that children's abuse disclosures fall into three categories and have been described as being purposeful or accidental, spontaneous or prompted/elicited, and explicit or vague. These descriptions correspond with the three dimensions of intent, spontaneity, and detail.

Arata (1998) found that 70% of children age five and under provided explicit disclosures of sexual abuse experienced, while only 34% of those above the age of five made explicit disclosures. The differences in the children under five years old may be attributed to the use of anatomical dolls during investigative interviews with the younger children. Preschool age children appear more likely to disclose accidentally and in response to a precipitating event while older children are more likely to disclose in a purposeful manner. . Arata (1998) reported that children who disclose their sexual abuse, most make their initial disclosure to a parent or parent-figure, 58% chose their mother, 54% disclosed to a sibling or a friend, 36% chose their father, and 26% told another adult. Elliott (1995) found children whose mothers were non-supportive were significantly more likely to recant their initial disclosure of abuse than children whose mothers were supportive (15.4% versus 3.3%). Mothers were less likely to be supportive when the alleged perpetrator resided with them compared to those who lived outside the home. Mothers were also less likely to be supportive when the victim reported more than one alleged perpetrator (Cosentino, Meyer-Bahlburg, Alpert, Weinberg, & Gaines, 1995).

Arata (1998), in her research among children ages three to nine years old found that the sexual abuse was discovered through the child's inappropriate statement (28%) or sexualized behavior (17%). The decision to disclose was prompted by some type of educational program in 24% of the cases. Other triggers for disclosure included encouragement from peers (10%) and proximity to perpetrator (10%) where disclosure was prompted by the departure of the perpetrator from the child's life in some cases, and by impending contact with the perpetrator in others. Anger was the most common motive to disclose among 58% of adolescents. The victim's feelings of responsibility may be compounded by the intense feelings of shame and stigma associated with sexual abuse (Finkelhor, 1986).

In their study of 204 female undergraduate students attending a large mid-western university, Sinclair and Gold (1997) found that victims who would like to disclose their CSA but do not because the perpetrators threatened or used physical force during the CSA, or they feared being humiliated, not believed, or blamed, experienced more negative health effects by suppressing the traumatic events.

Roesler and Weissmann Wind (1994) studied 228 female victims of CSA with a mean age of 40.6 years, where the average age of onset of abuse being six years, and the last abuse occurred at age 13.8 years. In the study, 36.1% of the women disclosed the CSA before age 18, where 41.8% told a parent and 22.8% told a friend. Parents reacted less favorably to the disclosure than did other people, with 53.1% of the women reporting the parent responding with anger, 51.6% of the women reporting that the parent ignored her, and 53.3% of the women reporting that the parent blamed her for the CSA.

Alaggia and Mishna (2014), Finkelhor (1984), Lodico et al. (1996), and Paine and Hansen (2002) suggest that boys are more hesitant and unlikely to disclose than girls. For boys, failure to disclose the CSA increases with age since adolescent boys are less likely to report their sexual victimization. Boys' reluctance to disclose CSA emanates from the fact boys are socialized not to reveal doubts, weaknesses, and fears, and the fact that, since most of the perpetrators are male, boys have the additional taboo of homosexuality to overcome if they disclose (Alaggia & Mishna, 2014; Finkelhor, 1984; Lodico et al., 1996; Paine & Hansen, 2002). Adolescent boys may fear losing their independence if they divulge incidents of sexual abuse since boys are allowed more freedom for activities outside the home.

Meiselman (1990) and Reinhart (1987) found that most of the reported cases of sexual abuse in boys occurs in boys six and under. Reinhart's study (1987) of 189 sexually abused boys aged birth to 17 years, found many similarities in patterns of disclosure and perpetrator characteristics when compared to an age- and race-matched group of sexually abused girls.

Easton (2012) studied the disclosure process of 487 men aged 19 to 84 years with histories of CSA found 97% of the participants told someone about their abuse but that it took an average of 21 years to first tell someone and an average of 28 years for 77% of the participants to have an in-depth discussion. Sixty-seven percent had an in-depth discussion with a spouse or partner, and 42% reported that their most helpful in-depth discussion was with a mental health professional.

Native Americans and African American ninth and twelfth grade adolescents in a Midwestern state were twice as likely as white adolescents to report CSA (Lodico et al.,

1996). Paine and Hansen (2002) found that child victims belonging to ethnic and cultural minorities are likely to encounter additional obstacles to disclosure which include vulnerability to violence and obstacles to utilization of services. Those cultural factors particularly relevant to disclosure of sexual abuse include language barriers, social isolation, concerns related to immigration status or deportation, discrimination, lack of knowledge and familiarity with community support systems, absence of culture specific services, racism, and cultural insensitivity in mainstream programs. Variations in belief systems and value orientations related to one's cultural background have also been identified as factors influencing an individual's willingness to self-disclose sexual abuse (Paine & Hansen, 2002). Tyagi (2001), in a study of 12 adult Canadian women of color aged 22 to 42 years who had experienced CSA, found that familial and cultural values and beliefs, community mindedness, social attitudes, negative consequences for victims and other social and cultural factors made it difficult for the participants to disclose their CSA both within and outside the own communities. Children raised within cultures espousing collectivistic values may be more hesitant to disclose their abuse due to heightened concerns regarding the negative impact their disclosure will bring upon their family and ancestors. Cultural attitudes toward purity and virginity and/or stigmatization of those sexually victimized greatly compound disclosure (Baxter, 1986; Rush, 1980).

The cultural factors influencing an individual's willingness to disclose are directly relevant to the response of their family to their disclosure and the family's willingness to seek legal and/or therapeutic intervention. Cosentino et al. (1995) found that a number of the mothers in their study of girls that had been experienced CSA for more than two years, became punitive about sexuality and forbade their daughters from engaging in any

sexual activity such as masturbation, and viewed sexuality as dangerous or bad and associated shame and guilt.

Katerndahl, Burge and Kellogg (2006) studied 100 female adult survivors (69% Hispanic and 64% unmarried) with an average age of 29 years, to identify factors that predict how women label their own experiences of CSA. Seventy-five women (94% non-Hispanic whites and 77% Hispanics) acknowledged that their CSA experience was abuse, and the women not acknowledging it as abuse reported that the CSA made them “feel uncomfortable, bad or regretful” (p. 49).

Childhood Loss of Many Psychological and Social-Developmental Opportunities

Cloetre, Cohen and Koenen (2006) found that many psychological and social-developmental opportunities and advances are diminished or negated either as a direct or indirect result of CSA. CSA is a trauma perpetrated by an important caretaker or adult upon whom a child depends significantly for psychological and material resources. CSA occurs during a time of life when many developmental tasks involving the growth of emotional and social competencies are being completed and accomplished, requires sustained contributions by the caretaker, family and community. Since these necessary resources are often deficient or disturbed, the child’s ability to complete these tasks are compromised leading to problems with self-management and interpersonal relationships. Cloetre et al. (2006) found that abused children have difficulty with conflict negotiation, are more uncomfortable with high levels of emotion, expect little social support from adults in resolving social difficulties, and are less confident and report lower self-esteem. McLean, Rosenbach, Capaldi, and Foa (2013) in study of 90 girls (50 were African-American, 22 were Caucasian, 12 were of Spanish origin, five were biracial and one was

Native American), aged 13 to 18 years who experienced symptoms of PTSD as a result of CSA, found that lower social functioning due to attachment behavior and intimacy problems was associated with higher total PTSD symptom severity.

In adulthood, Cloetre et al. (2006) found that CSA survivors report a profound sense of lost opportunities in realizing desired goals in both their work and personal lives. CSA survivors when compared to people with PTSD have more problems in achieving expected life milestones in employment, marriage, parenting, and income because they have more relationship failures, problems with substance abuse, experience domestic violence, and other forms of revictimization.

Identity Problems

Erik Erickson (1963) believed in a hierarchy of developmental stages based on the relationship of psychological and social development. Each developmental stage is defined by the individual's stage of life, prominent social relationships, personal needs and potential virtues or potential harm derived from each stage. Erikson's (1963) theory of identity formation through the life-cycle that suggests that there are eight psychosocial stages of ego development: trust versus mistrust; autonomy versus shame and doubt; initiative versus guilt; industry versus inferiority; identity versus identity or role confusion; intimacy versus isolation; generativity versus self-absorption; and integrity versus despair. Erikson (1963) postulated that ego development continues throughout the life cycle from birth to death, and becomes structured on the basis of the types of challenges associated with life stage specific competence tasks. Erikson (1963) believed that individuals, either consciously or unconsciously, continually attempt to reconcile

unresolved conflicts experienced in prior developmental stages, and where past experiences affect current behavior.

The first stage of Erikson's (1963) psychosocial stages of ego development, from birth to 18 months, is the establishment of trust versus mistrust when children begin to learn the ability to trust others based upon the consistency, reliability, care, and affection of their caregiver(s). If a child is unable to develop a sense of trust, hope, confidence and security in the world around them due to CSA, it can result in an inability to trust, withdrawal, and a sense of fear about the inconsistent and unpredictable world. It may also result in anxiety, heightened insecurities, and mistrust in the world around them.

Erikson's (1963) second psychosocial stage of ego development, involving autonomy versus shame and doubt is experienced by children from 18 months to three year of age. If a child is criticized, overly controlled, or not given the opportunity to assert themselves, they begin to feel inadequate in their ability to survive, and may then become overly dependent upon others, lack self-esteem, and feel a sense of shame or doubt in their own abilities.

Erikson's (1963) third psychosocial stage of ego development involves achieving initiative versus guilt. From three to six years of age, children need to begin asserting control and power over the environment. If a child experiences disapproval, are criticized or overly controlled, they develop a sense of guilt instead of accomplishment and feel powerless.

Erikson's (1963) fourth stage of ego development from six years to puberty (age 11 to 12), involves industry versus inferiority. Children begin to develop a sense of pride in their accomplishments. When a child is traumatized and unable to initiate activities

and develop peer relationships, they begin to doubt their own abilities, feel inferior, develop a negative self-image, and may not reach their potential.

Erikson's (1963) fifth stage of ego development from 12 to 18 years of age involves identity versus role confusion. It is the transition period from childhood to adulthood when an adolescent builds upon their earlier experiences to develop a sense of self and personal identity. Adolescents explore possibilities and begin to form their own identity based upon the outcome of their explorations. However, if adolescents have been abused, they will face a sense of identity confusion about themselves and their role in the world, and if they are unable to resolve this stage, it leads to failure and social and emotional problems which can be cumulative.

Erikson's (1963) sixth stage of ego development from 18 to 35 years of age involves intimacy versus isolation. Erikson (1968) used the term ego identity to refer to the strength that the ego has in terms of a capacity to master and maintain a stable identity across situations and through time. The ego is the personality agency responsible for behavioral, cognitive, and emotional control. Young adults need to form intimate, loving relationships with other people leading toward longer term commitments with someone other than a family member. When young adults avoid intimacy, fearing commitment and relationships, this can lead to isolation, loneliness, and sometimes depression.

Erikson (1982) theorized that individuals who are sexually abused are more likely to experience regressions and disruptions in the developmental stages from birth to adulthood, resulting in a sense of mistrust, shame, doubt and guilt about people and the world. When the nurturing parent is the abuser, the victim learns that the world is unsafe. Cognitive restructuring is necessary for adult survivors of CSA, because of their long-

held distorted beliefs about themselves and others were cultivated throughout the developmental process and were supported by their victimization.

Erikson (1968), in his work with severely traumatized veterans from WW2, found that they had an identity crisis in that they had lost their sense of themselves as having a past and future because their ego had lost its sense of itself as a temporally continuous entity. Erikson (1968) found the same symptoms of identity confusion associated with ego identity impairment in young people who were abused as children.

Davis and Frawley (1994) suggest that adult survivors of CSA have an “inert identity” that is composed of separation, disintegration, and stasis and they are not able to experience connection, integrity, and movement. Davis and Frawley (1994) found that adult survivors of CSA may have carefully constructed a public persona that is superficially friendly, vibrant, and efficacious, but that this identity is experienced by others as inauthentic. The adult survivor is trapped in an inner world of fragmentation, dissociation, terror, and rage and they remain disconnected from others and are frozen in time, unable to be flexible and respond to relational demands and opportunities.

In their study of adult identity, Côté and Levine (2002) found that until the mid-twentieth century people’s identity fitted into the same cultural and ethnic roles of their parents. In modern Western societies, identity formation has become a more difficult and solitary process because they have to develop their own identity (Côté & Levine, 2002). When individuals have difficulty assuming responsibility for their choices, they are open to influence and manipulation (Côté & Levine, 2002). Côté and Levine (2002) found that individuals assume varying social identities depending upon the situation and circumstance they find themselves in. Whilst personal identity is originally most affected

by primary relationships, it is a combination of the individual's own uniqueness, life experience, social identities, personal agency, and biological dispositions. When children are sexually abused, identity problems are magnified, and depending upon the severity of the CSA, can cause extreme dysfunction such as borderline personality disorder or dissociative identity disorder (Côté & Levine, 2002).

Factors Affecting CSA Trauma

As a result of the high prevalence of CSA, many factors have been investigated such as the duration of the abuse, the frequency of the abuse, the use of force, age of onset, relation to the perpetrator, and severity of the sexual violation are a few of the factors that have been identified (Baxter, 1986; Beitchman, Zucker, Hood, daCosta, and Akman, 1991, Beitchman, Zucker, Hood, daCosta, Akman, & Cassavia, 1992; Herman, 1981; Zlotnick, Shea, Begin, Pearlstein, Simpson, & Costello, 1996). Herman, (1981), Finkelhor, (1979), and Russell (1986) found that sexual abuse by a father or stepfather is more traumatic than the same sexual acts performed someone else because of the dynamic of betrayal of trust and safety. The students in Finkelhor's study (1979) found that the pain of silence and internally felt stigma was often worse than the pain of the experience. In a study of 824 (657 females and 167 males) college students, Wellman (1993) found that of the 13% women and 6% men that had experienced CSA, women reported having stronger beliefs, attitudes and emotional reactions to the topic of sexual abuse than men.

According to Baxter (1986), children appear to recover more easily from stranger initiated CSA than from a familial perpetrator because the child is less likely to be accused of provoking the sexual abuse. In these cases the child receives more family

support and protection, there is less family disruption, the family is not necessarily dysfunctional, and there is more emotional stability prior to the incident (Baxter, 1986).

Short-Term Effects of CSA

According to Beitchman, et al. (1991) and Cosentino et al. (1995), the short-term effects of CSA in children include symptoms of psychopathology including post-traumatic stress disorder such as fear, dissociation, startle reactions and sleep disturbances. Baxter (1986) states that infants are more often physically damaged than emotionally damaged, that preschoolers do not comprehend intellectually or emotionally the significance of the CSA so do not experience shame or guilt.

Preschoolers. In preschoolers the effect of sexual abuse included thumb-sucking, bedwetting, regressive behaviors such as drinking from a bottle and soiling, the display for some form of sexual behavior judged to be abnormal, such as sexual play with dolls, putting objects into the vagina or anus, masturbation, seductive behavior, requesting sexual stimulation, and age-inappropriate or precocious sexual knowledge (Davis & Frawley, 1994; Cosentino et al., 1995).

School-Age Children. In school-age children behavioral and academic problems below grade level are common, and include: falling grades, decreased interest in school, difficulty concentrating, school phobia, headaches, gastrointestinal problems, oral, anal, or vaginal infections, urinary tract infections, nonspecific aches and pains, compulsive masturbation, inappropriate aggressive sexual behavior toward others, exhibitionism, insomnia, sleep walking, nightmares, and night terrors (Beitchman, et al., 1991; Davis & Frawley, 1994; Cosentino et al., 1995).

Mannarino, Cohen, and Gregor (1989) found in their study of 94 sexually abused girls aged six to 12 years when they were compared with 89 girls from a clinical control group and 75 girls from a normal control group that the sexually abused girls were significantly more anxious than both the control groups.

In a study of 80 children, consisting of 20 sexually abused girls, 20 sexually abused boys, 20 non-abused girls, and 20 non-abused boys ranging in age from 8 to 11 years, Young, Bergandi and Titus (1994) found that abused boys and girls had more problems with aggression, depression, social interactions, were sensitive to negative statements, lacked appropriate social skills, and demonstrated more sexual acting-out behaviors than non-abused children.

Adolescents. Among adolescents, Beitchman, et al. (1991), Chandy et al. (1996), Davis and Frawley (1994), Feiring, Taska, and Lewis (1999), and Garnefski and Diekstra (1997) found that CSA effects included “acting out” behaviors, such as running away and truanting, non-involvement in extracurricular activities, fear of speaking in class, poor self-esteem, suicidal ideation and behavior, self-mutilation, stealing, substance abuse, problems with promiscuity, involvement in prostitution, adolescent pregnancy, adolescent marriage, complete avoidance of boys and dating, sexual confusion and sexualized behaviors, sexual dysfunction and menstrual problems, emotional disturbances like anxiety and depression, behavioral problems, delinquency, school problems, and re-victimization. Davis and Frawley (1994), found weight or body image problems including anorexia, bulimia, or excessive weight gain at puberty, discomfort with and disgust about the body, embarrassment or disgust at the development of secondary sex characteristics, and distorted view of body, especially of stomach as huge or bulging.

Depression and suicidal ideation or behavior (one-third had attempted suicide) appears to be more common among victims of CSA compared to normal and psychiatric non-abused controls (Davis & Frawley, 1994). In their 30-year longitudinal study in New Zealand, Fergusson, McLeod and Horwood (2013) found that as the adolescents moved into young adulthood the symptoms of PTSD increased, and self-esteem and life satisfaction decreased.

According to Feiring et al. (1999), adolescent victims of CSA, aged 12 to 15 years, may be more likely to show PTSD symptoms than children aged eight to 11 years, and adolescent girls are at greater risk for experiencing symptoms of PTSD such as intrusive thoughts and hyper-arousal than adolescent boys. Developmental effects are more generalized and pervasive, interfering with important tasks such as the development of self-esteem and emotional regulation. The stress of the abuse discovery, the normative increases in self-consciousness and negative self-evaluations, poor self-esteem and limited social support may contribute to adolescents being at higher risk for adopting an enduring negative self- image. The need to defend the self against shame leads to depression in females and rage in males. Adolescents compared to children feel less social support and more negative reactions by others. Children report more sexual anxiety than do adolescents. Girls experience more personal vulnerability and perceive the world as a more dangerous place than boys. Boys compared to girls report more eroticism and less sexual anxiety.

Chandy et al. (1996), Feiring et al. (1999), and Garnefski and Diekstra (1997) suggested that male adolescents were found to be at higher risk than females in poor school performance, delinquent activities, and sexual risk taking. Female adolescents,

engage in more internalizing behaviors and males in externalizing behaviors. Male adolescents exhibited more extreme use of alcohol and more frequent and extreme use of marijuana. For male adolescents, maternal education and parental concern appeared to reduce adverse effects.

Chandy et al. (1996), Feiring et al. (1999), and Garnefski and Diekstra (1997) suggested that female adolescents showed higher risk for suicidal ideation and behavior, disordered eating, and showed more frequent use of alcohol. For female adolescents, factors that reduced adverse effects included a higher emotional attachment to family, being religious or spiritual, presence of both parents at home, and a perception of overall health. Factors that had adverse effects for them included a stressful school environment due to perceived high levels of substance use in and around school, worry of sexual abuse, maternal alcohol consumption, and physical abuse.

Garnefski and Diekstra (1997) found in their study of 1490 adolescents aged 12 to 19 years of which 151 boys and 597 girls had been sexually abused that 41.1% of the sexually abused girls and 43.3% of the sexually abused boys reported having emotional problems which is inconsistent with past research where girls have a higher reported incidence of emotional problems. Twenty-five point three percent of the sexually abused girls and 58.4% of the sexually abused boys reported aggressive or criminal behavior, and 31.9% of the sexually abused girls and 55.3% of the sexually abused boys reported addiction-risk behavior. Garnefski and Diekstra (1997) found that 54.9% of the sexually abused girls and 72% of the sexually abused boys had also been physically abused.

Feiring et al. (1999) in their study of age and gender differences in CSA in 96 children and 73 adolescents found that adolescents compared to children report a higher

level of depressive symptoms, negative reactions by others, and lower levels of self-esteem, social support, and sexual anxiety. Girls compared to boys report higher levels of intrusive thoughts, hyper-arousal, sexual anxiety, personal vulnerability, and perceiving the world as a dangerous place and lower levels of eroticism. These findings suggest the importance of considering individual differences in age and gender for understanding patterns of symptom expression. Treatment strategies need to reflect these individual differences in adjustment, such as targeting issues of sexual anxiety for girls and self-esteem for adolescents.

CSA and Suicidality

Garnefski and Diekstra (1997) found that suicidality was reported 4.8 times more often by sexually abused girls than non-abused girls, and 10.8 times more often by sexually abused boys than by non-abused boys which were inconsistent with past research where girls had a higher reported incidence of suicidality.

In girls, Martin et al. (2004) found that the relationship between sexual abuse and suicidality was correlated with depression, hopelessness, and family dysfunction. Girls who report current high emotional distress about sexual abuse have a threefold increased risk of suicidal thoughts and plans, compared to non-abused girls.

Martin et al. (2004) found that boys who report current high distress about sexual abuse have a 10-fold increased risk for suicidal plans and threats, and a 15-fold increased risk for suicide attempts, compared to non-abused boys. Fifty-five percent of the 15 sexually abused boys attempted suicide versus 29% of the 17 sexually abused girls.

In a study of 24 women with suicidal behavior, Curtis (2006) found that CSA was a common precursor since several women asserted that they would not have attempted

suicide without those traumatic experiences. Fear of disclosure, reactions to disclosure, and feelings of being scared, humiliated, guilty, and powerlessness at the time of the CSA were contributing factors for suicide attempts.

Long-Term Effects of CSA

In addition to identifying the pertinent factors associated with the experience of childhood sexual abuse, there have been many research efforts to ascertain the long-term effects of CSA (Beitchman, et al., 1992; Blume, 1990; Briere, 1991, 1996, 1997; Browne, 1991; Browne & Finkelhor, 1986; Courtois, 1988, 1991; Finklehor, 1979, 1984, 1986, 1990). Baxter (1986), Briere and Runtz (1991), Browne & Finkelhor, 1986, Courtois (1988), and Finklehor (1990) cite similar long-term effects of CSA which include dissociation, difficulty in intimate relationships, self-destructive behavior, depression, anxiety, feelings of isolation and stigma, poor self-esteem, alcohol and substance abuse, a tendency towards revictimization, difficulty trusting others, and sexual maladjustment. Researchers have found that the long-term effects are affected by the age of the victim, number of incidences, if the CSA continues over a long period of time, occurs with a family member, involves penetration, is accompanied by coercion or aggression, if the child participated to some degree, the parents are unsupportive, blaming, or deny the CSA, and if the child is older and is aware of the cultural taboo that has been violated (Blume, 1990; Briere, 1991, 1996, 1997; Briere and Runtz, 1991; Brown, 1991; Courtois, 1988, 1991; Finklehor, 1979, 1984, 1986, 1990; Herman, 1981; Russell, 1986). In a large national survey of 2,626 adult Americans (male and female) who had a history of CSA involving penetration were more likely to report disrupted marriages, dissatisfaction in

their sexual relationship, and were a religious non-practitioner (Finkelhor, Hotaling, Lewis, & Smith, 1989).

Dube, Anda, Whitfield, Brown, Felitti, Dong, and Giles (2005) found that there was an increased risk of alcohol problems, substance abuse, suicide attempts, marrying an alcoholic, and current marital and family problems. Forty percent of CSA among men and 6% of CSA among women was perpetrated by a female indicating that female perpetration of CSA is under-reported. Among male survivors, the risk of negative outcomes was similar for both male and female perpetrators (Dube et al., 2005).

Easton, Scott, Coohy, Rhodes, and Moorthy (2013) found that traditional masculine norms of emotional control, dominance, self-reliance, disdain for homosexuals, and the pursuit of status posed significant problems for male survivors of CSA. These norms create an internal conflict regarding their gender identity where the male survivor may adopt a hyper-masculine persona whereby they excessively conform to traditional masculine norms and may exhibit aggressive behavior (Easton et al., 2013).

The Trauma Symptom Checklist-40 was found to be a useful measure of the long-term sequelae of CSA (Elliott & Briere, 1992; Zlotnick et al., 1996). Briere, Elliott, Harris, and Cotman (1995) later developed the 100-item Trauma Symptom Inventory (TSI) to assess the severity of the PTSD symptoms experienced by survivors of traumatic experiences such as CSA. Zink, Klesges, Stevens, and Decker (2009) developed a Sexual Abuse Severity Score to assess the characteristics of CSA associated with trauma symptomatology, somatization, and alcohol abuse. Zink et al. (2009) used 156 participants to develop risk summaries that were effective in assessing the severity of their CSA trauma.

Russell (1986) found that one-third of CSA cases consist of a single contact between a child and an adult or a much older child, and that the experience varies greatly in their traumatic impact on the child from a vaguely unpleasant, conflicted memory and subsequent discomfort and avoidance of the perpetrator, to an intensely painful, overwhelming trauma. Meiselman (1978) found that 37% of those that experiences CSA before puberty and 17% of victims after puberty experienced more severe long-term effects. Finkelhor (1979) and Briere and Runtz (1985) found that victims were significantly more traumatized when abused by older perpetrators. Meiselman (1990) and Briere and Runtz (1985) found that the child may suppress the trauma or certain aspects of it, or may dissociate during the trauma in an “out of the body” type of dissociation where the child observes the assault from a distance, or pretends to be somewhere else, or focuses on something in their surroundings. Briere and Runtz (1991) found that acute disassociation was associated with CSA experiences with older perpetrators.

Adult psychiatric conditions that have been clinically associated with CSA include the *DSM 5* (APA, 2013) disorders of major depression, borderline personality disorder, somatization disorder, substance abuse disorders, posttraumatic stress disorder (PTSD), dissociative identity disorder, and bulimia nervosa.

Herman (1992a) found that diagnostically this cluster of comorbid conditions appears to be best conceptualized by the proposed diagnosis of disorders of extreme stress not otherwise specified (DESNOS) for CSA which is characterized by:

“Altered affect regulation, including persistent dysphoria, chronic suicidal preoccupation, self-injury, explosive or inhibited anger, and compulsive or extremely inhibited sexuality; Alterations of consciousness, including amnesia or hyperamnesia for traumatic events,

transient dissociative episodes, depersonalization/derealization, reliving experiences, either in the form of intrusive PTSD symptoms or in the form of ruminative preoccupation; Alterations in self-perception, including a sense of helplessness or paralysis of initiative, shame, guilt, and self-blame, sense of defilement or stigma, sense of complete difference from others (may include sense of specialness, utter aloneness, belief no other person can understand, or nonhuman identity; Alterations in perception of perpetrator, including preoccupation with relationship with perpetrator, including preoccupation with relationship with perpetrator (includes preoccupation with revenge), unrealistic attribution of total power to perpetrator (caution: victim's assessment of power realities may be more realistic than clinician's), idealization or paradoxical gratitude, sense of special or supernatural relationship, acceptance of belief system or rationalization of perpetrator; Altered relations with others, including isolation and withdrawal, disruption in intimate relationships, repeated search for rescuer (may alternate with isolation and withdrawal), persistent distrust, repeated failures of self-protection; Altered systems of meanings, including loss of sustaining faith, a sense of hopelessness, and despair" (p. 121).

Davis and Frawley (1994) cite the following symptoms for adult survivors of

CSA:

“Amnesia for all or specific periods of childhood, physical complaints such as migraine headaches, gastrointestinal problems, TMJ disorder, ulcers, and gynecological difficulties. Sleep disturbances such as nightmares, insomnia, fear of the dark, and fear of someone breaking into the house at night. Sexual dysfunction such as arousal disorder, vaginismus, anorgasmia, dyspareunia, and sexual anesthesia. They may have an aversion to men, be promiscuous, involved in prostitution, and feel intense shame at self as a sexual being. Other symptoms include: anorexia, bulimia, compulsive overeating, distorted body image, shame during pregnancy (feeling that it is “wrong” to be pregnant), parenting problems (especially with daughters), self-mutilation, suicidal ideation, suicide attempts, low self-esteem, chronic, free-floating guilt, chronic shame, depression, subjective feeling of being wholly, inherently bad, subjective feeling of not belonging, not fitting in, being different, difficulty trusting others (particularly men), social alienation or isolation, or compulsive socializing and a need to please, PTSD symptoms, history of adult rape, sexual and/or physical victimizations, and chronic dissociation” (p.39).

Koopman, Gore-Felton, Classen, Kim and Spiegel (2001) in a study of 54 female adult survivors of CSA that were already being treated for PTSD, found that a significant proportion of the women may be highly symptomatic for everyday stressful events that would not be considered traumatic events by other individuals, and that this needed to be taken into consideration in their treatment.

Meiselman (1990) found that adult survivors of CSA experienced the symptoms of PTSD which include re-experiencing the trauma by recurrent nightmares, intrusive intensive memories, and dissociative states in which the individual relives parts of the trauma. Meiselman (1990) found that repetitive intrusions manifest in cognitive, emotional, and behavioral re-enactments such as intrusive thoughts or images that relate to the incest experience such as nightmares, hallucinations, and pseudo-hallucinations. Emotional intrusions include panic attacks or episodes of weeping that are triggered by conscious or unconscious associations of people, places, things, tastes, or smells to the CSA trauma. Behavioral intrusions include being re-victimized as a result of being sexually promiscuous or with male survivors by repeating their CSA by victimizing others. According to Meiselman (1990) individuals have a reduced involvement in or responsiveness to the external world and are detached from other people, and they have a diminished capacity for experiencing emotions including intimacy and sexual satisfaction. Meiselman (1990) found that other associated symptoms include anxiety in the form of excessive autonomic arousal resulting in hyper-alertness, panic attacks, avoidance of places or situations, smells and tastes, insomnia, difficulty concentrating, and increased irritability. Depression, shame, and guilt may cause suicidal ideation, alcohol and substance abuse, or periods of sexual promiscuity. Arata (1998) found that

early disclosure was related to fewer PTSD symptoms, but not to overall functioning for adult survivors of CSA.

In their study of 60 black women with a mean age of 35.2 years with a current diagnosis of major depression, recurrent, severe without psychotic features and with histories of CSA, Lestrade, Talbot, Ward and Cort (2013) found that 81.7% had been diagnosed with PTSD. Seventy-three percent of the women reported that their first CSA experience was perpetrated by a family member, 61.7% indicated that their first experience involved penetration or intercourse, and their mean age at time of the CSA was 8.1 years. Forty-six percent were unemployed, 48.3 percent of the women were living without a spouse or partner, 63.3% had children living at home, and 60% had incomes less than \$10,000 per year. Fifty percent of the women reported being infected with a least one STI during their lifetimes, with 11.7% diagnosed with HIV/AIDS. High risk sexual behaviors included 11.7% had sex with strangers, 25% had exchanged sex for money or drugs, and 28.3% had be emotionally coerced to engage in sexual intercourse within the previous six months (Lestrade, et al., 2013).

Finkelhor (1984) found in his survey of adult males in the Boston area, that men with a history of CSA by older males were more than four times as likely to be engaging in homosexual activity as adults than men who had never been sexually victimized.

Meiselman (1990) found that the major needs of the male incest survivors of CSA are very similar to those of female survivors and include building trust and intimacy, differentiating sexuality from other needs, reclaiming traumatic memories. Males experience problems that are similar to females and can produce a chronic or delayed PTSD, dissociative symptom formation, and multiple personality disorder. Lodico et al.

(1996) and Meiselman (1990) found that male victims may also develop sex-related problems and may avoid sexual activity, or become sexually active to counteract his homosexual phobia by attempting to master the CSA trauma and his feelings of fear, disgust, and anger. The main difference between male and female victims is that males are more likely to channel their feelings into self-punishment with the use of substance abuse and risky behaviors, or into the abuse of others (Baxter, 1986; Briere and Runtz, 1991; Courtois, 1988; Finklehor, 1990; Lodico et al., 1996; Meiselman, 1990).

Dube et al. (2005) in their study of 17,337 adults with a mean age of 57 years, found that contact CSA was reported by 16% of males and 25% of females, with 42% of males and 23% of females reporting intercourse sexual abuse. In this study, when substance use, mental illness, and family problems were combined with CSA, both genders manifested similar types of behaviors and problems during adulthood.

In a study of the effects of CSA on adult survivors' employment, Wohab and Akhter (2010) found that the psychological effects of depression, nightmares, suicidal attempts, panic and fear causes such problems as an inability to look for work, change jobs, and loss of employment.

Self-Esteem Problems

Individuals gradually acquire beliefs about themselves that are a reflection of the way in which they are viewed and valued by others (Bandura, 1986). Individuals with an abundance of approval and affection from their social environment, particularly from significant people are more likely to have high levels of self-esteem than are those coming from less favorable social learning environments (Bednar, Richard & Peterson, Scott, 1995; Carlock, 1999; McKay & Fanning, 2000).

According to McKay and Fanning (2000), positive and integrated sense of self is necessary for good mental health. Carlock (1999) posits that because the self is composed of many parts, and an individual's feelings about these parts vary, so that for self-esteem to be stable, it must be based on a realistic appraisal, free from distortions, not overly inflated or diminished. Healthy self-esteem comes from a nurturing and safe environment in which activities and risks result in accomplishments, recognition, and pride. Inherent in self-esteem are a sense of personal worth and an expectation of control over the outcomes of behavior (Branden, 1969). Due to the intentional degradation and disempowerment of CSA, the client needs to have a sense of being in control throughout the counseling process, and a progressive sense of success dealing with other problems in their lives (Quina & Carlson, 1989). The feeling of being unable to predict or control events is a result of the CSA trauma experience. Survivors often experience a generalized paralysis and learned helplessness which affects other areas of life, and can increase vulnerability to subsequent victimizations (Seligman, 1975). Some survivors adopt less healthy resolutions by the use of strict behavioral regimens or emotional denial, or compensating with control and manipulative behaviors over others (Quina & Carlson, 1989). Emotional denial is common in CSA survivors who have been raised in uncontrollable, alcoholic environments (Finkelhor, 1979). The adult survivors will lie to themselves and others about their real feelings deny pain or problems, judge themselves harshly, and have difficulty having fun (Herman, 1992a; Quina & Carlson, 1989).

According to Bednar et al. (1995) and Carlock (1999), life achievements require persistence, maturity, self-control, complex judgments, and the ability to endure short-term frustrations while long-term goals are pursued. Most individuals are able to

overcome the difficulties of life relatively well but adult survivors of CSA fail to acquire a realistic sense of self-appreciation for their accomplishments. Adult survivors of CSA experience self-doubts, a sense of personal inadequacy, and self-hatred where self-approval should be the norm (Bednar et al., 1995; Herman, 1992b; Quina & Carlson, 1989). Feelings of personal worth are highly responsive to authentic, consistent feedback from either the social environment or self-evaluations. Favorable internal feedback is more powerful and has longer-lasting benefits than social approval. Negative feedback from either source can prove to be devastating to self-esteem (Bednar et al., 1995; Carlock, 1999).

Recognition of imperfections in the self and personal limitations need to be recognized and accepted before they can be faced and dealt with in therapy because it creates personal threat and discomfort. By gaining insight, controlling their emotions, and learning new coping skills to understand and face this threat enables the individual to be more successful in their life (Bednar et al., 1995; Linehan, 1993; Najavits, 2002).

According to Carlock (1999) and McKay and Fanning (2000), as self-esteem increases, the frequency and intensity of psychological threat decreases. When the adult survivor of CSA avoids fear and anxiety they do not learn new and more adaptive response patterns which would provide hope for future personal growth and development. Avoidance provides the adult survivor with personal experiences and perceptions of themselves as unable to deal with anxiety, fear, or conflict, and further impairs their ability to respond to threatening situations in the future. The result is an increase in the frequency and intensity of perceived psychological threats (Bednar et al., 1995; Herman, 1992b; Quina & Carlson, 1989).

When the adult survivor is able to take personal responsibility for their actions, and take risks to cope with personal conflict they are able to approach threatening situations in the future with less fear and anxiety. High levels of self-esteem not only contribute to the ability to face and learn from threatening situations, they also contribute to people's perceptions of themselves as able to resolve difficult issues (Bednar et al., 1995; Carlock, 1999; McKay & Fanning, 2000).

Feelings of being different, or being the focus of attention due to the CSA, may foster a self-image of deviance that needs to be addressed by the therapist (Bass & Davis, 1988; Herman, 1992b).

Shame and Guilt

According to Bass and Davis (2008), Herman (1992b), Meiselman (1990) perceived shame and guilt over the CSA affects the adult survivor's self-esteem and self-worth, and inhibits the therapeutic process as they have a great influence on how the individual views their life. Shame and guilt are reinforced constantly throughout the life of the adult survivor of CSA, preventing and hindering their ability to become angry at the perpetrator and the abuse since they cannot recognize that they were not at fault. The damaged self-esteem, the ego, convinces the adult survivor that they have contributed to, or in fact, caused the situation of abuse (Bass & Davis, 1988; Fisher & Exline, 2006; Herman, 1992b).

Shame and guilt can be reinforced by family members who often blame the child for the abuse or for disclosing the abuse. Many adult survivors who have never told anyone about their experience as children often feel isolated which enhances their self-blame (Quina & Carlson, 1989). In order to resolve their CSA trauma, the adult survivor

needs to release their guilt and self-blame to work on their self-esteem (Casey, 1998; Darmody, 1998; Dolan, 1991; Herman, 1992b; McKay & Fanning, 2000). Children who were sexually abused that experienced some pleasure during the sexual contact often find that the shame affects their adult sexuality. Therapy can help these clients recognize that their feelings of pleasure were normal and did not lead to or cause the sexual exploitation. CSA survivors often experience problems accepting their sexuality regardless of their sexual orientation. Many survivors experience sexual dysfunction and cognitive and behavioral therapy helps clients develop control over the fear and anxiety that interferes with their sexual pleasure (Herman, 1992a; Quina & Carlson, 1989; Resick & Schnicke, 1993). Research has established that there is a strong relationship between marital difficulties and sexual abuse histories (Finkelhor, Hotaling, Lewis, & Smith, 1989; Meiselman, 1978; Russell, 1986).

According to Fisher and Exline (2006) shame and guilt often occur together. Guilt focuses on a particular action as being bad or immoral whereas shame focuses on a global sense of the self as being bad or immoral. Guilt often motivates people to repair relationships that have been damaged by the offense whereas shame often motivates people to hide their flaws or to lash out defensively against another individual that seems to threaten the integrity of the self (Fisher & Exline, 2006; Tangney, Barlow, Wagner, Marschall, Borenstein, Santfer, 1996). Shame often motivates an avoidance response that is consistent with a lack of self-forgiveness (Tangney, 1995a). Therefore, the negative association between shame and self-forgiveness is expected to be stronger than the relation between guilt and self-forgiveness.

In their research, Tangney, Boone, and Dearing (2005) indicate that individuals who are overwhelmed more by guilt than by shame are more likely to ask for and receive forgiveness from others as well as to forgive themselves, than those who are overwhelmed more by shame. Tangney et al. (2005) argued that interpersonal forgiveness does not require reconciliation with the perpetrator. Forgiveness is an intrapersonal process that may or may not be accompanied by reconciliation at the interpersonal level. Tangney et al. (2005) found that reconciliation with self is a necessary component of self-forgiveness.

Meiselman (1990) and Herman (1992b) found that clients who have been re-victimized will often blame themselves. To counteract these beliefs, cognitive restructuring is used so that the client can gain a sense of personal power and security (Meiselman, 1990; Herman, 1992b). According to Russell (1986) re-victimization occurs due to lack of protection and guidance by parents, difficulty assessing trustworthiness in other people, learned helplessness and lack of confidence in themselves due to being repeatedly violated by a powerful adult, stigmatization by their family or community, and repetition compulsion of the traumatic situation in an attempt to have control of the situation.

Conceptualization of Treatment for Adult Survivors

Since the 1970's, there has been a great deal of research into the most effective treatment protocol for adult survivors of CSA that includes elements from a number of theories (Baxter, 1986; de Young, 1982; Finklehor, 1979; Herman, 1981). No one theory or treatment protocol has been found to be effective with all levels of severity of CSA, and for all adult survivors because every individual's experience is different dependent

upon the age when the abuse occurred, the length of abuse, severity of abuse, and the effect the abuse had on emotional problems including anxiety and depression, identity confusion, lack of coping skills, substance abuse, dysfunction in relationships, and lack of meaning and direction in life (Bass & Davis, 1988; Briere & Scott, 2006, Dolan, 1991; Herman, 1992b; Linehan, 1993; Meiselman, 1990; Najavits, 2002; Pearlman et al., 2014; Quina & Carlson, 1989; Resick & Schnicke, 1993). Treatment protocols have been developed for both individual and group therapy and a combination of both (Linehan, 1993; Najavits, 2002; Resick & Schnicke, 1993). The length of therapy varies according to the severity of the symptoms, emotional problems including anxiety and depression, identity confusion, lack of coping skills, substance abuse, dysfunction in relationships, and lack of meaning and direction in life (Bass & Davis, 1988; Briere & Scott, 2006, Dolan, 1991; Herman, 1992b; Linehan, 1993; Meiselman, 1990; Najavits, 2002; Pearlman et al., 2014; Quina & Carlson, 1989; Resick & Schnicke, 1993).

Therapeutic Relationship

A very important factor in the treatment of the adult survivor of CSA is the therapeutic relationship. Jedu (1988) considers acceptance and support of the therapist to be very important to the client. Clients have feelings of shame and fear that the therapist will not be willing or able to deal with their issues. It is suggested that a therapist who is respectful, non-judgmental and immune to shock or embarrassment offers a non-threatening, safe, and trusting relationship in which the survivor is free to explore their experiences without restraint or restriction and that enhances their self-esteem. The therapist needs to have a genuine concern for the survivor's welfare and a deep commitment to helping them. This includes an empathetic understanding which involves

the ability to comprehend both the experiences and feelings of a client, together with their meaning and significance for them, and be able to see the client's world from their subjective viewpoint (Herman, 1981; Meiselman, 1990; Jedu, 1988).

According to Cloetre, Cohen, and Koenen (2006), memories of all kinds are ultimately organized around the significant object-related experiences of an individual's life. During therapy, as the therapist validates the re-emergence of the client's traumatic memories, this validation permanently alters the adult survivors' experience of the pain, fear, and anger that had only be previously experienced in helpless isolation. The therapist is able assist with containment of these emotions, enabling the past to be reworked and a more positive future can be conceived by the adult survivor. The client's negative feelings can be experienced as essential aspects of interpersonal contact without the fear of negative reactions from other people, and without experiencing disorganizing anxiety. The client learns to touch and be touched by, to move and be moved by, to influence and be influenced by other people once again, or perhaps for the first time, which allows significant aspects of normal interpersonal negotiations to emerge by which the client can begin to strive and carve out a safe sanctuary in their world (Cloetre et al., 2006).

Herman (1981) found that many mental health professionals, both male and female want to avoid and deny their clients' CSA, do not want to treat clients with a CSA history because they feel that they have not had sufficient training, feel helpless, and do not want to explore their own feelings about CSA. Herman (1981) found that clients are aware of the feelings of horror that their stories evoke in others, and are extremely sensitive to any reaction of withdrawal or discomfort on the part of the therapist.

Herman (1981) and Meiselman (1990) found that female therapists generally tend to identify with the client, but may find that these feelings are so overwhelming that they are not able to listen to an incest history with the same calm curiosity with which they approach other aspects of the client's experience. Therefore, a therapist to have success working with CSA needs to master their own tendency to over-identify with the client. Herman (1981) and Meiselman (1990) found that male therapists tend to identify with the perpetrator, and has great difficulty permitting the client to express anger at the perpetrator, and may excuse or rationalize the perpetrator's behavior, either to himself or to the client. Male therapists tend to focus on any behavior by the child such as complicity or enjoyment that might exonerate the perpetrator. According to Herman (1981) male therapists have to overcome their tendency to identify with the perpetrator, and be very conscious not to become sexually excited by the story of the client. The client may display a kind of ritualized erotic behavior towards the male therapist to get the therapist's attention (Jedu, 1988). Herman (1981), Meiselman (1990), Jedu (1988), and Many and Osofsky (2012) suggest that therapists and other professionals be aware of self-care since they can suffer from burnout due to stress, and vicarious traumatization from empathic exposure to the adult survivors' narratives of the CSA.

Meiselman (1990) describes an eclectic approach to working with adult survivors of CSA that utilizes elements from feminist, psychoanalytical, humanistic/client-centered, and cognitive-behavioral/rational-emotive theories. According to Meiselman (1990), the establishment and maintenance of an empathetic client-therapist relationship is extremely important and that there should be clear limits and boundaries so that the client can develop trust, feel safe and respected. It is especially important due to

sexualizing behaviors by the client towards the therapist, and the use of touch by the therapist. The therapist should be predictable, reliable, and sensitive to the power aspects of the relationship, limit self-disclosure, and be cognizant of the client's level of dependency. Herman (1992b) and Meiselman (1990) found that repressed memories and affects are gradually accessed and reintegrated when the client feels that they are in a safe, trusting, and nurturing relationship with the therapist.

Meiselman (1990) and Russell (1986) found that some CSA survivors have never allowed themselves to apply the incest label to their CSA, and suggest that therapist should avoid using the word in the beginning of the therapeutic relationship.

According to Jedu (1988), therapists need to give causal explanation when client experiences difficulties that seem inexplicable, strange, and bizarre. They may experience flashbacks, dissociative reactions, and sexual aversion with a partner whom they trust and love.

A therapeutic relationship of mutual liking, respect, and trust, is likely to decrease a client's defensiveness and to increase their openness to influence from the therapist. This can be by suggestions and advice, permission giving and sanctioning, support and encouragement, therapist modeling, therapist self-disclosure, and praise and other forms of social reinforcement (Dolan, 1991; Herman, 1992b). Jedu (1988) found that client's maladaptive interpersonal relationship patterns can be replicated with the therapist, and that therapists should use strategies to enable the client to identify and change these patterns.

In order to maintain the parental attachment, Lemoncelli and Carey (1996) describe how a victim of CSA may appear to be the model child on the outside, but feels

tortured on the inside. For an adult survivor to relinquish their self-punitive and self-destructive behavior would mean giving up the wanted but false parental bond. Cashdan (1988) found that splitting and arrests in development result in relational difficulties because the adult survivor uses maladaptive relational patterns known as projective identifications in order to emotionally get what they want from other people. The adult survivor needs to have supportive and authentic interpersonal experiences with a therapist, (or a therapist and group) to replace the client's internal false view of the parental bond, and to teach the client how to be in authentic relationships.

Goals of Treatment

Herman (1981) believes that the goal of treatment for the adult survivor of CSA is to relieve guilt, to increase self-esteem, to break down the individual's isolation, to develop their autonomy, and to teach them that they has the right to protect themselves. Assertiveness training so that they can state their needs, and get them met without infringing upon the needs or feelings of others. This is to counteract the battering, abuse, control, dominance, compliance, submissiveness, and helplessness that they experienced as children.

Group Therapy

Many treatment protocols suggest group therapy for adult survivors of CSA, either after a period of individual sessions or concurrently with individual therapy since group therapy helps to resolve issues of secrecy, shame, dependency, and interpersonal relationships problems (Draucker, 2000; Herman, 1992b; Linehan, 1993; Najavits, 2002; Resick & Schnicke, 1993). Group therapy supplies support with others that have experienced CSA, attention to the needs and desires of others, psychoeducation, access to

resources, instills hope, promotes connection to other people, and allows for the development of social techniques through modeling, imitation, interpersonal learning, group cohesiveness, and catharsis (Herman, 1992b; Linehan, 1993; Najavits, 2002; Resick & Schnicke, 1993).

Treatment for Post-Traumatic Stress Disorder

In the past decade, the concept of sexual trauma resulting in PTSD, as defined in the *Diagnostic and Statistical Manual of Mental Disorder, fifth edition (DSM-5*, American Psychological Association, 2013), has become an accepted diagnosis. Treatment that addresses PTSD symptoms has been shown to reduce symptomatology related to CSA trauma. Cognitive Processing Therapy for sexual abuse (Resick & Schnicke, 1993) and cognitive therapy for PTSD help adult survivors change their inappropriate and often debilitating thoughts and resulting behaviors (Beck, 1976; Beck, Emery, & Greenberg, 1985; Briere & Scott, 2006; Courtois & Ford, 2009; Foa et al. 2009; Schiraldi, 2009; Williams & Poijula, 2013). Adult survivors of CSA experiencing PTSD need help in reframing their cognitive processing of the trauma from perceptual to conceptual because they may have viewed the CSA trauma as typical of life. As in PTSD cases not related to sexual abuse, cognitive restructuring is helpful because the primary goal is to transform cognitive distortions and reestablish beliefs to be more objective and appropriate (Bass & Davis, 1988; Dolan, 1991). Cognitive Therapy is used for the emotional disorders of PTSD including anxiety, phobias, anger, depression, etc. (Barlow & Craske, 2007a, 2007b; Beck, 1976; Beck et al., 1985; Bourne, 2010; Sanderson & Wetzler, 1995).

Courtois (2004) further developed the DESNOS diagnosis and uses the term Complex Post-Traumatic Stress Disorder (CPTSD) to describe the trauma-related symptoms not addressed by the PTSD diagnosis of CSA. The treatment model has three stages. The first stage includes the establishment of the therapeutic alliance, affects regulation, psychoeducation, safety, and coping skills building, and is the longest stage. The second stage utilizes various treatment protocols including exposure, guided imagery, eye movement desensitization and reprocessing (EMDR) therapy, and narrative-based techniques, at a pace that does not overwhelm the client, to process the traumatic experiences in enough detail and to a degree of completion and resolution to function to reduce their CPTSD symptoms. The third stage focuses on life consolidation and restructuring, and focuses on future life goals.

According to Herman (1992b), and Resick and Schnicke (1993), CSA survivors' experience general anxiety which makes dealing with the emotional demands of a relationship difficult. They may have poor communication skills, be fearful of sexual contact, fear rejection, experience flashbacks of terror, or panic over a loss of control. When prior relationships have been manipulative, untrustworthy, unbalanced in power, or sexually abusive, adult relationships may mirror these conditions. Cognitive restructuring can help the client to develop new concepts of intimacy, both ideal and realistic, and new goals for relationships (Herman, 1992b; Resick & Schnicke, 1993). Women survivors may need assertiveness training skills, and male survivors may need anger management training. Both male and female survivors may need help with

opening up and sharing their emotional responses (Linehan, 1993; McKay, Wood, & Brantley, 2007; Najavits, 2002; Quina & Carlson, 1989).

Anxiety and fear may result in phobic reactions which are learned responses due to trauma or an association with a potential trauma, and can result in avoidance behavior. Behavioral techniques can be used to reverse the learned association and replace it with a non-disruptive reaction (Dolan, 1991; Quina & Carlson, 1989). Repeated exposure to traumatic events, either symbolically or in real life and without adverse consequences is accompanied by a reduction in the anxiety evoked by these events (Dolan, 1991; Herman, 1992a; Perlman et al., 2014). Cognitive Processing Therapy uses repeated discussion of disturbing problems in a safe therapeutic environment to reduce their stress (Resick & Schnicke, 1993).

Cognitive Processing Therapy for Sexual Abuse (CPT-SA)

CPT-SA was developed by Resick & Schnicke (1993) to treat PTSD symptoms in rape victims and encompasses education, exposure and cognitive element. For a client, processing the trauma includes writing detailed accounts of several of the most traumatic events with the support of a therapist. The exposure component allows the client to discuss the impact and express the accompanying emotions and resulting beliefs. The client is then taught to deconstruct and challenge the distorted assumption about themselves and others through Socratic questioning and worksheets.

Chard et al. (1997) adapted the CPT model, developed by Resick and Schnicke (1993) for rape victims, to be further implemented in 17-week concurrent individual and group treatment for adult survivors of CSA. The fifteen participants, who took part in the study, all displayed significant improvement measured by PTSD symptom ratings scales,

and global symptomology was reduced post treatment. Founded on developmental information processing and self-trauma theories, Cognitive Processing Therapy for sexual abuse (CPT-SA) utilizes exposure therapy and cognitive techniques to address PTSD symptoms. CPT-SA has the added element of behavioral assignments to provide corrective experiences, intended to demonstrate the validity of the client's new alternative thoughts. Unlike adult victims of rape, survivors of CSA often lack the cognitive schema from which to balance the extreme beliefs resulting from the abuse. Therefore, the positive outcomes realized from the client's own behavioral experiments can support her new appropriate cognitions.

Contextual Therapy

Gold (2001) developed Contextual Therapy to treat adult survivors of CSA which consists of three components: collaborative relating, collaborative conceptualization, and acquisition of daily living skills. Collaborative relating focuses on experiences of neglect, rejection, and abandonment. A collaborative therapeutic alliance is very important in treatment to improve interpersonal relationships. In collaborative conceptualization, the client examines, questions, and revises negative self-perceptions. Awareness of past problems can be overcome which instills hope and increases motivation to change things in the present. The acquisition of daily living skills component is similar to that used in dialectical behavior therapy (Linehan, 1993), stress inoculation training (Meichenbaum, 1985), and cognitive processing therapy (Resick & Schnicke, 1993).

Development of the Self

Kohut (1971) believed that the development of the self was a lifelong process and that a crucial aspect of developing a coherent and cohesive sense of self has its origins in infancy and the experience of the relationship with the primary caregiver. In order for the child to develop a healthy cohesive sense of self, which includes high self-esteem, the child needs a guidance system of ideals and values to develop self-confidence, self-agency, autonomy, mastery and competence. Kohut (1971) posits that when early self-objects deprive or disappoint the child in traumatic ways, the basic psychic apparatus and the structure of the personality are adversely affected. The unconscious meaning of the traumatic event is expressed in the symptoms of PTSD.

Blended CBT-Attachment-Interpersonal-Object Relational Theories

Cloetre, Cohen and Koenen (2006) use a blend of principles from CBT and attachment-interpersonal-object relational theories as a treatment protocol for CSA. Interventions techniques include strategies for evaluating beliefs about oneself and the world, and the use of role playing to facilitate new leaning and behavioral changes. Interpersonal theory examines the early life attachments and the long-term consequences that disturbances in caretaking relationships have in adult functioning. CBT strategies are the means by which the client identifies these problems and works toward change.

According to Cashdan (1988), Object Relations Theory suggests that an adult survivor's destructive self-concept is a result of splitting the self, as they attempt to preserve the parent-child bond by blaming themselves for the CSA instead of the perpetrator or the neglectful parent. Splitting is a child's way of coping with their frightening or inconsistent world, in which they have no control, they psychically

splitting off the good from the bad parts of the parent in order to maintain dependence without constantly feeling frustrated.

Attachment Theory and Family Systems

Karakurt and Silver (2014) used attachment theory and family systems theory to help adult survivors of CSA to understand and treat their emotional distress and interpersonal problems that cause insecurity in relationships such as jealousy, anxiety and avoidance of the relationship.

Positive Psychology

Positive psychology helps an adult survivor of CSA by developing a strong sense of wellbeing, optimism, contentment, and faith that allows an individual to see life from a perspective of hope rather than despair, which contributes to resiliency in the face of misfortune and tragedy (Kelley, 2004; Peterson, 2006). Seligman, Steen, Park, and Peterson (2005) suggest that happiness can be divided into three components of positive emotion, engagement, and meaning, and they created exercises designed to develop each of these aspects of happiness.

Psychoanalytic Treatment Model

Davis and Frawley (1994), developed a Psychoanalytic Treatment Model with five components that include containment from dissociated aspects of traumatic states, recovery and disclosure of traumatic memories and fantasied elaborations, symbolization and encoding of memory and experience, integration of disparate self and object systems and of other reality-distorting defenses, and internalization of a new object relationship (Davis & Frawley, 1994; Quina & Carlson, 1989). The therapist uses relaxation techniques as a process designed to enhance the client's self-control, mastery, and

competence and to reduce their anxiety. Real and fantasy memories are analyzed and reconstruction of CSA memories can arise out of the therapeutic re-enactment within the transference-countertransference paradigms.

Davis and Frawley (1994) use symbolization and encoding of memory and experience to help clients to piece together the dissociated parts of their past. Construction of meaning of images, moods, somatic experiences and semantic symbolization facilitates the client's capacity for self-reflective awareness. It is the enactment, semantic encoding, and working through these internal matrices of self and objects that account for effective structural change in adult survivors of CSA. Davis and Frawley (1994) feel that caution should be used with formal hypnotic induction so that the adult survivor feels in control of the process of recovering their memories, and be able to reintegrate them into their conscious experience.

Solution-Focused Therapy

The Solution-Focused Therapy approach builds upon clients' own resources and aims to help clients achieve their preferred outcomes by evoking and co-constructing solutions to their problems (O'Connell & Palmer, 2003). The Solution-Focused Therapy approach uses language to obtain descriptions of individual's unique experiences rather than the definitive formulations of them. Therapists suspend assumptions about the client and elicit the choices clients have in how they frame their situation, and talk about the problem as in a constant state of change. The therapist assumes and is curious about what has gone right in the client's life, and uses hope and the client's strengths, skills and resources to facilitate change. The therapist uses the "miracle question" to find out what they want their future to look like (Dolan, 1991; O'Connell et al., 2003; Walton, 2005).

The therapist examines how have the client managed to cope and what they have achieved in their life despite the traumatic events (Darmody, 1998; Dolan, 1991; O'Connell, 2003). The client decides how important and helpful it might be to explore their past, and how it might be beneficial to talk in detail about the CSA. The therapist helps the client explore how their lives would change as a result of the release from talking about the past. With the help of the therapist, the client sets clear, positive and manageable goals, and explores how they might achieve them, which might involve talking about learning new coping skills, and strategies to deal with boundaries and emotional regulation (Darmody, 1998; Dolan, 1991; O'Connell, 2003; Walton, 2005).

Solution-Focused Therapy for Sexual Abuse

Dolan (1991) states that she aims to accomplish the three goals which are first to provide stabilization and relief for the client from symptoms stemming from or related to the CSA trauma. Second, alter feelings associated with memories of trauma, so that the memories and/or flashbacks are no longer intrusive or painfully prevalent in the client's daily life. Lastly, to assist the client to develop a positive, practical, and healthy future orientation that results in non-symptomatic patterns and in the client's living what they would consider a "satisfying" life. Dolan (1991) emphasizes the importance of safety in the present and in the therapeutic relationship, and focuses on healing the split so the client does not disassociate. Therapeutic Tasks include future goals, writing letters that are not sent, ceremonies or rituals for lost family of origin, bodywork, healing symbols, self-nurturing rituals, and nurturing the inner child (Bass & Davis, 1988; Dolan, 1991; Meiselman, 1990; Walton, 2005; Whitfield, 1990).

Dolan (1991) uses safe remembering of the dissociated experiences using Ericksonian hypnosis, automatic writing, and “the movie screen” hypnosis technique. The client reclaims their body so that they can establish a positive connection with their body. The client is taught the use of self-hypnosis and the therapist uses guided hypnosis to access good body feelings, and to dialogue with individual body parts. The therapist gives information on bodywork, massage, dance, exercise, and diet to the client so that the client feels connected to their body in positive ways and learns to take care of it. Walton (2005) uses a technique of imagining the perpetrator admitting to the CSA, expressing sorrow for their actions, admitting that they are entirely at fault, take responsibility for their actions, and giving a sincere apology so that the adult survivor can experience the validation, freedom, and healing for themselves. Dolan (1991) suggests using techniques to prevent relapse of symptoms and negative behaviors including overcoming self-blame, awareness of triggers, intrusive medical procedures, and increase the client’s ability for intimacy. Other interventions for the client might include identification with empowering role models, and building healthy goals for the future.

Meiselman (1990) and Dolan (1991) used dream work, guided imagery, and hypnosis with the client to recover memories of their abuse, although she cautions against using these techniques unless the therapist is specially trained in these techniques. Meiselman (1990) suggests that the therapist explain to the client the repression mechanism that protected them from feeling terrified, helpless, and overwhelmed, so as to not be re-traumatized by remembering the events. Meiselman (1990) suggests that the therapist using hypnosis should include the suggestions that the client will feel safe and secure during the session, that they are in control of their experience, and that they will

only retrieve information that they will be able to integrate into their conscious experience.

Meiselman (1990) and Dolan (1991) used progressive relaxation exercises with guided imagery that instruct the client to purposefully induce tension in various muscle groups and then release it, while thinking about tension flowing out of their body.

Meiselman (1990) and Dolan (1991) found that the use of that safe place imagery when faced with a difficult memory or situation was helpful in reducing anxiety. Meiselman (1990) found that clients entered the trancelike state very easily without awareness that they were doing it because of how they had learned to disassociate from their bodies while they were being victimized.

Mindfulness

Mindfulness-based stress reduction uses mindfulness meditation to alleviate suffering associated with physical, psychosomatic, and psychiatric disorders (Baer, 2003). Mindfulness meditation is a Buddhist spiritual concept that can be taught with or without the spiritual component and has been adapted in the mindfulness-based theories and skills associated with positive psychology. Studies on mindfulness-based stress reduction have demonstrated its effectiveness for treating anxiety and panic (Kabat-Zinn et al., 1992; Miller, Fletcher, & Kabat-Zinn, 1995), and a meta-analysis of 20 empirical studies suggested that mindfulness-based stress reduction might help adult survivors of CSA cope with depression, anxiety, and pain (Grossman, Niemann, Schmidt, & Walach, 2004).

Jungian Theory

Murphy (1963) used Jungian theory to suggest that the unconscious mind retains information not available to the ego, and that the personal unconscious holds repressed memories and the collective unconscious contains dreams, visions, religious experiences, and the myths of all cultures throughout the ages. Murphy (1963) suggests that the unconscious mind possesses infinite wisdom that is available to the conscious mind when it is open and receptive. Guided imagery allows an individual to move outside of normal waking consciousness by listening to a prescribed dialog designed to facilitate a state of relaxation or directed healing. Guided imagery also is linked to the field of psychoneuroimmunology by its ability to assist different systems within the body to communicate with one another (Achterberg, 1985; Freeman, 2006; Naparstek, 2004).

Satir Model

Morrison and Ferris (2002) use the Satir Model with female adult survivors of CSA because it emphasizes the positive growth potential of the individual. Client's strengths and untapped resources are used to gain insight into their pain, fear, self-doubt and other emotional problems. The use of the iceberg metaphor is to explore the present impact of the CSA on the client's present behavior, and how the past has shaped their inner world without the re-telling of their traumatic experiences. The iceberg metaphor explores feelings, perceptions, expectations, yearnings, sense of self, and how this is expressed in behavior and coping skills.

To treat clients that have been diagnosed with borderline personality disorder with histories of CSA, Baer (2003) used Dialectical Behavior Therapy together with mindfulness practices that include nonjudgmental observation of thoughts, emotions,

sensations, environmental stimuli, and acceptance of personal histories and current situations while working to change behaviors and environments that support building a better life.

Treatment of Sexual Problems

Meiselman (1990) suggests that problems in sexual functioning be addressed later in the therapy process unless sexual dysfunction has led to the threatened loss of a relationship. Meiselman suggests that the client addresses the problem in the context of establishing a loving and committed relationship with a sexual partner. Meiselman (1990) suggests body image work that promotes acceptance and “ownership” of the client’s body in all its parts, and that the client learn to feel comfortable looking and feeling their body including the ability to accept self-stimulation in order to discover sexual sensation as something that she chooses and can control. Improving self-esteem and the ability to say no to sexual activity allows a client to feel more in control. Triggers such as the smell of tobacco, alcohol, or cologne can cause flashbacks so the client needs to find ways to change their negative associations to the sex act itself, and find ways to stay present during sexual activity (Meiselman, 1990).

Coping Techniques and Life Skills

CSA survivors who experience dissociative states due to a history of long-term abuse need to learn about the protective purposes of the state and learn to develop less disruptive coping techniques (Courtois & Ford, 2009; Herman, 1992b; Linehan, 1993; Najavits, 2002; Quina & Carlson, 1989). Batten, Follette, and Aban (2001), in their study of 257 female undergraduates, found that that there was experiential avoidance, higher levels of general psychological distress, and high risk sexual behavior in women with a

history of CSA. Thomas (2005) developed a treatment protocol to help adult survivors of CSA with dissociation and dysfunctional interpersonal relationships by examining the “inner critic” using guided imagery, role-plays and dramatic enactment methods.

Avoidance and defense are based on a process of denial, distortion, and self-deception as a means of avoiding fear and anxiety. Patterns of avoidance result in negative self-evaluative thoughts and feelings and the more extreme the individual’s avoidance, the greater the individual experiences self-disapproval (Bednar, Richard & Peterson, Scott, 1995).

Treatment of Grief and Loss Related to CSA

Clients experience grief and loss over the loss of an ideal childhood and family, loss of security because their parents or caretakers did not protect them and loss of self-esteem and wholeness because they did not feel worthy (Briere & Scott, 2006, Dolan, 1991; Herman, 1992b). Meiselman (1990) found that grief work and permission to grieve a lost childhood or loss of idealized parents helped client process their feelings of loss and anger. For healing and recovery to take place, the therapist and client must appreciate the significance of each loss and the depth of grief over those losses and allow the client to experience their feelings as a normal process of mourning, examine the disruption and stress created by the losses, and find options for gaining or building a new life (Pearlman et al., 2014; Quina & Carlson, 1989). Meiselman (1990) found that giving a client permission to grieve can lead to resolution and bring about a state of acceptance about CSA events that happened in the past. This allows the adult client to release pent-up grief and associated anger to be expressed. Pearlman et al. (2014) successfully treated

traumatic bereavement in clients with PTSD by allowing them to express their emotions and mourn their losses.

The psychological factors constituting emotional loss are loss of security, self-esteem, and not having a sense of wholeness (Branden, 1969). The therapist can assist a client process the loss by helping the client accept the reality of the CSA through disclosure and then by detailed retelling of her or his experience and its impact on his or her sense of self (Dolan, 1991; Resick & Schnicke, 1993). Grief and loss are often accompanied by depression which is marked by disruptions in eating and sleeping patterns, lethargy, confusion, inability to make decisions, and suicidal ideation (Quina & Carlson, 1989). According to Quina and Carlson (1989), treatment needs to normalize feelings of depression, self-blame, helplessness, and anger as normal responses to abnormal events. The therapist assists the client with understanding why they feel the way they do, including the effects of societal attitudes and myths. The client needs to identify alternatives to negative self-perceptions, alternatives that absolve them of any personal responsibility for the CSA while providing a sense of control in their life. The therapist can assist client in directing blame and the resultant anger to the perpetrator and those who have ignored and/or betrayed them. The client's anger can be channeled into positive, abuse-free goals that can achieve satisfying results (Quina & Carlson, 1989).

Treatment for Emotion Regulation

Anger expression is necessary for resolution of CSA. Expressing rage is difficult for women because they are socialized from childhood not to express any negative emotions (Herman, 1981; Meiselman, 1990). For adult survivors of CSA, when feelings of anger do emerge, they tend to be either diffused, directed at the wrong target, or self-

directed (Courtois & Ford, 2009; Foa et al., 2009; Herman, 1992b; Linehan, 1993; Najavits, 2002; Quina & Carlson, 1989; Schiraldi, 2009; Williams & Poijula, 2013). The therapist can assist the client by validating and facilitating the client's feelings. Process work can be facilitated by breathing and relaxation exercises to remove blocks to expression such as numbness or tension in the body (Bass & Davis, 1994; Darmody, 1998; Dolan, 1991; Herman, 1992a; Lee & James, 2011; Meiselman, 1990).

Many adult survivors feel differently about their bodies after their CSA. In order to appear less attractive, or in an effort to fill the emotional void they experience, the survivor may gain weight. CSA survivors may have changes in body image, loss of clear personal boundaries, hate and disgust over sexual body parts, and distortions in self-perceptions resulting in anorexia or bulimia (Quina & Carlson, 1989). According to Jung and Steil (2011), adult survivors of CSA that have PTSD symptoms may also experience feelings of their body being contaminated years after the traumatic experiences. Jung and Steil (2011) use cognitive restructuring and imagery modification to treat these clients.

Meiselman (1990), and Quina and Carlson (1989) recommend using cognitive restructuring and behavioral training, including assertiveness training techniques, to change habits to improve significant relationships, and the client's ability to interact with the world. According to Quina and Carlson (1989), cognitive restructuring aims to rename the client's self-labels and reframes their CSA experience. Clients are able to learn more effective problem-solving strategies, regulate or change their emotional reactions, and irrational thinking processes, and develop self-acceptance (Quina and Carlson, 1989).

Behavior modification interventions are used to modify maladaptive behaviors include desensitization, relaxation, and biofeedback (Herman, 1981; Quina and Carlson, 1989; Resick & Schnicke, 1993). Rothschild (2000), Levine (2010), Shapiro (1989), and van der Kolk (1994) found evidence that trauma affects the entire person and that treatment is most effective when it integrates psychotherapy with somatic, body-memory treatment such as EMDR, Neuro-Linguistic Programming, guided imagery, art therapy, and massage. Levine (2010) teaches clients with traumatic experiences ways of recognizing, reducing, and discharging the stressful energy from their nervous system. Somatic experiencing helps the client understand exactly how their body is managing the overwhelming, stressful, or traumatic events, which helps them to let go of the accumulated trauma in their body and allows their body to regain its innate ability to self-regulate and be resilient.

Treatment for Self-Destructive Behaviors

Self-destructive behaviors such as self-mutilation, suicide attempts, drug and alcohol abuse, eating disorders, risky behaviors, and medical neglect need to be addressed at the beginning of therapy and crisis interventions need to be implemented for the safety of the client (Bass & Davis, 1988; Herman, 1981; Meiselman, 1990; Najavits, 2002). Runaway children that have become prostitutes to survive on the streets have immediate needs for safety, shelter, medical attention, and treatment for drug and alcohol abuse (Quina & Carlson, 1989).

Meiselman (1990) and Najavits (2002) found that self-destructive tendencies are often chronic, covert, and relatively unconnected to the occurrence of unfavorable life events. The individuals may engage in many forms of self-endangerment such as

reckless driving, failure to seek medical care, abuse of drugs and alcohol, risky sexual behavior, or self-mutilation. Meiselman (1990) and Dolan (1991) suggest that finding the origin of suicide or self-destructive behaviors, and using interventions to parent the child within can change cognitive patterns and behavior of the client. Meiselman (1990) found that exploring the client's beliefs about the meaning and purpose of life, and connection to a religious or spiritual group can reduce the client's feelings of isolation, and reinforce their struggle against self-destructive behaviors.

Confronting the Perpetrator

With regard to confronting the perpetrator and other family members, adult CSA survivors, in either individual or group therapy find sense of relief in disclosing their incest secret, and may feel motivated to disclose to family members and friends. Meiselman (1990) found that some clients should confront their perpetrator only when they can view it as an act of personal mastery that is symbolic of relinquishing the role of victim. Before confronting the perpetrator the therapist helps the client decide what to say to the perpetrator or other family member, and the setting for the confrontation should be carefully selected so that the client support and not alone. Herman (1981) and Bass and Davis (2008) believe that clients should only proceed with a confrontation after they have thoroughly explored their own motives and goals, and they have anticipated and prepared themselves emotionally for the reactions they may provoke. Confrontations with family members have the potential for great benefit to the client, and can do some harm. The major disadvantage of such confrontations is that the client rarely gets the response they are looking for and is often disappointed (Herman, 1981; Bass & Davis, 1988). The client is hoping that the parent will admit that the CSA occurred and that it

did them harm. The client wants their parents to accept responsibility, their father for the abuse and their mother for neglect. The client wants an apology, and they want their parents to show some regret and some desire to make amends for the wrong done to them. By exposing the CSA secret, the client may provoke a great deal of fear and hostility in other family members including denial, retraction or retaliation. Herman (1981) and Bass and Davis (1988) found that the motivation to disclosure needs to be explored in therapy to avoid painful and rejecting responses by family members and friends. In many cases the client will never be able to confront the perpetrator or the non-protective parent face to face because the perpetrator may be deceased, dangerous, unwilling to admit any wrong-doing, say that the client is lying, or blame the client (Bass & Davis, 1988; Meiselman, 1990).

Writing letters that are not mailed but discussed in session with the therapist, empty-chair techniques where the client role-plays the conversation from their point of view and then answers from the perpetrators point of view, and group therapy psychodrama can be used so as to simulate confrontations with all members of the incestuous family are interventions that can be used in place of confrontation of the perpetrator and other family members (Bass & Davis, 1988; Dolan, 1991; Meiselman, 1990; Perls, 1974). Some clients see the confrontation with the perpetrator as some kind of rite of passage in which the client sheds her identity as a victim and casts off her role as the guardian of the family secret. According to Herman (1981) and Bass and Davis (1988), the client may choose to talk about the CSA with another person who is important to them, and that the ability to talk about the CSA with other trusted people that will support them has great therapeutic benefits.

Forgiveness and Self-Forgiveness

Casey (1998) posits that the empowerment the adult survivor of CSA receives by facing the shame and acknowledging the anger allows for the experience of forgiveness. Forgiveness, as an experience of grace, permits humanity its imperfections, frailties, and shortcomings, and yet continues to call humanity to account for the injustice, disrespect, and disregard it shows one another. When the internalized shame and anger have been released, the individual is able to experience an awareness that life has possibilities of goodness. Therefore, for the adult survivor of CSA, forgiveness does not become their responsibility, it becomes their freedom (Casey, 1998).

Much of the forgiveness literature is focused on forgiveness as a tool for repairing relationships (Hargrave, 1994; Hargrave & Sells, 1997; Worthington & DiBlasio, 1990). Strategic family therapist, Cloé Madanes (1990) developed a model for facilitating apology and forgiveness within the families of adolescent boys who had sexually abused a sister. Madanes (1990) used a 16-step model that involves the family discussing the details of the abuse and resulting injuries, after which the perpetrator is expected to give a kneeling apology. Other family members apologize to the victim for not protecting her or for not noticing her pain. The family decides on a method of reparation and for protecting the victim in the future, and develops a plan for integrating the perpetrator back into the family. The length of the process depends upon the ability of the perpetrator to develop feelings of empathy and to offer a sincere apology for the perpetrator responsible for the abuse and collectively takes responsibility for the healing process.

Enright, Eastin, Golden, Sarinopoulos, and Freedman (1992) defined forgiveness as the absence of negative affect, judgment, and behavior toward the offender, and the presence of positive affect, judgment, and behavior toward the same offender. Nothing was required of the offender for the injured party to achieve forgiveness. Forgiveness for many survivors was an internal process rather than an interpersonal transaction.

According to Worthington Jr., Witvliet, Pietrini, and Miller (2007) forgiveness is not excusing, exonerating, justifying, condoning, pardoning, or reconciling. Depending on the context, internal processes may be necessary for forgiveness, although a complex interpersonal process may surround forgiveness experiences. Forgiveness is broadly understood as a process of decreasing inter-related negative resentment-based emotions, motivations, and cognition (Worthington Jr., 2005).

The framework for facilitating forgiveness as an intervention was developed by Enright and the Human Development Study Group (1991) where an individual felt victimized in some way by another individual, and was not originally created specifically for CSA. The model has a structured 17-step process where the client has made a commitment to forgive the offender. The process begins with the client confronting their anger and moves on to admitting shame, becoming aware of the offense, and gaining insight into the individual's altered world view because of the offense. The client forgives the offender by reframing of the offense, and showing empathy towards the offender. Freedman and Enright (1996) tested this model on an experimental group of adult survivors of CSA, with six female participants receiving 60-minute weekly individual sessions, and they were given a manual that described each step in the process model, including examples applicable to survivors of CSA. The study demonstrated the

effectiveness of the forgiveness intervention for the adult survivors of CSA as compared to a control group who were on a wait list. Scores on the Beck Depression Inventory for both groups after intervention illustrated that the act of forgiveness was related to reductions in reported depression for CSA survivors. According to Freedman and Enright (1996), before the intervention, the women reported moderate depression, and after intervention, most women reported little or no depression. Post-intervention measures found that the experimental group reported greater self-esteem, significantly higher forgiveness profiles, significantly greater feelings of hope, and significantly less anxiety and depression than the control group. After one year the experimental group had maintained their psychological gains. Freedman and Enright (1996) concluded that forgiveness appeared to give the individuals the opportunity to live their lives free from the anger and negative feelings that used to dominate their lives.

However, in a later study conducted by Enright et al., (1992), many women experienced great difficulty forgiving their perpetrators because they had experienced extensive CSA. Almost 70% of the women indicated that they had been sexually abused by more than one male perpetrator prior to age 18, and 82% were abused by family members with fathers representing 33.3%. The average age of onset of CSA was age 6 years and the average age when abuse stopped was 12.85 years. Fifty-four percent of the women had experienced abuse that included intercourse, 33% were threatened, and force was used in 39% of the cases. Women with the highest forgiveness scores report better marital adjustment than women with the lowest forgiveness scores. Adult survivors who experienced more severe abuse for longer periods of time experienced the greatest

disruption in their lives found it more difficult to forgive their perpetrators than those with lesser degrees of life disruption (Enright et al., 1992).

For many adult survivors forgiving perpetrators does not seem possible. Enright et al., 1992, Herman (1981), and Bass and Davis (1988) caution therapists using forgiveness as a viable intervention for CSA to be mindful of the clients' willingness and readiness to engage in conversations about forgiveness of the perpetrator rather than impose this strategy on them. Researchers who have urged caution or spoken out against forgiveness therapy generally define forgiveness using an interpersonal framework that may include inappropriate condoning and pardoning or contentment with one's victim role (Bass & Davis, 1988; Lamb & Murphy, 2002). Bass and Davis (1988) opposed it on the grounds that forgiveness devalued the reality of the incest hurt and thus indirectly re-victimized survivors. Courtois (1988) emphasized that forgiveness was the survivor's choice and advised counselors to guard against introducing forgiveness prematurely because it could cause further damage to the adult survivor and thus may avoid the consideration of forgiveness. Draucker (2000) recommended clarifying both the meaning and the role of forgiveness in the healing process. Briere (1989) does not refer to concepts of forgiveness as therapeutically relevant at any point through the recovery process of the adult survivor of CSA (Briere, 1989, 1996, 1997; Elliott, 1994; Briere & Runtz, 1988, 1991). Lew (1990) gives the forgiveness concept more attention in the treatment of adult survivors of CSA but remains uncommitted to the ideology. Lew (1990) suggests that forgiveness is unnecessary in recovery from the effects of abuse but adds that some survivors may find benefit in forgiveness. Butler et al. (2002) found that rationales for forgiveness in therapy, such as "personal growth," "spiritual issue," and

“relationship reconciliation” were more acceptable to adult survivors than “other’s growth” and “pardoning/condoning” (p. 293).

Freedman (1998) emphasized the importance of differentiating between forgiveness and reconciliation. Freedman explained that forgiveness is within the control of the adult survivor, whereas reconciliation involves another individual’s agreement and cooperation. Freedman (1998) differentiated between being able to forgive and reconcile, forgive and not reconcile, not forgive and interact, and not forgive and not reconcile. Enright (2001) described forgiveness as self-enhancing and freeing a voluntary choice on the part of the victim. Enright (2001) believes that forgiveness happens independently of the apology or remorseful actions of the offender, but he also described forgiveness as an act of mercy towards an offender. Helm, Cook, and Berez (2005) feel that reconciliatory forgiveness carries the connotation that it is necessary to resolve past conflicts and preserve the relationship between two individuals in order to forgive. Konstam, Marx, Schurer, Harrington, Lombardo, and Deveney (2000) maintain that reconciliation between the victim and the perpetrator is not a necessary condition for forgiveness to occur. Konstam et al. (2000) argue that reconciliatory forgiveness may not be feasible if the perpetrator does not recognize their transgressions or is unwilling to make amends for them. Hebel and Enright (1993) found a correlation between a victim’s ability to forgive a perpetrator and facilitated psychological healing including a reduction in negative self-referenced feelings.

Helm et al., (2005) found of 114 participants (88 female and 26 male) completing a survey on sexual abuse and forgiveness, 23 participants (20 females and 3 males) indicated that they had been sexually abused (20.2%). This gives a sexual abuse rate of

about 22% for females and 3.3% for males in the total sample. The majority of adult survivors of CSA (13 out of 23) preferred to keep “some distance” to “as much distance as possible” from the perpetrator, regardless of the extent to which the perpetrator has been forgiven. While believing that forgiveness is largely a personal process, 81.9% of the adult survivors felt that the power to do this would be mostly from a higher power, and 9.1% felt that the power would come from mostly inside themselves. After forgiving the perpetrator, 17.4% of the adult survivors felt that forgiveness was not particularly healing, 13% as slightly healing, 34.8% as somewhat healing, 17.4% as very healing, and 17.4% as extremely healing. In terms of the issue of true forgiveness and reconciliation, 82.6% of the participants gave answers between reconciliation occurring none of the time and some of the time with only one participant felt that true forgiveness resulted in reconciliation all of the time.

Hall and Fincham (2005) found that interpersonal and intrapersonal forgiveness are both processes that unfold over time and require an objective wrong for which the offender is not entitled to forgiveness but is granted forgiveness nonetheless. Interpersonal and intrapersonal forgiveness does not include condoning or forgetting the transgression. Intrapersonal forgiveness does not mean that the behavior was acceptable or should be overlooked (Downie, 1965). Interpersonal forgiveness and self-forgiveness takes effort that does not occur unintentionally (Horsbrugh, 1974). Self-forgiveness often entails a resolution to change (Enright, 1996) and to behave differently in the future. The unconditional view of interpersonal forgiveness is consistent with Christian tradition. Interpersonal forgiveness is most often viewed as unconditional whereas self-forgiveness can easily be conditional or impermanent (Horsbrugh, 1974). Interpersonal forgiveness

and self-forgiveness are also distinct in that interpersonal forgiveness does not imply reconciliation with the offender whereas reconciliation with the self is necessary in self-forgiveness (Enright, 1996). Hall and Fincham (2005) found that interpersonal forgiveness is more authentic and meaningful when it follows self-forgiveness. An individual cannot forgive others unless they are willing to forgive themselves, which means that the role of self-forgiveness extends beyond the internal, self-focused process into the area of interpersonal forgiveness (Hall & Fincham, 2005).

Wilson (1994) found forgiveness to be significantly and positively related to spiritual well-being and significantly and negatively related to depression and anxiety in a sample of 118 female adult survivors of CSA.

Neto and Mullet (2003) examined the possible relationships between forgivingness and two important types of construct regarding the self: self-esteem (including shyness and embarrassment) and self-construal (interdependence and independence). The results showed that female participants with higher self-esteem appeared less willing to forgive in general than female participants with lower self-esteem. Among men, the observed link was positive but not significant. More independent participants were less willing to forgive offenders than less independent people. The more interdependent the participant, the higher was their propensity to forgive. The more embarrassable the participant, the more they were sensitive to the circumstances of the offence, and the shyer the participant, the higher their sensitivity was to the circumstances of the offense.

Szablowinski (2012) suggests that failure to forgive oneself, when self-forgiveness is appropriate, may be detrimental to an individual's moral and psychological

well-being. Self-forgiveness is necessary when guilt, self-hatred and shame reach high levels. Another individual's assurance that the offence is forgivable may contribute considerably to the completion of the self-forgiveness process. Forgiveness of others or of oneself can resolve emotional pain and bring inner peace to the offender, but in some cases it can encourage abuses and crimes to continue. According to Szablowinski (2012), guilt differs from shame because guilt is caused by choices and acts contrary to what the individual admits to be morally right. Feelings of guilt involve a sense of regret, remorse and tension about the offence committed and usually initiate and encourage a reparative process in which admission of truth, apology, and making amends play important roles. According to Szablowinski (2012), shame is the humiliating sense of being evil or bad, inadequate and unlovable. The moral emotions of guilt and shame seem to have different implications for self-forgiveness. For Christians, the willingness to forgive others and the belief in self-forgiveness is suggested in The Lord's Prayer in the Bible "For if ye forgive men their trespasses, your heavenly Father will also forgive you. But if ye forgive not men their trespasses, neither will your Father forgive your trespasses" (Matthew 6:14-15). Szablowinski (2012) found that victims of rape, CSA and torture often feel guilty, ashamed or embarrassed, and blame themselves for the fact that in some way they could have prevented the abuse from happening if they had been more careful or less trusting towards others.

Religious and Spiritual Beliefs

Koenig (2008) uses a more universal definition of spirituality which refers to the seeking of well-being, happiness, gratitude, optimism, forgiveness, meaning and purpose in life, peacefulness, and harmony, which can be applicable to an individual with secular

beliefs. For some individuals, spirituality maybe helpful for exploring the meaning behind the traumatic experience of CSA, and may assist in coming to terms with the existential crisis (Grossman, Sorsoli, & Kia-Keating, 2006; Passalacqua & Cervantes, 2008). Ignoring the spiritual aspect of healing can decrease the effectiveness of counseling for some adult survivors of CSA (Turell & Thomas, 2002). Parker, Horton, and Watson (1997) outlined four areas that overlap between spirituality and counseling goals for adult survivors of CSA which include providing hope, integrating a sense of self and self-worth, connecting with others, and asking and answering “why did it happen to me?” The belief that individuals can overcome negative events originated with Maslow's (1962) principles of humanistic psychology, and continued with Frankl (1969), who posited that finding meaning in suffering is an important key to enduring and overcoming traumatic experiences.

The role of religion and the client’s beliefs and faith in God or a higher power can be both helpful and can be in conflict with therapy (Hall & Fincham, 2005). Many religions and self-help groups such as Alcoholics Anonymous teach their clients to ask for help from God or a higher power rather than looking inward for sources of strength. According to Hall and Fincham (2005), some adult survivors of CSA have been told by religious leaders to pray and their faith will heal them, and that they can only be healed if they forgive the perpetrator, ask God for forgiveness for themselves, and forget the past. This type of forgiveness does not empower the adult survivor of CSA because it perpetuates the abuse by making it the survivor’s obligation to forgive the perpetrator unconditionally and denies them respect and accountability (Hall & Fincham, 2005). Easton et al. (2013) suggest that therapists need to be sensitive to the possibility of these

conflicts and help the client recognize the outcomes and benefits of therapy that do not have to be in conflict with their religious beliefs. The client may experience a loss of faith and shame because they feel that they were abandoned by God, and that their faith did not protect them which can result in grief and existential crisis (Easton et al., 2013). Therapy allows the client to examine their doubts without judgment, process their grief and find comfort in establishing beliefs that support their recovery (Quina & Carlson, 1989).

For some individuals, Furman, Benson and Canda (2004) found that spirituality may not necessarily be related to organized systems of belief or belief in a God. Spirituality is often defined as an awareness of the connection of the individual's mind and body with nature, which assists in gaining insight and knowledge about life experiences (Furman, Benson & Canda, 2004). Martsof and Mickley (1998) suggest that spirituality is an introspective experience in which an individual seeks answers to existential questions, acknowledgement of a dimension beyond the self, and connections that include relationship with self, others, a higher power, and the environment.

Ganje-Fling and McCarthy (1996) found that an individual's spirituality can be seriously damaged by CSA and that important spiritual themes in the psychotherapy of CSA survivors may include re-establishing hopefulness about life and one's spiritual source, regaining self-confidence and spiritual worthiness, and trusting spiritual sources. In their research, Ganje-Fling and McCarthy (1996) found that CSA survivors, who desire involvement in an organized religious community, could have intrapersonal and interpersonal problems because they struggle with lack of trust and fear of stigmatization and judgment. Adult survivors of CSA who raised spiritual topics during therapy

regarded spirituality as being important in their problem resolution, and that unworthiness and existential questions were obstacles to their spirituality (Ganje-Fling & McCarthy, 1996). Kane, Cheston, and Greer (1993) and Parker, Horton, and Watson (1997) found that female survivors of father-figure incest feel more anger toward and distance from God and view God as disapproving and rigid.

Chandler, Miner-Holden and Colander (1992), Ganje-Fling and McCarthy (1996), and Ryan (1998a, 1998b) have found that spirituality is an aspect of wellness, and that it helps people accept the unknown and unanswerable, and gives hope, reassurance, and a sense of belonging. Since more than 90% of Americans endorse some form of religious faith or spiritual beliefs, Ganje-Fling and McCarthy (1996) proposed that adult survivors of CSA may need special help to identify their spiritual beliefs and develop spiritual practices to assist in their healing process. Ganje-Fling and McCarthy (1996) found that spiritual development is often arrested around the age at which the sexual abuse occurred, and that adult survivors of CSA begin to raise questions about spirituality after about 18 months of therapy.

Other studies have shown that acknowledging and reconciling spiritual issues are important to psychological healing from the negative effects of CSA, and that spirituality enhances a person's ability to cope with the traumatic effects of sexual assault (Ganje-Fling, Veach, Kuang, & Houg. 2000; Kennedy, Davis, & Taylor, 1998; Parker, Horton, Jr., & Watson, 1997). Frankl (1962) postulated that suffering causes a search for meaning, and this need to find meaning leads to increased spirituality, which helps restore well-being. Shantall (1999) also found that the common theme among the Holocaust survivors that went on to lead productive and fulfilling lives was their ability

to find meaning in suffering. Additionally, in a study of a coping model for adult survivors of CSA, Draucker (1995) found that feelings of stigmatization and powerlessness, stemming from CSA were directly related to meaning and that successful understanding of the meaning of the CSA was related to reduced guilt and isolation.

Ganje-Fling et al. (2000) and Parker et al. (1997) found that spirituality, both religious and secular, addresses similar goals and functions of psychotherapy. Spirituality instills hope, particularly in suffering or in the face of uncertainty and provides an integrated sense of purpose in which the self-worth of the individual can be established. Spirituality focuses on connection with others as a way of facilitating and expressing the self, meaning, purpose and harmony.

Miller (1993) posits that integrating psychology with religion and spirituality has not been a common practice except in family and grief counseling, because historically therapists and religious leaders have had negative views of each other even though both are concerned with addressing a client's meaning of life and can have a healing influence. Miller (1993) suggests that therapists need to understand their own religious and spiritual beliefs and biases before exploring that of a client in order to maintain objectivity and openness.

According to Frankl (1962), Ganje-Fling and McCarthy (1996), Marcus and Rosenberg (1989), and Ryan (1998) survivors of traumatic experiences benefit by the use of spiritual beliefs that include transcending the experience of violence, providing meaning for life and the traumatic experience, feeling less isolated, and maintaining an attitude of hope. Research by Somer and Nave (2000) and Van Vliet (2008) has suggested that spirituality is a resilience and coping resource utilized by individuals in

order to develop a sense of self, identity and acceptance. Pargament, Kennell, Hathaway, Grevengoed, Newman, and Jones (1988) used key elements of spirituality as a coping resource to discover and understand how female survivors of CSA differentiated coping by use of religious or spiritual coping styles and related them to the transactional theory of stress and coping. The religious or spiritual coping styles reflect relationship with God in the form of collaborative, deferring, or self-directed style of coping (Pargament et al., 1988).

According to Liem, James, O'Toole, & Boudewyn (1997), spirituality is believed to be an aspect of resiliency that plays a significantly positive role in helping individuals deal with traumatic experiences. Resilience is defined as having the capacity to prevail, grow, become strong, and to thrive despite adverse conditions. Resilience is believed to be fostered by traits and attitudes such as optimism, faith, wisdom, creativity, self-control, morality, gratitude, forgiveness, and hope (Liem et al., 1997; Richardson, 2002). Valentine and Feinauer (1993) identified resilience factors associated with individuals who had experienced CSA which included an ability to find emotional support outside of the family, positive self-regard, spirituality, external attribution of blame and cognitive style, and inner directed locus of control. Personal integration is defined by finding meaning in life and maintaining resiliency despite adverse conditions (Frankl, 1962; Liem et al., 1997; Richardson, 2002; Valentine & Feinauer, 1993). From the holistic perspective, the concept of being human encompasses the body, mind, and spirit, and when sexual trauma takes place, the victim experiences a fragmented sense of self, and experiences trauma to all parts of the self (Lyons, 2010; van der Kolk, 2006; Rothschild, 2000).

Tummala-Narra (2007) found that discussion of spirituality and beliefs may be useful in strengthening resilience in an individual. The element of spirituality in resilience is recognized as a factor that is often taught within the family, is important in some cultural communities, and is individually accepted.

Turell and Thomas (2002) found that participants described outcomes of spirituality to include a sense of meaning, a purpose and plan in life, and that the purpose and plan is for good, a belief that things happen for a reason, a new, and positive view of self and identity. Participants described a new commitment to self-care resulting in discontinuing of self-harm, not allowing abuse in relationships, seeking help for addictions, and the abating of suicidal thoughts and tendencies. Many participants described that spirituality did not just come naturally, but there was a period of searching to find their spirituality which included trying different churches, religious organizations, and various forms of meditation and rituals (Turell & Thomas, 2002).

Lawson, Drebing, Berg, Vincelle, and Penk (1998) found in their study of 1,207 male veterans admitted to a substance abuse treatment program that a history of CSA was related to significantly greater spiritual injury and lower stability of spiritual behaviors and experiences, but not to current religious behavior. Chmiel (2007), in her study of 58 female veterans diagnosed with chronic PTSD, found a trend indicating that increased severity of sexual abuse was related to increased religiousness. However, the history of religious practices and beliefs, other resources, and positive coping strategies that the female veterans used to deal with life circumstances and their relationship to religiousness were not known (Chmiel, 2007). These results do not support the findings of Fontana & Rosenheck (1998) because the root causes of PTSD in

the female veteran population often have to do with the experience of re-victimization while in the military. Rodriguez (1989) and Hall (1995) found significantly lower scores on a measure of religious functioning in adult female survivors of CSA, relative to a clinical comparison group and a nonclinical control group. Ducharme (1988) found that a sample of female adult survivors of CSA saw God as more punitive than a clinical comparison group or control group. Kane, Cheston, and Greer (1993) found that a sample of female adult survivors of CSA viewed God as more distant and reported experiencing greater anger at God than a group of non-victims.

Turell and Thomas (2002) in their research used the Spiritual Healing and Recovery Program (SHARP) which is a researcher-created, 8-week self-directed spirituality-based treatment program that utilizes four components consisting of daily meditation or prayer, daily journaling, exercising three times a week, and weekly group attendance. SHARP is used to help adult survivors of CSA in discovering the role of spirituality in their emotional healing, by assisting the individuals in recreating balance, by reintegrating the spiritual, psychological, and physical aspects of the self (Turell & Thomas, 2002).

Mohandas (2008) found that spiritual practices, such as meditation, trigger activation in the prefrontal cortex and the thalamus, resulting in a positive neurochemical change that decreases anxiety and depressive symptoms in non-CSA trauma. Levine (1997) linked trauma responses to the reptilian brain's primitive biological mechanisms by studying the flight, fight, and freeze behaviors in animals and concluded that due to the interference of a highly evolved neocortex, humans' do not discharge the energy of fear and trauma, which leads to the development of physiological and psychological

problems (Levine, 1997). While in a freeze, fight, and flight mode, the logical left side of the brain suspends operations to deal with an impending threat making it difficult to perform tasks requiring focus. Since the perceived threat remains long after the CSA event, and involuntary fight, flight, or freeze responses are easily triggered, chemically maintaining a self-sustaining, neurological, feedback circuit that develops into a pattern known as “kindling” (Levine, 1997; Naparstek, 2004; Scaer, 2007; van der Kolk, 2006).

Gall (2006) in a study of 101 adult survivors of CSA who sought assistance from God through prayer and meditation were able to resolve negative emotions related to their CSA, and experienced lower levels of depressive mood. Results of other research (Gall, Basque, Damasceno-Scott, & Vardy, 2007) indicated that having connection with God or a higher power who is perceived as kind, is correlated with decreased negative mood and has a direct connection to the experience of personal growth.

Research by Tang, Ma, Wang, Fan, Feng, Lu, Yu, Sui, Rothbart, Fan, and Posner, (2007) and Davidson, Kabat-Zinn, Schumacher, Rosencrantz, Muller, Santorelli, Urbanowski, Harrington, Bonus, and Sheridan (2003), indicated that meditation improves individuals' attention spans, assisting with increased focus, and can also assist with self-regulation, which may be helpful in mood stabilization, producing positive effects on the brain. Meditation demonstrates an increase of activity in the prefrontal cortex which is responsible for movement and behavior (Mohandas, 2008). Behavior displayed in responses by PTSD individuals may be decreased (Kimbrough, Magyari, Langenberg, Chesney & Berman, 2009). In a study of 27 adult CSA survivors, Kimbrough et al. (2009) found that the participants, after an 8-week mindfulness meditation-based stress

reduction program, experienced decreased PTSD symptomology, such as avoidance and numbing.

In a study conducted by Knapik, Martsolf, and Draucker (2008), results indicated that "spiritual connection" involved a communication with a higher power that involved prayer. The prayer was done in both private and public settings, and sometimes prayer was being done by others (Knapik et al., 2008). The participants had a strong innate desire to attain and maintain the connection with God or the higher power, feeling that the connection was endless (Knapik et al., 2008). In the study, the participants experienced a spiritual journey, which was a process with specific steps which involved feeling strengthened and empowered. This feeling helped the participants through difficult times when they were able to attain an awareness of their strengths after facing challenging circumstances that resulted in a spiritual transformation that derived meaning from the experiences (Knapik et al., 2008).

Gall (2006) explored the use of spiritual coping in response to current negative life stress by adult survivors of CSA. Survivors who experienced a greater sense of resolution of their CSA reported using less self-directed coping, more spiritual support, religious forgiveness and active surrender to God coping. These findings may reflect that survivors utilize more positive forms of spiritual coping such as forgiveness and rely less on negative forms of coping as they processed and resolved the negative impact of their CSA. As the CSA is worked through and integrated into their lives, the adult survivors felt free to develop a stronger sense of spirituality which incorporated both a reliance on a God that can be trusted, and they were open to the process of forgiveness in relation to others in their lives. Adult survivors who have integrated spirituality as a resource to be

relied on in their daily lives may also use it as a method of creating meaning and integrating their history of CSA into a stronger sense of self (Gall, 2006).

Chandler (2010) found positive results on resiliency when spiritual practices and alternative healing were integrated with traditional healing methods in a study of 10 female adult survivors of CSA that included massage, acupuncture, homeopathy, art therapy, Reiki, and guided imagery.

Turell and Thomas (2002) found that there were two primary themes derived from the data on the spiritual experience which were personal intuition and introspection and spiritual energy. The personal intuition and introspection theme involved reflection, meditation, and omnipresence closely aligned with the operational definition of meditation which is described as extended reflective deliberative contemplation, introspection, mantra repeatedly stated, relaxed state of mind, and higher state of consciousness (Cardoso, de Souza, Camano & Leite, 2007). Furman, Benson & Canda (2004) suggest that personal intuition and introspection consists of a sense of wholeness, the awareness of the connection of mind and body, connection with the universe, and new awareness and insight, and a fundamental aspect of being human. Spiritual energy is characterized by light, nature, spiritual guidance, and healing from the universe (Furman, Benson & Canda, 2004).

Ritual Ceremony

Bass and Davis (1988), and Parker, Horton, and Watson (1997) have suggested using a ritual ceremony for adult survivors of CSA at the completion of therapy, or at a point in the therapy where the individual has been able to forgive themselves. It has been found to be an effective treatment because of its spiritual component in healing and can

be used as a “rite of passage” into a positive and healthy future. The adult survivor of CSA creates an individualized therapeutic spiritual ritual ceremony with the therapist that attempts to reach their unconscious to release their emotional burdens and assists in empowering the adult survivor make the transition toward healing (Parker & Horton, 1996). The adult survivor creates a therapeutic ritual ceremony with supportive and loving family and friends. The therapeutic ritual ceremony may include photographs of the adult survivor’s family and the perpetrator (which may be burnt during the ceremony), letters expressing feelings that may or may not be sent to the family and perpetrator, lighting candles, reading journal entries from the healing journey, books that have given inspiration, symbols of religion or spiritual practices (such as crosses, ceremonial clothes, incense, bells, drums, singing bowls, etc.), releasing balloons or butterflies representing the release of physical or emotional pain caused by the CSA, symbols of nature, ceremonial food and drink, and prayers and meditation that have meaning (Bass & Davis, 1988; Parker et al., 1997). The therapeutic ritual should be personally meaningful to and a decision of the client, as opposed to being a customary practice of the therapist.

Willey (1997) used a three-day intensive workshop plus 30 days of group generated ritual practice as a therapeutic intervention for adult female survivors of CSA, and found that the participants experienced a higher degree and longer lasting sense of personal re-empowerment in specific areas of self-concept in their lives. The ritual includes similar sensory stimuli and symbolism used during the intensive empowerment work such as lighting a scented candle, ringing a bell, and touching a feather while meditating and reciting affirmations.

Parker and Horton (1996) posit that rituals and ritual ceremonies have been used in all cultures throughout history, and include traditional events (such as birth, birthdays, graduations, weddings, national holidays, retirement and death), religious events (such as baptisms, coming of age, and religious holidays), and mystical and spiritual experiences using symbolism for the purpose of catharsis or healing (such as vision quests, sweat lodges, ceremonies to release the past including negative experiences and emotions, and ceremonies to re-integrate soul parts). Rituals and ritual ceremonies provide a sense of order, release, completion, celebration and recognition of accomplishment that, consciously or unconsciously, helps people deal with past events, major transitions, and future goals (Bass & Davis, 2008; Parker & Horton, 1996). Spirituality focuses on hope, well-being, and faith in themselves and in humanity.

Summary

CSA is of major social importance in the US since it affects the lives of many children and families and is so widespread that it affects one in three to four women and one in six to seven men and the effects of this abuse has been of great concern to mental health professionals since the 1970's (Dube et al., 2005; Finkelhor, 1979; Herman, 1981; Russell, 1999). Since children are afraid to disclose their CSA due to fear of retaliation, most CSA goes unreported until the individual reaches adulthood which results in a variety of psychological, emotional and spiritual problems depending upon the age of onset, the length of time, and the severity of the CSA (Finkelhor, 1979; Herman, 1981; Russell, 1999).

Researchers have used several definitions for CSA which has made it difficult to compare studies (Finkelhor, 1979). For the purpose of this project, CSA can be identified as any unwanted sexual contact, including genital fondling and penetration, during which the victim is under the age of 18 and the perpetrator is an adult in a position of power or control over the child (NCCAN, 1978:2), and “a type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities” (*Child Maltreatment*, 2012).

There has been a long history of acceptance and denial of CSA in most cultures and countries of the world (Baxter, 1986; Finklehor, 1979; Herman, 1981; Rush, 1980). The maltreatment of children has been defined differently in different cultures and countries of the world, and the value of children to a society has changed over time according to their economic, social, and religious status (Baxter, 1986; de Young, 1982; Finklehor, 1979; Herman, 1981). The problem of CSA has become more widely acknowledged and researched since the 1970’s, and the awareness of the possible negative effects and problems for adult survivors and the need for effective treatment has increased (Bass & Davis, 1988; Blume, 1990; Briere & Runtz, 1991; Courtois, 1988; Finkelhor, 1979; Herman, 1981).

Since the 1970’s, academic literature has progressively documented research using different theories, clinical interventions, and opinions regarding the risk factors for CSA, the profile of the perpetrator, and the short and long-term effects (Finkelhor, 1979;

Herman, 1981; Russell, 1999). The literature review has outlined many of these treatment protocols that have been developed to reduce and treat the long-term effects of adult survivors of CSA which include treatment of PTSD symptoms (depression, anxiety, fear, avoidance, disassociation, flashbacks, and nightmares), identity problems (Erickson, 1963), low self-esteem (McKay & Fanning, 2000; Carlock, 1999), shame, guilt, loss (Bass & Davis, 1988; Meiselman, 1990; Pearlman et al., 2014; Quina & Carlson, 1989), emotion regulation problems, relationship problems, poor coping skills, sexual dysfunctions, eating disorders and substance abuse (Linehan, 1993; Najavits, 2002), and the more devastating long-term effects resulting in borderline personality disorder, dissociative identity disorder and suicidal ideation (Blume, 1990; Briere & Runtz, 1991; Courtois, 1991; Finkelhor, 1979; Herman, 1981; Linehan, 1993).

The literature review has outlined evidence-based theories and approaches that have been used to treat adult survivors of CSA and they include treatment to reduce the symptoms of PTSD (Chmiel, 2007; Foa et al., 2009; Lawson, Drebing, Berg, Vincelletto, & Penk, 1998; Raja, 2012; Schiraldi, 2009; Williams & Poijula, 2013), Complex Trauma Therapy (Briere & Scott, 2006; Courtois & Ford, 2009; Herman, 1992a), Cognitive Behavioral Therapy (Meiselman, 1990; Quina and Carlson, 1989), Cognitive Processing Therapy for Sexual Abuse (Chard, Weaver, & Resick, 1997; Cloitre, Cohen & Koenen, 2006), Psychoanalytic Treatment Model (Davis & Frawley, 1994), Solution-Focused Therapy for Sexual Abuse (Dolan, 1991), Narrative Therapy for Sexual Abuse (Cloitre et al., 2006), Object Relation Therapy (Cashdan, 1998; Lemoncelli & Carey, 1996),

Positive Psychology coping skills psycho-education (Linehan, 1993; Najavits, 2002), self-esteem (Branden, 1969; McKay & Fanning, 2000; Carlock, 1999), forgiveness and self-forgiveness therapy (Drescher & Foy, 1995; Draucker, 1992; Easton et al., 2013; Enright & the Human Development Study Group, 1991; Freedman, 1998; Hall and Fincham, 2005; Hargrave, 1994; Helm, Cook, and Berez, 2005; Konstam et al., 2000; Lew, 1990; Martsolf & Mickley, 1998; Neto and Mullet, 2003; Szablowinski, 2012; Worthington & DiBlasio, 1990; Worthington Jr., Witvliet, Pietrini, and Miller, 2007), Traumatic Bereavement Therapy (Bass & Davis, 1988; Herman, 1981; Pearlman et al., 2014), the use of religious and spirituality in therapy (Curtis & Davis, 1999; Draucker, 1995; Frankl, 1962, 1969; Gall, 2006; Ganje-Fling et al., 2000; Hall & Fincham, 2005; Knapik et al., 2008; Pargament et al., 1988; Parker et al., 1997; Turell & Thomas, 2002), compassionate mind trauma and PTSD meditation (Lee & James, 2011), guided imagery meditations (Dolan, 1991; Meiselman, 1990; Murphy, 1963; Walton, 2005) mindfulness meditation (Baer, 2003; Kabat-Zinn et al., 1992; Levine, 1997; Mohandas, 2008; Miller, Fletcher, & Kabat-Zinn, 1995), and the use of a ritual ceremony (Bass & Davis, 1988; Parker & Horton, 1996; Parker, Horton & Watson, 1997; Willey, 1997).

Since no one theory or treatment protocol has been found to be effective with all levels of severity of CSA, and for all adult survivors because every individual's experience is different dependent upon the age when the CSA occurred, the length of abuse, severity of abuse, and the effect the abuse had on emotional problems including anxiety and depression, identity confusion, lack of coping skills, substance abuse, dysfunction in relationships, and lack of meaning and direction in life (Bass & Davis,

1988; Briere & Scott, 2006, Carlock, 1999; Curtis & Davis, 1999; Davis & Frawley, 1994; Dolan, 1991; Draucker, 1995; Frankl, 1984; Gall, 2006; Ganje-Fling et al., 2000; Herman, 1992b; Kabat-Zinn et al., 1992; Linehan, 1993; McKay & Fanning, 2000; Meiselman, 1990; Najavits, 2002; Parker et al., 1996; Pearlman et al., 2014; Quina & Carlson, 1989; Resick & Schnicke, 1993).

This project aims to use an integrative treatment protocol that utilizes all the evidenced-based treatments that have improved the quality of life for the adult survivors of CSA. The handbook will utilize assignments that have been used by the evidenced-based treatment protocols that will provide the client with insight and enable them to acknowledge and release their old negative emotions associated with their CSA experience. The guided meditations assist the client with spiritual healing and provide positive reinforcement of traits, gifts and talents that they have or would like to acquire, and support for a happy, successful, and meaningful life.

CHAPTER III

PROJECT AUDIENCE AND IMPLEMENTATION FACTORS

Introduction

The information, assignments and guided visualizations in the Adult Survivors of CSA Handbook have been designed to be used in conjunction with a comprehensive integrative treatment protocol that addresses the variety and extensive psychological, social, and spiritual effects experienced by adult survivors of CSA trauma (Bass & Davis, 1988; Blume, 1990; Briere & Scott, 2006; Chard, Weaver, & Resick, 1997; Courtois, 1991; Dolan, 1991; Finkelhor, 1979; Foa et al., 2009; Herman, 1981). The assignments in the handbook are designed to assist the adult client in gaining insight into their cognitive and behavioral problems that have affected their lives (Beck, 1976; Briere & Scott, 2006; Chard, Weaver, & Resick, 1997; Foa et al., 2009; Herman, 1992b). The guided visualizations have been designed to promote spiritual healing, reinforce positive aspects of the adult client, and empower them to be happy and successful in their lives (Bass & Davis, 1988; Dolan, 1991; Lee & James, 2011; Meiselman, 1990). The handbook that will be given to the client will have audio-recordings of the guided visualizations instead of the written scripts that have been included in the Appendix of this graduate project.

Development of the Project

The evidence-based integrative approach outlined in the literature review of this project combines the components of evidenced-based treatments for PTSD (Foa et al., 2009; Schiraldi, 2009; Williams & Poijula, 2013; Raja, 2012) and complex traumas (Briere & Scott, 2006; Courtois & Ford, 2009; Herman, 1992b), Cognitive Therapy for

emotional disorders (Beck, 1976; Beck et al., 1985), Cognitive Processing Therapy for Sexual Abuse (CPT-SA) (Chard et al., 1997), Solution-Focused Therapy for sexual abuse (Dolan, 1991), Narrative Therapy for sexual abuse (Cloitre et al., 2006), Forgiveness Therapy (Enright & the Human Development Study Group, 1991), traumatic bereavement therapy (Pearlman et al., 2014), compassionate mind trauma and PTSD meditation (Lee & James, 2011), and the use of a ritual (Bass & Davis, 1988).

Intended Audience

The assignments and guided visualizations can be used by either male or female adult survivors of CSA in the therapeutic environment and as homework assignments to assist with the process of either individual or group therapy (Bass & Davis, 1988; Chard, Weaver, & Resick, 1997; Dolan, 1991; Meiselman, 1990).

Personal Qualifications

The assignments and guided visualizations can be used by either male or female adult clients of all levels of education, of different cultural and ethnic backgrounds, and of varying skills. The individual or group therapy should be facilitated by a licensed Marriage and Family Therapist (LMFT), a Trainee MFT or an MFT Intern supervised by a LMFT, or a similarly licensed professional who is familiar with CSA and guided visualizations.

Environment and Equipment

The LMFT, Trainee MFT, and MFT Intern supervised by a LMFT, and similarly licensed professional should provide a safe environment for the adult survivor of CSA that is free from outside distractions.

Project Outline

The assignments and guided visualizations have been divided into different components that can be used over various amounts of time dependent upon the adult survivor's needs, cognitive, emotional and behavioral problems, coping skills, PTSD symptoms, identity problems, and spiritual damage.

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CHAPTER IV
SUMMARY, DISCUSSION, CONCLUSIONS, FUTURE WORK AND
RECOMMENDATIONS

Summary

The purpose of this graduate project was to develop a handbook for male and female adult survivors of CSA that uses integrative evidence-based theories and treatment protocols for the effects of CSA. The handbook has information, assignments, and guided visualizations that can be used by professionals in the counseling field, and by male and female adult survivors of CSA to use in-session or as homework assignments. The assignments have been designed to assist the adult survivor identify the different effects of their CSA trauma that have become issues, problems, and limitations in different areas in their lives. The guided visualizations have been designed to help the adult survivor relax and reduce their PTSD symptoms, affirm new positive ways of thinking, reframe their story, identify their strengths, build their confidence and self-esteem, establish their unique identity, learn how to set appropriate boundaries, reduce or eliminate self-destructive behaviors, eliminate their shame and guilt by promoting self-forgiveness and self-compassion, help them mourn their loss and create a releasing ritual, improve their communication skills and relationships with other people, regulate their emotions in appropriate ways, develop their own beliefs and values, create achievable goals, create a happy, healthy future, and develop connection, or re-connecting them to their own spirituality.

Discussion and Conclusion

The handbook has been created to provide psycho-education to professionals in the counseling field, adult survivors of CSA, and the general public about the long-term effects of this serious childhood trauma that has affected so many men and women in the US and around the world. The handbook will assist the adult survivors of CSA gain insight into what they are experiencing, the comfort of knowing they are not the only ones who have experienced the trauma of CSA, and tools and techniques for successfully navigating through the treatment process to a happier, healthy, freer, and meaningful life that they can control and design for themselves.

Working with adult survivors of CSA can be very emotionally challenging for the counseling professional and treatment can take a long time. This can cause difficulties for the adult survivor because it takes motivation, commitment, time and money to allow the treatment to be effective. In addition, insurance coverage restrictions imposed by managed care will often only pay for short-term treatment to work on the long-term effects associated with their CSA, which results in the adult survivor needing to pay for therapy themselves. This project has also been designed to be used on a website that will be created in the future to allow adult survivors of CSA access to information, assignments, and the audio-recorded guided visualizations that I hope will assist them on their healing journeys.

Throughout the development of my project, I had difficulty deciding which topics to address in my literature review and use on the website. One reason for this was because there are so many long-term effects from the trauma of CSA that are dependent upon the age of onset of the CSA, the length of time over which the CSA occurred, the

identity of the perpetrator, and the severity of the abuse. Another reason for this was because there are so many treatment protocols that have been developed over the last 120 years that have components that are very effective for different variations of the long-term effects of CSA, but no one treatment protocol that addresses all types of CSA. This project aims to tie or bridge all of the evidence-based treatment protocols together to assist the counseling professional and the adult survivor in the treatment of CSA.

The assignments and guided visualizations have been designed to allow the adult survivor of CSA to be in control and be actively involved in their treatment so they can see things from a new perspective, and gain insight in order to motivate them to change. It is important to solidify and reinforce the reframe of their story in order to keep the new perspective rather than falling back into the old one, and the guided visualization have been designed to assist the adult survivor in this process.

The handbook that will be given to the client will have audio-recordings of the guided visualizations instead of the written scripts that have been included in the Appendix of this graduate project. The guided visualizations will assist the adult survivor of CSA in the following ways:

- Connect with their body in a positive, relaxing, and healthy way, and be present in the here and now.
- Will encourage and support them in finding ways to feel safe in their environment and recognize nurturing loving people.
- Connect with their intuition and learn to trust they can find information to solve their own future problems.

- Connect to their own spirituality, and if they choose to, to God, a Higher Power, and the universe in a very personal, unique, and individual way.
- Allow them to release old negative emotions, thoughts, and beliefs.
- Recognize their strengths, skills, talents, and achievements.
- Develop self-confidence, and improve self-esteem.
- Develop relationships with other people and improve communication skills.
- Create goals in different areas of their life with a plan that they can achieve.

Writing and creating this project has helped me in my work with clients that are adult survivors of CSA. I did find that the research for the project was traumatizing to myself as a woman and as a counselor, and I spent many hours working through my horror of how children and women have been abused and mistreated throughout history. The research has made me aware of the counter-transference of emotions in the therapeutic environment, and that working with adult survivors of CSA may be very difficult for many professionals in the counseling field.

It is my hope that my training and practice in hypnotherapy over the last 12 years has helped me create a series of audio-recorded guided visualizations that can be used by other professionals in the counseling field, and by adult survivors of CSA.

Future Work and Recommendations

The handbook was created as a work in progress. This means that new assignments and other audio-recorded guided visualizations will be added to the handbook in the future to give additional insight and help to adult survivors of CSA, and assist other professionals in the counseling field.

The information, assignments, and audio-recorded guided visualizations will be made available in the future on a website. In the future, I hope to make the handbook available as an eBook, so that adult survivors of CSA, and licensed counselling professionals can use the information, assignments, and audio-recorded guided visualizations in session, or outside of the therapeutic environment.

It is my intention to add an evaluation instrument to the handbook and website so that individuals and professionals in the counseling field can give commentary and suggestions to enhance the material and the experience.

In the future, I would like to have my project evaluated by other professionals that work with adult survivors of CSA. Their feedback would give me the opportunity to fine tune the assignments and audio-recorded guided visualizations.

In the future, I would like to develop a website with assignments and audio-recorded guided visualizations for children to assist them with their therapy process.

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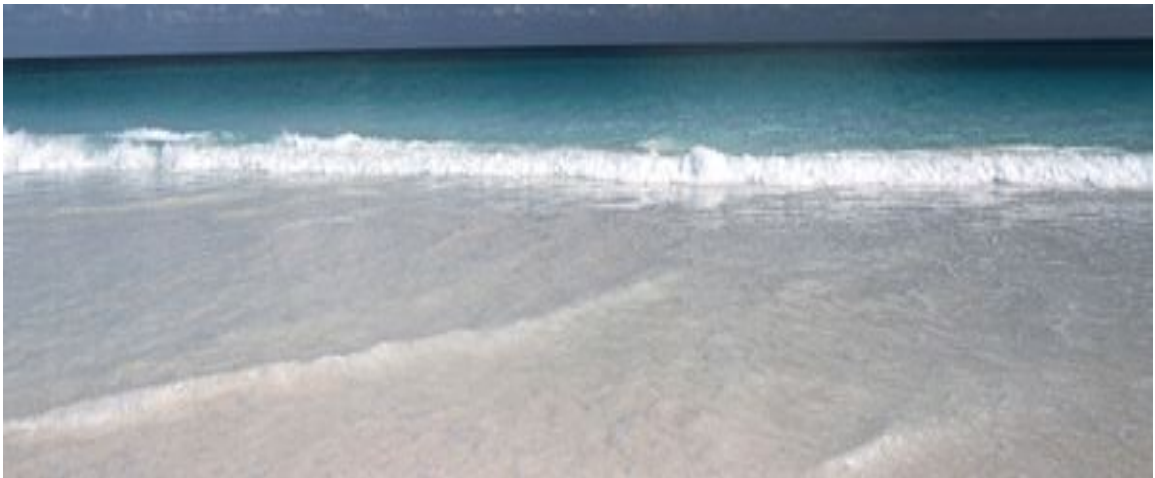
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APPENDIX

**THE ADULT SURVIVORS OF
CHILDHOOD SEXUAL ABUSE
HANDBOOK**



By

Pamela Hutchinson

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INTRODUCTION

Congratulations on taking charge of your life and choosing to heal your past. As an adult survivor of childhood sexual abuse (CSA) you are not alone. The prevalence of CSA in the USA is very high, and affects one in three to four women and one in six to seven men and the effects of this abuse has been of great concern to mental health professionals since the 1970's.

The handbook's information, assignments and guided visualizations have been created to assist you, as an adult survivor of CSA, in gaining insight into the various areas and aspects of the issues, problems, and limitations that have been affecting your life. The assignments and guided visualizations have been designed to be used by both men and women for use in the therapeutic environment and as homework assignments in conjunction with individual or group therapy to aid in your healing, and support your therapy process. The handbook's information, assignments and guided visualizations are intended to follow a comprehensive integrative evidenced- based treatment protocol that addresses the variety and extensive psychological, social and spiritual effects that you may have experienced an adult survivor of CSA.

The assignments will help you identify different factors that may have caused problems or limitations in your life. You can complete the assignments in session with your licensed counseling professional, or outside your sessions, which will enable you to take your time to focus on the different topics and identify information that is relevant and important to your therapy process. It is suggested that you keep a journal so that you can record your answers to the questions as well as your thoughts, feelings, and reactions to the assignments and guided visualizations.

The guided visualizations are designed to help you relax, assist in reducing your symptoms of PTSD, gain insight about yourself, eliminate old negative emotions and risk behaviors, develop coping strategies, reinforce positive thoughts and beliefs, help with body image and feelings, and motivate you to design and achieve your future goals. It is suggested that you listen to the guided visualizations each day for as long as you feel that they are helpful to you on your healing journey. When you listen to the guided visualizations, choose a quiet time when you will not be disturbed. A convenient time is just before you go to sleep because it does not matter if you fall asleep during the guided visualization because your subconscious mind still hears the suggestions. Do not listen to the guided visualizations whilst driving or doing another activity that requires your full attention since this would not be safe.

Everyone has difficulty tolerating and integrating trauma into their psyche. As a defense mechanism, you may have denied, repressed or disassociated these experiences from your body and consciousness in order to survive the terror and pain. Learning to be fully present in the here and now, and experience the self allows you to live more fully. The particular defenses that you employed and the extent to which you have used them are determined by your own individual personality structure, the duration of the abuse, the severity of the abuse, and the age at which it began.

For healing to take place, it is recommended that you work with a therapist that establishes trust and safety and is empathetic and accepting of you and your history as the adult survivor of CSA.

It is my hope that this handbook's information, assignments, and guided visualizations that you can listen to will promote hope for a new brighter and happy future, and provides you with motivation, support, and meaning to continue on your life's journey.

Pamela Hutchinson

WHAT IS CHILDHOOD SEXUAL ABUSE (CSA)?

The legal definition of CSA varies from state to state, has many forms which involves a wide range of violence from none to extreme, and results in varying amounts of emotional trauma. CSA can be experienced as an intensely stressful act committed against a child where he or she is powerless to escape.

CSA is defined as occurring during the 1st 18 years of life when an adult, relative, family friend, or stranger that is at least 5 years older than the child, touches or fondles a child's body in a sexual way; where the perpetrator has the child touch their body in a sexual way, and where the perpetrator attempts to, or actually has, any type of sexual intercourse with a child (oral, anal, or vaginal). CSA occurs when the perpetrator is in a position of power or control over the child. CSA also includes the involvement of the child in sexual activity to provide sexual gratification and financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities.

WHAT ARE THE SYMPTOMS AND LONG-TERM EFFECTS OF CSA?

Symptoms of the CSA trauma can appear at the time of the abuse, or later in life where they manifest as various psychiatric disorders ranging from depression and anxiety disorders to somatization, borderline personality disorder, and multiple personality disorder. Memories, smells, tastes, body sensations, and anxiety producing thoughts and emotions can be recalled when you are in the proximity of any situation or person that triggers a connection to the traumatic abusive. Treating the CSA trauma is important to the normal functioning of the individual, and central for psyche healing and recovery. From a therapeutic perspective, it is important to identify and treat the underlying emotions that are a result of CSA, work through the symptoms produced by the post-traumatic stress responses, and examine old coping skills, beliefs, and other defense mechanisms which you relied on to survive the traumatic events.

Individuals and particularly children, have difficulty tolerating and integrating trauma into their psyche. As a defense mechanism these experiences are frequently denied, repressed or disassociated from your consciousness as a child and adult survivor. As a sexually abused child you may have learned to survive the terror and pain of the CSA trauma by numbing and disassociating from your body. As an adult survivor, you can learn to be fully present in the now and experience "the self." The particular defenses that you employ and the extent to which they are used are determined by your own individual personality structure, the duration of the abuse, the severity of the abuse, and the age at which it began.

Dependent upon the age of the onset of the sexual abuse, your psycho-social stages of development may not be accomplished, and your identity may not be fully developed and individualized. However, these conflicts can be recovered and resolved in a safe nurturing environment, so that you can learn to trust people again and allow yourself to experience their own emotions and feelings in appropriate ways. For

healing to take place, you need to work with a therapist that establishes trust and safety and is empathetic and accepting of you and your history

WHAT DOES THE TREATMENT PROTOCOL INCLUDE?

It is strongly advised that the adult survivors' of CSA work with a licensed counseling professional in individual therapy originally, and later in a support group with other adult survivors of CSA. The assignments and audio-recorded guided visualizations can be used in-session or as homework assignments.

The assignments and audio-recorded guided visualizations have been designed to help you relax and reduce your PTSD symptoms, affirm new positive ways of thinking, reframe your story, identify your strengths, build your self-esteem, establish your unique identity, learn how to set appropriate boundaries, reduce or eliminate self-destructive behaviors, eliminate your shame and guilt by promoting self-forgiveness and self-compassion, help you mourn your loss and create a releasing ritual, improve their communication skills and relate to other people, regulate emotions in appropriate ways, develop your own beliefs and values, and develop connection, or re-connecting them to their own body and spirituality. A ritual is used to signify the release the CSA trauma from you after having achieved a level of healing and wellness, and to celebrate your new life.

WHAT IS POST-TRAUMATIC STRESS DISORDER (PTSD)?

PTSD is a complex, often chronic and debilitating mental disorder that develops in response to directly experiencing, or witnessing in person, a traumatic event or events where the individual is exposure to actual or threatened death, serious injury, or sexual violence. PTSD is usually characterized by recurrent, involuntary, and intrusive distressing memories, recurrent nightmares, dissociative reactions such as flashbacks, intense or prolonged psychological distress at exposure to internal or external cues that resemble or symbolize the traumatic event. PTSD includes avoidance of reminders of the event or events, avoidance of distressing memories, thoughts, or feelings associated with the trauma, avoidance of external reminders such as people, places, activities, objects, and situations. PTSD includes the inability to remember important aspects of the trauma, persistent and exaggerated negative beliefs, and expectations, distorted cognitions, persistent negative emotional state such as fear, horror, anger, guilt, or shame, diminished interest or participation in activities, detachment or estrangement from others, and an inability to experience positive emotions. PTSD includes irritable behavior, anger management problems and aggression, reckless or self-destructive behavior, hypervigilance, exaggerated startle response, problems with concentration and sleep disturbances. The PTSD symptoms persist for more than one month; and social and occupational, or other important areas of functioning are significantly affected (APA, 2013).

CHECKLIST OF CSA TRAUMA SYMPTOMS

To assist you in assessing your CSA trauma symptoms, the following checklist will enable you gain some insight into your CSA trauma symptoms and how often they are affecting your life. The more symptoms you have and the higher frequency that they occur, the more you can benefit from seeking counseling from a licensed counseling professional.

Please circle the appropriate answer that most describes your symptoms.

Do you have trouble feeling safe?	Yes	No	Sometimes
Are you constantly looking out for danger?	Yes	No	Sometimes
Do you have trouble sleeping?	Yes	No	Sometimes
Do you avoid certain places?	Yes	No	Sometimes
Do you avoid certain people?	Yes	No	Sometimes
Are you afraid to go places by yourself?	Yes	No	Sometimes
Do you have nightmares?	Yes	No	Sometimes
Do you feel anxious or tense?	Yes	No	Sometimes
Do you have panic attacks?	Yes	No	Sometimes
Do you have flashbacks?	Yes	No	Sometimes
Do you have memory problems?	Yes	No	Sometimes
Do you “space out”?	Yes	No	Sometimes
Do you feel disconnected or numb?	Yes	No	Sometimes
Do you have problems concentrating?	Yes	No	Sometimes
Do you have feelings that you are not in your body?	Yes	No	Sometimes
Do you feel lonely or isolated?	Yes	No	Sometimes
Do you feel sad?	Yes	No	Sometimes
Do you have feelings of guilt or self-blame?	Yes	No	Sometimes
Do you have relationship problems with other people?	Yes	No	Sometimes
Do you have sexual problems?	Yes	No	Sometimes
Do you have a desire for self-harm?	Yes	No	Sometimes
Do you have a desire to harm others?	Yes	No	Sometimes
Do you have mood swings?	Yes	No	Sometimes
Do you get angry easily?	Yes	No	Sometimes

Do you get overwhelmed?	Yes	No	Sometimes
Are you able to stand up for yourself, your beliefs, and opinions?	Yes	No	Sometimes
Do you have a fear of men?	Yes	No	Sometimes
Do you have a fear of women?	Yes	No	Sometimes
Are your opinions taken seriously?	Yes	No	Sometimes
Are you able to say no to unwanted requests?	Yes	No	Sometimes
Are you comfortable with your body?	Yes	No	Sometimes
Do you have headaches?	Yes	No	Sometimes
Do you have problems with weight loss without dieting?	Yes	No	Sometimes
Do you have problems with weight gain?	Yes	No	Sometimes
Do you have feelings of helplessness?	Yes	No	Sometimes
Do you struggle to make plans for your future?	Yes	No	Sometimes
Do you feel different from everyone else?	Yes	No	Sometimes
Do you feel that life is meaningless?	Yes	No	Sometimes

As you examine the answers to these questions, notice how you feel about them, what you noticed about yourself, and how much these symptoms have prevented you from living your life the way that you would like to. Use your journal to write about these feelings and impressions.

RELAXATION AND MINDFULNESS

When you wake up in the morning, try to spend a few minutes practicing mindfulness. As you lie in bed, take a few slow breaths to relax your mind and body. Remember, inside you, you have the capacity for wisdom and strength, and you can create space for it.

While doing any of the assignments, you may choose to hold a semiprecious stone that feels nice in your hand or a symbol of some kind that represents peace, tranquility, and safety. You can carry it with you so that when you touch it in your pocket or purse, it reminds you of peace, tranquility, and safety, and the kind of person you want to be.

You are choosing to live your life with compassion for yourself, and responsibility for your own healing. Remember that you have a choice about how you want to feel and believe about yourself, and this is about who you are trying to become, and the choices and goals you can make in your future that can bring love, joy and happiness into your life.

When you listen to the audio-recordings of the guided visualizations, please choose a quiet place and sit or lie in a comfortable position where you will not be disturbed or interrupted. Do not listen to the guided visualizations whilst driving or doing another activity that requires your full attention since this would not be safe.

When you have finished the assignment you might want to make some notes in your journal about how this felt for you and what you want to take away from it, what insights you have gained, and what you have learned about yourself.

Remember to Be Kind to Yourself Today!

RELAXATION AND MINDFULNESS GUIDED VISUALIZATION

The audio-recording of this guided visualization will be included in the handbook given to the client.

Close your eyes and allow your mind to drift over your entire body. Begin to focus on your breathing. Allow yourself to breathe naturally, gently, rhythmically, in and out, and with every breath you exhale you will become more deeply relaxed, enjoying every second as you release and let go of any tension that has been stored in your body. Breathe in peace and tranquility and allow it to flow freely and easily throughout your entire body, knowing that right now each breath you take just allows your body to relax even more.

As you listen to the sound of my voice, and focus and concentrate on my words pay no attention to any other noise or sound that you might hear, for these sounds are sounds of everyday life and cannot distract or disturb you, but will tend to relax you even more. Acknowledge any thought that comes into your mind and allow yourself to put it aside at this time knowing that you will remember what needs to be done so that you can take care of it at a later time, because at this time you are choosing to focus on this important work on yourself.

Now picture or imagine a beautiful white light bringing peace, love, and protection flowing in through the top of your head and beginning to gently spread down around and through your body. You will notice that the white light brings a feeling of deep relaxation and peace. As it moves over the top of your head it relaxes all the little muscles in your scalp, allowing them to release and let go of their tension. Now allow this feeling of relaxation to move slowly down over your face relaxing all the muscles across your forehead, around your eyes, across your checks, around your mouth, and round and through your jaw. Allow yourself to release and let go of any tension. Love and accept yourself as you are right now. You are able to listen with love and taste all that life has to offer. Allow yourself to feel a deep sense of peace and harmony. You are able to look ahead with loving eyes. You are able to make the right decisions to create joy and pleasure in your life.

As the white light flows down into the muscles and nerves in your throat and the back of your neck, it soothes the lining of your throat, and dissolves all tension so that your throat can expand with ease. You are able to speak freely, clearly, easily and with love. You are flexible and able to find the words to express your emotions and feelings in a way that they can be heard, and understood by your listener. You are able to stand in your truth feeling safe and secure in a calm and relaxed manner.

As you allow the white light to go even deeper notice how all the tension that has been stored in the muscles of your shoulders just bubbles to the surface so that you can release and let go of it, so that you can release and let go of any worries, concerns or responsibilities at this time. This wonderful feeling of relaxation now flows down through your arms, releasing and letting go of any tension, relaxing the muscles of your

upper arms, your lower arms, hands and fingers. You are now able to embrace your experiences with ease and joy in a calm and relaxed manner.

As the glowing white light moves down around and through your chest this wonderful feeling of relaxation releases any tension, negative thoughts, feelings or emotions out into the universe where they are transmuted so they can no longer harm you or anyone else. You are able to open up to the healing current of white light which heals your heart and releases the beautiful emerald green energy which has been stored in your heart. You are able to feel your heart fill with joy as you surround yourself with love and respect.

This wonderful feeling of relaxation moves down through your abdomen, relaxing and healing the nerves and muscles of your stomach, and saturating your abdomen with the wonderful sensation of calmness, peace and relaxation. The glowing white light enables you to feel balanced, complete and fulfilled. You are able to process all that you take in, both physically and emotionally. You are powerful and strong and you are easily able to make wise and healthy decisions in all areas of your life for your highest good and wellbeing.

The white light now flows down into the muscles of your hips and buttocks, allowing them to release and let go of all their tensions. As you allow the white light to sooth and heal the past, you know that it's safe to let go of old beliefs, habits, and behaviors that no longer serve you; easily and comfortably releasing all that is no longer needed out into the universe where they are transmuted so they can no longer harm you or anyone else. Letting go now, just relax and release, feeling lighter and freer, trusting the process, feeling more alert and focused on what is important to you for your highest good and wellbeing, knowing that you are able to take care of your own needs. There is abundance in the universe and you are able to ask for what you need and you are willing and able to receive what you need and desire for your highest good and wellbeing.

This beautiful, healing, deepening, relaxing white light fills every cell of your body with beautiful calm as it flows down through the muscles of your thighs, your calves and shins, feet and toes. Feel that wonderful sensation of peace and relaxation spreading down through your legs and out through the soles of your feet, release and letting go of any and all illness and discomfort, restoring every cell, every tissue, every fiber, every nerve, every organ, every bone, to a strong and healthy state. You are able to stand in your truth, feeling safe and secure. You are supported and sustained by the power and the strength of the glowing white light, which allows you to move forward without hesitation, with confidence and joy.

Now picture or imagine the beautiful white light completely surrounding the outside of your body so that you are in a bubble or halo of protective white light healing every cell of your body. Only positive loving energy for your highest good and wellbeing can enter the glowing white light and you notice how good it feels to be surrounded by this warm, nurturing, protective, and loving energy.

You have now programmed yourself for good health, happiness and success. You now create your own positive reality through your positive thoughts and supporting beliefs each and every day. You believe in yourself as you begin to feel this new strength from within, motivating you to set and achieve attainable goals and intentions in every area of your life. You will now face every situation in a calm and relaxed state of mind. Your thinking is very clear, sharp and focused at all times. You are self-reliant, self-confident and filled with independence and determination because you feel safe and secure. You are more alert, more wide awake, and more energetic and focused on achieving goals that are important to you in your life.

You surround yourself with love and respect. Every day you feel positive feelings flow throughout your entire body and these positive feelings will stay with you and grow stronger and stronger each and every day. You are able to make wise and healthy decisions and choices each and every day. You have all the necessary skills you need to be healthy, happy and successful in your life, and you can have all the things you need to compliment your success. You feel this now and that feeling will increase each and every day from this point forward. You are an unlimited being and you can create anything you want. You accept this right at all times. You are easily able to create prosperity and abundance for yourself and others. There is unlimited abundance in the universe; you only need to ask for what you want. You feel fulfilled and you thoroughly enjoy the life you have created for yourself.

Now in a few moments you are going to awaken from this deep relaxed state. I am going to count from zero to five, and when I reach five you will open your eyes feeling physically very relaxed, emotionally calm, peaceful, but feeling mentally very alert, aware and focused, and ready to enjoy the rest of your day.

At zero you are easily and comfortably able to return to this relaxed and peaceful state at any time you choose. You are always able to remember everything that you have heard and learned. 1, slowly and gently becoming aware of your surroundings; 2, becoming aware of your body, your arms and your legs, feeling more refreshed, more relaxed, feeling as if you have had hours of restful sleep; 3, is that happy number that brings a smile to your face and reminds you of the joys and pleasures in your life; 4, feeling alert, aware and focused, suggestible only to the positive and the good in your life; 5, eyes open, wide awake; 1, 2, 3, 4, 5, eyes open wide awake.

CREATING YOUR OWN SPECIAL SAFE PLACE

Visualizing or imagining a safe place to go to in your mind is a very helpful and calming tool to use at any time and in any place. Creating this special private place that only you can imagine will enable you to feel in control of your fear of being in danger, and will help you control your anxiety, panic, nightmares, and flashbacks.

You are creating a safe place where you will feel safe, calm, and contented. You may want to think about the type of place that you like or will feel safe in. You may start by thinking of real places and then adapt them to fit your needs. You can use a place you have seen in a film, read in a book, or has been used in a video game. It is perfectly fine to have a totally imaginary place with components of places that you know.

Here are some helpful guidelines to aid in creating your imaginary safe place:

- Where would your safe place be? Is it inside a room, spaceship, boat, etc.? Describe what is in this place.
- Is it outside in a garden, at the beach, in the forest, on another planet, etc.? Describe the plants, trees, pool, ocean, mountains etc.
- If it is outside, what is the weather like?
- What is the temperature like?
- What colors surround you?
- What smells do you notice?
- Do you notice any sounds?
- Is there anything that makes this place feel secure?
- Are you in the safe place and can you see yourself? Or are you just looking out at everything?
- What are you doing and what can you feel?
- You may find that different images work better for you at different times of the day, or for different situations occurring in your life.

When you are ready you can close your eyes and imagine this safe place to see if it feels right for you. If it is not quite right, then change what you need to and close your eyes and imagine again until it feels right for you. You can then describe your safe place in your journal.

When you listen to the audio-recordings of the guided visualizations, please choose a quiet place and sit or lie in a comfortable position where you will not be disturbed or interrupted.

When you have finished the assignment you might want to make some notes in your journal about how this felt for you and what you want to take away from it, what insights you have gained, and what you have learned about yourself.

YOUR OWN SPECIAL SAFE PLACE GUIDED VISUALIZATION

The audio-recording of this guided visualization will be included in the handbook given to the client.

Close your eyes and allow your mind to drift over your entire body. Begin to focus on your breathing. Allow yourself to breathe naturally, gently, rhythmically, in and out, and with every breath you exhale you will become more deeply relaxed, enjoying every second as you release and let go of any tension that has been stored in your body. Breathe in peace and tranquility and allow it to flow freely and easily throughout your entire body, knowing that right now each breath you take just allows your body to relax even more.

As you listen to the sound of my voice, and focus and concentrate on my words pay no attention to any other noise or sound that you might hear, for these sounds are sounds of everyday life and cannot distract or disturb you, but will tend to relax you even more. Acknowledge any thought that comes into your mind and allow yourself to put it aside at this time knowing that you will remember what needs to be done so that you can take care of it at a later time, because at this time you are choosing to focus on this important work on yourself.

When you feel ready, try to now create an image of the safe place in your mind that you have created for yourself.

- Allow a clear image to form in your mind of your special safe place.
- You give yourself permission for this special safe place to be exactly how you want it to be.
- There is no right or wrong about your special safe place.
- How does it look to you? It is important that it feels right to you because you are special.
- Do you like what you see? You can create what you want.
- Look around, is it created in a way that feels safe to you?
- You are alone in this special safe place, and only the people you want to allow in can come to your special safe place.
- You feel protected in your special safe place.
- You like how that feels to be at peace.
- The temperature feels just right to you.
- Are there any smells that you notice? Your special safe place smells just right to you.
- Do you notice any sounds? What kind of sounds would you like to hear in your special safe place? It is perfectly OK if you would like it to be a quiet special safe place.
- What makes this special place feel secure to you?
- You are safe and protected in this special place that you can go to anytime you choose to feel at peace.

- Can you see yourself in this special safe place or are you just looking out from your special safe place?
- What are you doing and what can you feel?
- Are you lying or sitting down? What does it feel like?
- Notice how peaceful and contented you feel, and you can feel this way every day because you know how this feels now.

Now in a few moments you are going to awaken from this deep relaxed state. I am going to count from zero to five, and when I reach five you will open your eyes feeling physically very relaxed, emotionally calm, peaceful, but feeling mentally very alert, aware and focused, and ready to enjoy the rest of your day.

At zero you are easily and comfortably able to return to this relaxed and peaceful state at any time you choose. You are always able to remember everything that you have heard and learned. 1, slowly and gently becoming aware of your surroundings; 2, becoming aware of your body, your arms and your legs, feeling more refreshed, more relaxed, feeling as if you have had hours of restful sleep; 3, is that happy number that brings a smile to your face and reminds you of the joys and pleasures in your life; 4, feeling alert, aware and focused, suggestible only to the positive and the good in your life; 5, eyes open, wide awake; 1, 2, 3, 4, 5, eyes open wide awake.

CREATING THE PERFECT NURTURING PERSON

Many people have never experienced unconditional love and support from a parent or caretaker in their lives. This assignment has been created so that you as the adult can give your inner child the ideal loving and supportive parent that every child longs to have, but does not always get. This assignment will also help you recognize other loving and supportive people that you can bring into your life even if you think that you are unworthy or unlovable.

When you experience compassion and unconditional loving kindness from another person, and when we feel and sense someone else is focused on us with unconditional love and support, it has a powerful positive impact on you. There are systems in the brain that are very responsive to receiving love and kindness from another person. This assignment will help trigger these systems, because they create a sense of soothing and inner security. This guided visualization is not meant to replace a relationship with another person, but if you have not experienced this kind of person in your life up to now, then it will help you recognize one in the future. The guided visualization is designed to stimulate your brain to help you with your feelings and emotions towards other people. Developing these aspects of your brain can also help you to feel safe enough to create and foster positive healthy relationships with other people in the outside world.

In this assignment, you are going to create your perfect nurturing person. If you could imagine or create someone who would capture everything you want from somebody who was totally focused on your welfare, and what qualities would he or she have?

This is your creation and therefore your own personal ideal of what you would really like from feeling unconditionally loved and cared for by someone else. Your perfect nurturer can be human, but if you prefer, it can be an imaginary animal that can speak, a fantasy character, a fictional character from a book or film, or if you would prefer you can invent your own perfect nurturer. It needs to be imaginary perfect nurturer and not a real person in your life because the perfect nurturer needs to be with you at all times.

Whatever your perfect nurturer looks like, it is important that you try to give her or him certain qualities, which are outlined below. These are superhuman, complete and perfect qualities that are there for you to practice creating and bring to mind. They include:

- A deep commitment to you and a desire to help you cope with and relieve your suffering and to take joy in your happiness.
- Strength of mind that is not overwhelmed by your pain or distress, but remains present, enduring with you.
- Wisdom that has been gained through experience and true understanding of the struggles you go through in life.

- Unconditional love and support, conveyed by kindness, gentleness, caring, openness, and love.
- An acceptance that is never judgmental or critical but understands your struggles and accepts you as you are, while at the same time being deeply committed to helping and supporting you take responsibility for your life.

Please think about the following questions as you create your perfect nurturer, and describe them in your journal.

- Describe the physical features of how you would like your perfect nurturer to look? Male or female? Height, weight, color of their skin, hair color, and eye color.
- What are they wearing?
- What would you like your perfect nurturer to sound like? Notice that they are soothing, calm, friendly, affectionate, loving.
- What kind of accent do they have? Examples may include: same as yours, different accent.
- What would you like your perfect nurturer to offer you in the way of comfort?
 - Unconditional acceptance?
 - To be non-judgmental?
 - Warmth, care kindness?
 - Strength and wisdom?
 - Genuineness?
 - Love?
 - Hope?
- How would like to feel these emotions in your body?
- What is their name, or what would you like to call them?

When you listen to the audio-recordings of the guided visualizations, please choose a quiet place and sit or lie in a comfortable position where you will not be disturbed or interrupted.

When you have finished the assignment you might want to make some notes in your journal about how this felt for you and what you want to take away from it, what insights you have gained, and what you have learned about yourself.

THE PERFECT NURTURING PERSON GUIDED VISUALIZATION

The audio-recording of this guided visualization will be included in the handbook given to the client.

Close your eyes and allow your mind to drift over your entire body. Begin to focus on your breathing. Allow yourself to breathe naturally, gently, rhythmically, in and out, and with every breath you exhale you will become more deeply relaxed, enjoying every second as you release and let go of any tension that has been stored in your body. Breathe in peace and tranquility and allow it to flow freely and easily throughout your entire body, knowing that right now each breath you take just allows your body to relax even more.

As you listen to the sound of my voice, and focus and concentrate on my words pay no attention to any other noise or sound that you might hear, for these sounds are sounds of everyday life and cannot distract or disturb you, but will tend to relax you even more. Acknowledge any thought that comes into your mind and allow yourself to put it aside at this time knowing that you will remember what needs to be done so that you can take care of it at a later time, because at this time you are choosing to focus on this important work on yourself.

When you feel ready, go to your special safe place. Notice how it feels to be once again be in your special safe peaceful place, where you have power and control about who comes into your special safe place. Are you now willing to allow your own perfect nurturing person to come into this place so that you can feel their loving nurturing presence? You are worthy of having this loving nurturing presence in your life. Allow now for the image of your perfect nurturer to form in your special safe place. It is perfectly safe to let them in.

Imagine now spending some time with this loving nurturing presence, and experiencing his or her compassion flowing over and around you. You may want to touch him or her or be held by him or her. This is fine. Only allow this loving nurturing presence to be with you in a way you that you can feel comfortable and that helps you to feel safe and soothed.

Focus on your perfect nurturer, who is looking at you with great warmth and love. Imagine that they have the following hopes and wishes for you: That you are well and that you make wise and healthy decisions in all areas of your life. That you are happy and at peace in your life. That you are free from suffering, unhealthy beliefs and habits. Allow yourself to sit with and be open to these experiences of unconditional love and support, in the knowledge that you can always rely on your perfect nurturer to offer you his or her commitment to you, his or her unconditional love, support, strength, wisdom, and acceptance.

Now imagine telling your perfect nurturer about the struggle that you are having. Imagine his or her facial expression and body posture as they listen to you with concern,

love, and acceptance. Imagine what they would say to you to help you have the courage, wisdom, and strength to face any difficulties, limitations, or problems in your life. Perhaps they will help you identify other ways of seeing things or suggest other ways to help you. Experience their warmth and kindness, strength and wisdom, and allow you to express the things that are worrying or concern you, or the feelings that you have without being judged or criticized.

Imagine the compassion and love flowing from your perfect nurturer into you. Allow yourself to take pleasure in the feelings of love, acceptance, safeness, comfort, and connectedness for a while.

Now in a few moments you are going to awaken from this deep relaxed state. I am going to count from zero to five, and when I reach five you will open your eyes feeling physically very relaxed, emotionally calm, peaceful, but feeling mentally very alert, aware and focused, and ready to enjoy the rest of your day.

At zero you are easily and comfortably able to return to this relaxed and peaceful state at any time you choose. You are always able to remember everything that you have heard and learned. 1, slowly and gently becoming aware of your surroundings; 2, becoming aware of your body, your arms and your legs, feeling more refreshed, more relaxed, feeling as if you have had hours of restful sleep; 3, is that happy number that brings a smile to your face and reminds you of the joys and pleasures in your life; 4, feeling alert, aware and focused, suggestible only to the positive and the good in your life; 5, eyes open, wide awake; 1, 2, 3, 4, 5, eyes open wide awake.

YOUR CHILDHOOD EXPERIENCES AND MEMORIES

The purpose of this assignment is to help you bring a loving compassionate reframe to your feelings of shame and self-blame, which will help you to alleviate the feelings of fear and helplessness associated with your childhood memories that you may never have disclosed fully to another person.

In your journal, write about your childhood experiences and memories of your sexual abuse trauma in as much detail as you feel comfortable doing because this is your unique experience. If you were also physically or emotionally abused as a child, include those memories too. You can write about your experiences in brief sentences or as a narrative, whichever way you are most comfortable with. Please include how old you were, and detailing who, when, and where the CSA occurred.

In completing this assignment you may gain new insights and it may give you new meaning to your traumatic experiences. You can use these to help you in your story to bring compassion, patience, and understanding to yourself about how you have managed your life.

Allow yourself at least an hour to write your story, but it might take much longer. Plan to do something soothing or rewarding when you have finished. If you find this assignment too difficult to do by yourself, then tell your story first to your licensed counseling professional. It is perfectly OK to only write a small part of your story and add to it over a period of time.

In the future you can write about your experiences again, and you may find that as you repeat the assignment that more suppressed memories come into your consciousness. This is normal and is helpful in emotionally releasing these experiences from your body. You may find it helpful to relax and soak in an Epsom salts bath, or listen to relaxing music.

You may experience new intense emotions when you complete this assignment, and it is very helpful to discuss them with your licensed counseling professional.

TELLING YOUR STORY

Allow yourself to follow the following guidelines as you think about the following questions in telling your story about your childhood experiences and memories:

1. Start by noticing and validating your distress and remind yourself of your desire to alleviate the suffering associated with your CSA trauma.
2. Bring to mind your compassionate focus and picture or imagine surrounding yourself with peace and love.
3. Remind yourself that you are safe now and access feelings of "safeness" using your special safe place guided visualization.
4. When you are ready to start you can choose to be comforted by your perfect nurturer, knowing that you are unconditionally loved and supported by them.
5. Begin your story by recognizing your courage, your resilience, and your ability to cope, both recently and in the past.
6. Allow yourself to remember your memories of what you have been through, knowing that you are able to view these memories as if you are watching them on a TV or movie screen.
 - What happened to you as a child?
 - What did you think and feel about the perpetrator at the time and later?
 - What emotions and reactions did you experience during or after the CSA?
 - Who did you first tell about your experiences and what was their reaction? How old were you?
 - What causes you anxiety? Describe the situations.
 - Do you experience panic attacks? Describe how they feel to you.
 - What fears do you currently have? Describe them. How do they feel to you? Where are they in your body?
 - Do you have nightmares? Describe the nightmares? Do your nightmares have a re-occurring theme? How do you deal with them?
 - Do you have flashbacks? Describe the flashbacks? Do your flashbacks have a re-occurring theme? How do you deal with them?
7. Spend time acknowledging the impact and cumulative effect that your CSA trauma has had on your life and your well-being. It is perfectly OK to acknowledge the defense mechanisms and safety strategies you put in place to cope with your life at that time.

- a. You are able to use your insight and understanding to appreciate that what happened to you as a child was not your fault, and you bare no blame. It is now your choice to commit to recovering from these traumatic events.
8. Think about what you would find helpful in coping with your trauma memories.
9. Make a final statement of courage and determination to lead the happy and meaningful life you want and deserve.
10. Spend time making your story real to you by developing feelings of love and compassion for yourself as you read your story aloud to yourself and in session with your licensed counseling professional.

YOUR INNER CHILD

Even as an adult there is always a part of you that remains a child within you. It allows you to be playful and to see and experience new things with wonder, enthusiasm, and joy. You may think that you never experienced these feelings, or that you were never allowed to be the innocent child, but within you is the capacity to experience and find that inner child that never developed, got lost, or was damaged and almost destroyed. Working with the guided visualization enables you to reconnect with your inner child, nurture them, and assist with their healing so they can develop and grow into the healthy, happy, and successful adult you would like them to be. You will enable them to dream again, and live life with joy, fun, happiness and love whilst feeling safe and secure.

You will recognize your inner child because:

It is the part that feels like a little girl or boy.

It is the part which feels and expresses your deepest emotional needs for security, trust, nurturing, affection, touching, etc.

It is the part of you that is alive, energetic, creative, and playful.

It is the part of you that still carries the emotional and physical pain of your childhood trauma.

YOUR INNER GIRL CHILD GUIDED VISUALIZATION

The audio-recording of this guided visualization will be included in the handbook given to the client.

Close your eyes and allow your mind to drift over your entire body. Begin to focus on your breathing. Allow yourself to breathe naturally, gently, rhythmically, in and out, and with every breath you exhale you will become more deeply relaxed, enjoying every second as you release and let go of any tension that has been stored in your body. Breathe in peace and relaxation and allow it to flow freely and easily throughout your entire body. Knowing that right now each breath you take allows your body to relax even more.

As you listen to the sound of my voice, and focus and concentrate on my words pay no attention to any other noise or sound that you might hear, for these sounds are sounds of everyday life and cannot distract or disturb you, but will tend to relax you even more. Acknowledge any thought that comes into your mind and allow yourself to put it aside at this time knowing that you will remember what needs to be done so that you can take care of it at a later time, because at this time you are choosing to focus on this important work on your higher self.

Now picture or imagine that you see a door in front of you. Right now that door is closed, but you are going to open it in a few moments. This is the door to your subconscious mind. I want you to look at your subconscious mind as a separate room that you can go to at any time that you choose. I want you to reach for the handle of that door, and, open the door.

Now imagine walking into that room and you notice that there is a little girl eagerly waiting for you. As you look at that little girl sitting in the middle of the floor looking at you, you realize that it is you at a younger age. She is a little afraid and she wants to trust you, she is a little frightened, but wants to get close to you. The little girl gets up and walks towards you and she smiles a beautiful smile. You realize that she wants to speak with you.

You smile at the young girl and welcome her. Tell her that you are pleased to see her and that you want to help her, and that you are hoping that you would like her to help you.

Tell her that she is not a bad person if she has made mistakes in her life, and that people learn from their mistakes and become stronger in life.

Tell her that she is special and unique, and that you love her unconditionally.

Tell her that she is safe and secure now, and that you will take care of her now.

Tell her that she is pretty and that children grow and change in appearance, and that is perfectly normal. Tell her that you will take care of your body.

Tell her that you love and support her, and that she is important to you.

Tell her that you respect her as a person who has thoughts, feelings and opinions of her own.

Tell her that she will be successful and very happy in all areas of her life.

Tell her that she is smart. That she can achieve the academic success that she wants and desires.

Tell her that she is safe and secure and totally in control of her life.

Now picture or imagine giving her a big hug and kiss. Tell her that you love her and that you will never abandon her, leave her, or hurt her. Tell her that you will always be there for her. Tell her that you are not going to put her down or criticize her. Tell her that she does not have to be afraid anymore. You are going to support her, and back her up.

Tell her that she can accomplish anything she sets her mind to; she will be successful, and that she will be able to set goals for herself in every area of her life.

Each and every day from this day forward, you are building a stronger bond now with that beautiful, intelligent, and capable child, a bond that can never be broken - something that no one can ever take away from you. Whenever you choose you can return to the room that is your subconscious mind to speak with and comfort your inner child.

Now in a few moments you are going to awaken from this deep relaxed state. I am going to count from zero to five, and when I reach five you will open your eyes feeling physically very relaxed, emotionally calm, peaceful, but feeling mentally very alert, aware and focused, and ready to enjoy the rest of your day.

At zero you are easily and comfortably able to return to this relaxed and peaceful state at any time you choose. You are always able to remember everything that you have heard and learned. 1, slowly and gently becoming aware of your surroundings; 2, becoming aware of your body, your arms and your legs, feeling more refreshed, more relaxed, feeling as if you have had hours of restful sleep; 3, is that happy number that brings a smile to your face and reminds you of the joys and pleasures in your life; 4, feeling alert, aware and focused, suggestible only to the positive and the good in your life; 5, eyes open, wide awake; 1, 2, 3, 4, 5, eyes open wide awake.

YOUR INNER BOY CHILD GUIDED VISUALIZATION

The audio-recording of this guided visualization will be included in the handbook given to the client.

Close your eyes and allow your mind to drift over your entire body. Begin to focus on your breathing. Allow yourself to breathe naturally, gently, rhythmically, in and out, and with every breath you exhale you will become more deeply relaxed, enjoying every second as you release and let go of any tension that has been stored in your body. Breathe in peace and relaxation and allow it to flow freely and easily throughout your entire body. Knowing that right now each breath you take allows your body to relax even more.

As you listen to the sound of my voice, and focus and concentrate on my words pay no attention to any other noise or sound that you might hear, for these sounds are sounds of everyday life and cannot distract or disturb you, but will tend to relax you even more. Acknowledge any thought that comes into your mind and allow yourself to put it aside at this time knowing that you will remember what needs to be done so that you can take care of it at a later time, because at this time you are choosing to focus on this important work on your higher self.

Now picture or imagine that you see a door in front of you. Right now that door is closed, but you are going to open it in a few moments. This is the door to your subconscious mind. I want you to look at your subconscious mind as a separate room that you can go to at any time that you choose. I want you to reach for the handle of that door, and, open the door.

Now imagine walking into that room and you notice that there is a little boy eagerly waiting for you. As you look at that little boy sitting in the middle of the floor looking at you, you realize that it is you at a younger age. He is a little afraid and he wants to trust you, he is a little frightened, but wants to get close to you. The little boy gets up and walks towards you and he smiles a beautiful smile. You realize that he wants to speak with you.

You smile at the young boy and welcome him. Tell him that you are pleased to see him and that you want to help him, and that you are hoping that you would like him to help you.

Tell him that he is not a bad person if he has made mistakes in his life, and that people learn from their mistakes and become stronger in life.

Tell him that he is special and unique, and that you love him unconditionally.

Tell him that he is safe and secure now, and that you will take care of him now.

Tell him that he is handsome and that children grow and change in appearance, and that is perfectly normal. Tell him that you will take care of your body.

Tell him that you love and support him, and that he is important to you.

Tell him that you respect him as a person who has thoughts, feelings and opinions of his own.

Tell him that he will be successful and very happy in all areas of his life.

Tell him that he is smart. That he can achieve the academic success that he wants and desires.

Tell him that he is safe and secure and totally in control of his life.

Now picture or imagine giving him a big hug and kiss. Tell him that you love him and that you will never abandon him, leave him, or hurt him. Tell him that you will always be there for him. Tell him that you are not going to put him down or criticize him. Tell him that he does not have to be afraid anymore. You are going to support him, and back him up.

Tell him that he can accomplish anything he sets his mind to; he will be successful, and that he will be able to set goals for himself in every area of his life.

Each and every day from this day forward, you are building a stronger bond now with that beautiful, intelligent, and capable child, a bond that can never be broken - something that no one can ever take away from you. Whenever you choose you can return to the room that is your subconscious mind to speak with and comfort your inner child.

Now in a few moments you are going to awaken from this deep relaxed state. I am going to count from zero to five, and when I reach five you will open your eyes feeling physically very relaxed, emotionally calm, peaceful, but feeling mentally very alert, aware and focused, and ready to enjoy the rest of your day.

At zero you are easily and comfortably able to return to this relaxed and peaceful state at any time you choose. You are always able to remember everything that you have heard and learned. 1, slowly and gently becoming aware of your surroundings; 2, becoming aware of your body, your arms and your legs, feeling more refreshed, more relaxed, feeling as if you have had hours of restful sleep; 3, is that happy number that brings a smile to your face and reminds you of the joys and pleasures in your life; 4, feeling alert, aware and focused, suggestible only to the positive and the good in your life; 5, eyes open, wide awake; 1, 2, 3, 4, 5, eyes open wide awake.

RECOGNIZE AND DESCRIBE YOUR FEELINGS AND EMOTIONS

The table below suggests different feelings that you may experience at different times throughout your life. The list is for you to use in conjunction with writing about your experiences. The assignment that follows will enable you to get in touch with your feelings so that you can acknowledge them, and if you need to, develop coping strategies to help you manage them effectively in the future. Choose 5 that have been significant in your life to start with. You can write about other feelings and emotions that you feel have impacted your life over the course of your therapy.

A LIST OF FEELINGS AND EMOTIONS

Below is a list of feelings and emotions that you might have experienced. Please use this as a guide to record and describe your feelings and emotions in the following assignment.

Aching	Affectionate	Afraid	Amused
Angry	Annoyed	Anxious	Apathetic
Apprehensive	Ashamed	Bitter	Bored
Calm	Capable	Cheerful	Comfortable
Competent	Concerned	Confident	Confused
Contemptuous	Content	Controlled	Crushed
Curious	Defeated	Dejected	Delighted
Depleted	Depressed	Desirable	Despairing
Desperate	Detached	Determined	Devastated
Disappointed	Discouraged	Disgusted	Disillusioned
Distrustful	Eager	Embarrassed	Empty
Enraged	Excited	Frantic	Frightened
Frustrated	Fulfilled	Furious	Generous
Glad	Gloomy	Grateful	Great
Guilty	Happy	Hateful	Heart-broken
Helpless	Hopeless	Horrified	Hostile
Humiliated	Hurt	Impatient	Inpatient
Inadequate	Inhibited	In Agony	Irritated
Isolated	Jealous	Joyful	Lonely
Lost	Loved	Loving	Loyal
Manipulated	Manipulative	Melancholy	Miserable
Misunderstood	Muddled	Needy	Nervous
Numb	Out of Control	Outraged	Overwhelmed
Panicky	Passionate	Peaceful	Pessimistic
Pleased	Powerful	Prejudiced	Preoccupied
Pressured	Proud	Provoked	Put Down
Relaxed	Relieved	Resentful	Resigned
Restless	Sad	Safe	Satisfied
Secure	Sexy	Scared	Shy
Silly	Sorrowful	Strong	Stubborn
Stuck	Supportive	Sympathetic	Tearful
Tender	Terrified	Threatened	Thrilled
Touchy	Trapped	Troubled	Unappreciated
Uncertain	Understood	Uneasy	Unfulfilled
Unimportant	Unloved	Upset	Uptight
Used	Useless	Victimized	Violated
Vulnerable	Withdrawn	Wonderful	Worn out
Worried	Worthwhile	Wronged	Yearning

A RECORD AND DESCRIPTION OF YOUR FEELINGS AND EMOTIONS

Each day notice your more intense or frequently occurring emotions and record them in your journal. If you experienced more than one intense emotion in a day, record and describe all of them in as much detail as possible so that you can discuss them with your licensed counseling professional. You can use the following format:

Date:

What was the emotion that you experienced?

Describe the quality or intensity of your emotion

Where were you when you experienced this emotion?

Describe your thoughts related to your emotion

What caused you to react this way? What was the trigger?

Describe and draw your emotion

Was there a related sound to your emotion?

What is your response and coping strategy to your emotion?

How did you resolve the situation?

ANGER

Anger expression is necessary for resolution of CSA. Expressing rage is difficult for women because they are socialized from childhood not to express any negative emotions. It is difficult for men, who were abused as children, to learn how to regulate their emotions because they have not been taught self-control. For adult survivors of CSA, when feelings of anger do emerge, they tend to be either: diffused, directed at the wrong target; or self-directed. The therapist can assist the client by validating and facilitating the client's feelings. Process work can be facilitated by breathing and relaxation exercises to remove blocks to expression such as numbness or tension in the body.

In order to regulate or change your emotional reactions, and irrational thinking processes, it is helpful to keep a record the information. In order to develop self-acceptance, self-confidence, self-esteem, and self-worth, it is important to change how you think and behave, and by using assertiveness training techniques, to change habits and improve significant relationships, you will increase your ability to interact with the world in positive ways.

In your journal, please write about the following:

- When do people and situations that trigger your anger?
- How quickly does your anger escalate? Is it a few minutes, a few hours, a day, or longer?
- What happens when you are angry?
- How long does it take to calm down?

SHAME AND GUILT

Perceived shame and guilt over your CSA may have affected your self-esteem and self-worth, and inhibited your therapeutic process as they have a great influence on how you view their life. Shame and guilt may have been reinforced constantly throughout your life as an adult survivor of CSA, preventing and hindering your ability to become angry at the perpetrator and the abuse since you may not recognize that you were not at fault. Your damaged self-esteem and ego may have convinced you that you have contributed to, or in fact, caused the situation of abuse.

Shame and guilt can be reinforced by your family members who may have blamed you for the abuse or for disclosing the abuse. Shame often motivates an avoidance response that is consistent with a lack of self-forgiveness. If you never told anyone about your experience as a child, you may have felt isolated which enhances your self-blame. In order to resolve your CSA trauma, you need to release your guilt and self-blame to work on your self-esteem.

In your journal, please write about the following:

What has caused you shame and guilt in your life in addition to your CSA trauma?

How have you coped with that shame and guilt?

How has it affected your life?

Have any positive things come from your CSA?

RELEASING OLD NEGATIVE EMOTIONS

The following guided visualization is designed to help you release and let go of old negative emotions from the past without having to experience all these emotions again. These emotions may include anger, guilt, shame, and feelings of being unlovable and unworthy. It is perfectly fine to add other emotions that have not been mentioned here.

At the end of the guided visualization, write about your impressions and experience in your journal. You may find that each time you listen to the guided visualization that something new is revealed into your consciousness. During your therapy sessions you can share your experiences with your licensed counseling professional.

GUIDED VISUALIZATION TO RELEASE OLD NEGATIVE EMOTIONS

The audio-recording of this guided visualization will be included in the handbook given to the client.

Close your eyes and allow your mind to drift over your entire body. Begin to focus on your breathing. Allow yourself to breathe naturally, gently, rhythmically, in and out, and with every breath you exhale you will become more deeply relaxed, enjoying every second as you release and let go of any tension that has been stored in your body. Breathe in peace and tranquility and allow it to flow freely and easily throughout your entire body, knowing that right now each breath you take just allows your body to relax even more.

As you listen to the sound of my voice, and focus and concentrate on my words pay no attention to any other noise or sound that you might hear, for these sounds are sounds of everyday life and cannot distract or disturb you, but will tend to relax you even more. Acknowledge any thought that comes into your mind and allow yourself to put it aside at this time knowing that you will remember what needs to be done so that you can take care of it at a later time, because at this time you are choosing to focus on this important work on yourself.

Now picture or imagine yourself on the shore of your own private beach. It is a special safe place that you can design in any way you choose. It is peaceful and serene and it feels very safe and secure to you.

You are aware of the tranquility of this special beautiful place. You see a path that beckons you on your journey along the sands of this breathtaking beach. You hear the sound of the surf quietly breaking on the shore. It is a beautiful bright sunny day, with a blue sky, and the temperature feels just right to you.

As you walk along your private beach, you notice a cove with a waterfall that empties into a pool of shimmering and sparkling blue-green water. You know that this is a special healing pool that is meant just for you. You notice that it is protected, shielded, and surrounded by a dense cover of trees. You know that it is safe offering you shelter and privacy just as you might want it.

Your perfect nurturer has come once again to help you with this work. You are now willing to release and let go of all negative emotions and memories connected with your past relationships, family members, friends, acquaintances, chance people that you come in contact with, and business relationships.

As you allow the emotions and feelings to surface you may re-experience your anger, shame, guilt, sorrow, pain, disappointment, and betrayal. That is perfectly normal. You cannot be harmed by the release of these emotions and feelings. So just allow yourself to release and let them go. These old negative feelings and emotions no longer

serve you. You can put them into a bag so that your perfect nurturer can take them away so they can no longer harm you or anyone else. As you release these emotions and feelings, notice where these emotions may have been stored in any part of your body from any source. Now release and let go of them into your bag.

Allow yourself to acknowledge any and all feelings of anger that have been stored in any part of your body from any source. Notice how they appear to you, do they have a shape or a form, or a color? Is there a lesson you now need to be aware of? Let the information just come to you now. There is no need to judge it, just accept it as information. Now just release and let go of all that anger. Notice how good that feels to release this burden and let it go. Put it in your bag. Notice how free and calm you feel. You are at peace now.

Allow yourself to acknowledge any and all feelings of injury or injustice that have been stored in any part of your body from any source. Notice how they appear to you, do they have a shape or a form, or a color? Is there a lesson you now need to be aware of? Let the information just come to you now. There is no need to judge it, just accept it as information. Now just release and let go of all those feelings of injury or injustice. Notice how good that feels to release and let go of this burden. Put them into your bag or box. Notice how free and calm you feel. Allow yourself to pardon and feel feelings of forgiveness towards yourself for holding onto these feelings.

Allow yourself to acknowledge any and all feelings of guilt or shame that have been stored in any part of your body from any source. Notice how it appears to you, does it have a shape or a form, or a color? Is there a lesson you now need to be aware of? Let the information just come to you now. There is no need to judge it, just accept it as information. Now just release and let go of all that guilt or shame. Notice how good that feels to release and let go. Put those feelings in your bag. Notice how free and calm you feel. Allow yourself to have these feelings of confidence and pride in yourself.

Allow yourself to acknowledge any and all doubt about being loveable, or being able to love that have been stored in any part of your body from any source. Notice how they appear to you, do they have a shape or a form, or a color? Is there a lesson you now need to be aware of? Let the information just come to you now. There is no need to judge it, just accept it as information. Now just release and let go of all that doubt. Notice how good that feels to release and let go. Put it in your bag. Notice how free and calm you feel. Allow yourself to have faith that you can experience love, receive and give love.

Allow yourself to acknowledge any and all feelings of despair over being rejected by someone, or not being able to have someone that have been stored in any part of your body from any source. Notice how it appears to you, does it have a shape or a form, or a color? Is there a lesson you now need to be aware of? Let the information just come to you now. There is no need to judge it, just accept it as information. Now just release and let go of all that despair. Notice how good that feels to release and let it go of this

burden. Put it in your bag. Notice how free, light, and calm you feel. Allow yourself to feel wonderful feelings of hope that you will find and be with your soul mate.

Allow yourself to acknowledge any and all feelings of sadness that have been stored in any part of your body from any source. Notice how it appears to you, does it have a shape or a form, or a color? Is there a lesson you now need to be aware of? Let the information just come to you now. There is no need to judge it, just accept it as information. Now just release and let go of all that sadness. Notice how good that feels to release and let go of this burden. Put it in your bag. Notice how free and calm you feel. Allow yourself to open up to the joy of being in a nurturing loving relationship.

Allow yourself to acknowledge any and all feelings of betrayal and dishonesty that have been stored in any part of your body from any source. Notice how they appear to you, do they have a shape or a form, or a color? Is there a lesson you now need to be aware of? Let the information just come to you now. There is no need to judge it, just accept it as information. Now just release and let go of all those feelings of betrayal and dishonesty. Notice how good that feels to release and let go of this burden. Put it in your bag. Notice how free and calm you feel. Allow yourself to trust yourself and others once again, that you can make wise and healthy decisions and choices for yourself.

Allow yourself to acknowledge any and all feelings associated with physical, emotional, or sexual abuse in any form that have been stored in any part of your body from any source. Notice how they appear to you, do they have a shape or a form, or a color? Is there a lesson you now need to be aware of? Let the information just come to you now. There is no need to judge it, just accept it as information. Now just release and let go of all those feelings of betrayal and dishonesty. Notice how good that feels to release and let go of this burden. Put it in your bag. Notice how free and calm you feel. Allow yourself to trust yourself and others once again, that you can make wise and healthy decisions and choices for yourself.

Allow yourself to acknowledge any and all feelings of loss and loneliness for the loss of an ideal childhood that have been stored in any part of your body from any source. Notice how they appear to you, do they have a shape or a form, or a color? Is there a lesson you now need to be aware of? Let the information just come to you now. There is no need to judge it, just accept it as information. Now just release and let go of all those feelings of betrayal and dishonesty. Notice how good that feels to release and let go of the burden. Put it in your bag. Notice how free and calm you feel. Allow yourself to open up to the companionship and guidance of your perfect nurturer who surrounds you with unconditional love and support.

Your perfect nurturer has built a fire in the fire pit so that you can put your cardboard box into the fire so that your old negative emotions and feelings can be cleansed and transmuted by the fire so they can no longer harm you or anyone else. You feel like a new person ready for new and positive experiences to enter into your life.

Before you stepping into your special healing pool you remove your clothes, and as you do you notice that not only are you freeing yourself from these outer restrictions you are also releasing yourself from the old unhealthy habits, patterns, beliefs, and limitations. So go ahead and give yourself permission to allow anything else to be released, allow them to be released out into the fire where they can no longer harm you or anyone else. Now feel how light and free your mind and body feel. How wonderful it feels to be free.

Walk closer now to your special healing pool and as you look into the shimmering, sparkling blue green depths of the pool you can easily see the bottom. As you step down into the pool you notice that it is shallow and that you are easily able to stand up and move around feeling safe and secure in the shimmering, sparkling blue green healing water. As you look ahead you notice that there is a seat built into your special healing pool for you to sit on. Now as you take a seat you feel the warm, soothing, loving embrace of the shimmering, sparkling blue green healing water surrounding you, comforting you, allowing you to feel safe, secure and nurtured. Allow the healing energy from the shimmering, sparkling blue green healing water to permeate in, around and through every part of your body, mind and spirit, allowing it to go to every cell, every atom, and energy that is you to renew, replenish and re-energize in whatever way or amount you need. The universe has an unlimited supply and you are free to take whatever you need because there is always enough for everyone's needs. Put your head under the water for a moment, or under the little gentle waterfall that drops into the pool so that your head and shoulders can experience the wonderful, soothing healing properties of the shimmering, sparkling blue green healing water.

Breathe in the healing properties of the softly fragrant water with every breath you take. Allow any healing you need to take place now. Give yourself permission to accept the healing that you can receive at this time, knowing too that the healing can continue for as long as you need it to after this session in your special healing pool is done. Take a moment to enjoy and relax into this wonderful feeling of comfort, peace and renewal.

Now when you are ready, step out of your special healing pool and into a soft comfortable towel. When you are ready put on your clothes and look around once again at this beautiful tranquil garden. Now as you wander back through the garden you notice the beauty of nature all around. You hear the restful sounds of nature. You feel the beauty of who you are and you rejoice in that knowledge and feel gratitude for all that you have. You are aware of being part of the universe and feel at peace in your world. You are now free to open up to receive love, respect and kindness.

You feel like a new person with new positive healthy invigorating and renewing energy. You now light a candle to celebrate your freedom, your wholeness, your uniqueness, and your loving connection to the universe. You notice that there are symbols of happiness, love, prosperity, abundance, contentment, fulfillment, success and all that your heart and soul desires in the cove. You are easily able to absorb it, to take it

in, and receive it, embrace it and now you can feel the love, strength and pride that you have in yourself for all that you have accomplished.

You surround yourself with love and respect. Every day you feel positive feelings flow throughout your entire body and these positive feelings will stay with you and grow stronger and stronger each and every day. You are able to make wise and healthy decisions and choices each and every day. You have all the necessary skills you need to be healthy, happy and successful in your life, and you can have all the things you need to compliment your success. You feel this now and that feeling will increase each and every day from this point forward. You are an unlimited being and you can create anything you want. You accept this right at all times. You are easily able to create loving relationships with others. There is unlimited abundance in the universe; you only need to ask for what you want. You feel fulfilled and you thoroughly enjoy the life you have created for yourself.

Now it is time for you to leave the healing pool, knowing that you may return to this place whenever you wish for further guidance and assistance. In a few moments you are going to awaken from this deep relaxed state, remembering all the information that is important to you. I am going to count from one to five, and when I reach five you will open your eyes feeling physically very relaxed, emotionally calm, peaceful, feeling mentally very alert, aware and focused, and ready to enjoy the rest of your day.

You are now able to feel the love growing within, knowing that you are able to manifest it around everyone and everything in your life. 1, slowly and gently becoming aware of your surroundings; 2, becoming aware of your body, your arms and your legs, feeling more refreshed, more relaxed, feeling you have had hours of restful sleep; 3, is that happy number that brings a smile to your face and reminds you of the joys and pleasures in your life; 4, feeling alert, aware and focused, suggestible only to the positive and the good in your life; and 5, eyes open, wide awake; 1, 2, 3, 4, 5, eyes open wide awake; 1, 2, 3, 4, 5, eyes open wide awake.

COGNITIVE REFRAMING

You may be re-experiencing the trauma by recurrent nightmares, intrusive intensive memories, and dissociative states in which you relive parts of the trauma. These repetitive intrusions manifest in cognitive, emotional, and behavioral re-enactments such as intrusive thoughts or images that relate to the incest experience such as nightmares, hallucinations, and pseudo-hallucinations.

Emotional intrusions include panic attacks or episodes of weeping that are triggered by conscious or unconscious associations of people, places, things, tastes, or smells to the CSA trauma.

Behavioral intrusions include being re-victimized as a result of being sexually promiscuous or with male survivors by repeating their CSA by victimizing others. You may have a reduced involvement in or responsiveness to the external world and may feel detached from other people, and have a diminished capacity for experiencing emotions including intimacy and sexual satisfaction.

Other associated symptoms that you may have include anxiety in the form of excessive autonomic arousal resulting in hyper-alertness, panic attacks, avoidance of places or situations, smells and tastes, insomnia, difficulty concentrating, and increased irritability. Depression, shame, and guilt may cause suicidal ideation, alcohol and substance abuse, or periods of sexual promiscuity.

It is very helpful to make a record of your thoughts during the day to discover what thoughts are influencing your beliefs, emotions, and actions. By recording your thoughts in your journal you are able to recognize patterns of behavior that result from your thought processes. Your behavior may be positive or negative, conscious or unconscious because it has become a habit, or just a way of doing things that you have always done but not thought to change.

You can follow the following format in recording your thoughts:

Date:

Thought/Belief/Action:

Examine these thoughts, beliefs and actions:

- Is there any truth to them?
- Do they hold true for you?
- What was the resulting behavior?
- Were you OK with the result?
- Did things work out the way you wanted?

CHALLENGING BELIEFS

Below is a list of questions to be used in helping you challenge your maladaptive or problematic beliefs. Not all questions will be appropriate for the belief you choose to challenge. In your journal, answer the following questions when you want to examine or challenge a belief that you feel does not hold true for you. You can repeat this assignment for each belief that you have. After writing about a belief, you can discuss any insight that you gained with your licensed counseling professional.

Belief:

1. What is the evidence for and against this idea?
2. Are you confusing a habit with a fact?
3. Are your interpretations of the situation too far removed from reality to be accurate?
4. Are you thinking in all-or-none terms?
5. Are you using words or phrases that are extreme or exaggerated (for example: always, forever, never, need, should, must, can't and every time)?
6. Are you taking selected examples out of context?
7. Are you making excuses (for example, I'm not afraid, I just don't want to go out; The other people expect me to be perfect; or I don't want to make the call, because I don't have time)?
8. Is the source of information reliable?
9. Are you thinking in terms of certainties instead of probabilities?
10. Are you confusing a low probability with a high probability?
11. Are your judgments based on feelings rather than facts?
12. Are you focusing on irrelevant factors?

CATASTROPHIC THOUGHTS

Catastrophic thoughts play a major role in aggravating panic attacks. Using the scale below, rate each of the following thoughts according to the degree to which you believe that each thought contributes to your panic attacks.

1 = Not at all 2 = Some What
3 = Quite a lot 4 = Very much

I'm going to die	1	2	3	4
I'm going insane	1	2	3	4
I'm losing control	1	2	3	4
This will ever end	1	2	3	4
I am really scared	1	2	3	4
I am having a heart attack	1	2	3	4
I am going to pass out	1	2	3	4
I do not know what people will think	1	2	3	4
I will not be able to get out of here	1	2	3	4
I do not understand what is happening to me	1	2	3	4
People will think I am crazy	1	2	3	4
I will always be this way	1	2	3	4
I am going to throw up	1	2	3	4
I must have a brain tumor	1	2	3	4
I will choke to death	1	2	3	4
I am going to act foolish	1	2	3	4
I am going blind	1	2	3	4
I will hurt someone	1	2	3	4
I am going to have a stroke	1	2	3	4
I am going to scream	1	2	3	4
I am going to babble or talk funny	1	2	3	4
I will be paralyzed by fear	1	2	3	4
Something is really physically wrong with me	1	2	3	4

I will not be able to breathe	1	2	3	4
Something terrible will happen	1	2	3	4
I am going to make a scene	1	2	3	4

DISRUPTIVE THINKING PATTERNS

Below are different disruptive or faulty thinking patterns that people use in different life situations. These patterns often become automatic, habitual thoughts that cause us to engage in self-defeating behaviors. Consider your own mistaken thoughts and beliefs and find examples for each of the disruptive thinking patterns listed below.

In your journal, write about your mistaken thoughts and beliefs under the appropriate pattern, describe how it fits that pattern, and think about how that pattern affects you. Consider the following:

1. Drawing conclusions when evidence is lacking or even contradictory
2. Exaggerating or minimizing the meaning of an event (blowing things way out of proportion or shrinking their importance inappropriately)
3. Disregarding important aspects of a situation
4. Oversimplifying events or beliefs as good/bad, right/wrong or black/white
5. Overgeneralizing from a single incident (viewing a negative event as a never-ending pattern of defeat)
6. Mind-reading (assuming people are thinking negatively about you when there is no definite evidence for this)
7. Emotional reasoning from how you feel.

PERSONAL POWER AND CONTROL GUIDED VISUALIZATION

The audio-recording of this guided visualization will be included in the handbook given to the client.

Close your eyes and allow your mind to drift over your entire body. Begin to focus on your breathing. Allow yourself to breathe naturally, gently, rhythmically, in and out, and with every breath you exhale you will become more deeply relaxed, enjoying every second as you release and let go of any tension that has been stored in your body. Breathe in peace and tranquility and allow it to flow freely and easily throughout your entire body, knowing that right now each breath you take just allows your body to relax even more.

As you listen to the sound of my voice, and focus and concentrate on my words pay no attention to any other noise or sound that you might hear, for these sounds are sounds of everyday life and cannot distract or disturb you, but will tend to relax you even more. Acknowledge any thought that comes into your mind and allow yourself to put it aside at this time knowing that you will remember what needs to be done so that you can take care of it at a later time, because at this time you are choosing to focus on this important work on yourself.

Now picture or imagine that your perfect nurturer is placing a powerful, translucent golden shield of bright shining light all around you from head to toe, protecting you from all negative outside forces and giving you warmth, comfort, protection, radiance, light, power and strength. You are safe and secure and totally protected within this shield of golden light. If any negative thoughts, ideas, suggestions, or inferences from anyone come to you, they will bounce harmlessly off your golden shield of protective light. You accept only positive thoughts and ideas that are beneficial to you for your well-being and self-improvement. You have the ability to reject all negative thoughts, ideas, suggestions, or inferences from anyone, because you are in control of your mind and your body.

Your mind is like a vast computer and only you are able to go within to your own body-mind control center. Now picture or imagine your body-mind control center just the way that you want it to look and, know that it has controls that allow only you to make adjustments to your body chemistry so that you can now think, feel and act in a way that is for your highest good and well-being. You are easily able to control your mind and body so that your body remains in perfect balance and harmony. In this body-mind center you are able to control what thoughts, impressions and sensations come into your conscious mind so that you can enjoy your life in any way you choose. The controls enable you to turn off any old unwanted messages and programs that are no longer of any use to you today. You are easily able to silence them because you are in control and you like how powerful that makes you feel. At all times you allow positive loving messages to be received by your conscious mind so that you can be nurtured and guided for your highest good and well-being.

You have programmed yourself for good health, happiness and success. You create your own positive reality through your thoughts and beliefs each and every day. You believe in yourself. You begin to feel this strength growing from within, motivating you to overcome any and every obstacle that may stand in the way of reaching your goals. You will find that from this moment on you are developing more self-control. You now face every situation in a calm and relaxed state of mind. Your thinking is very clear, sharp and focused at all times. You are aware of the self-confidence within you. You are self-reliant, self-confident and filled with independence and determination because you feel safe and secure. You choose to protect yourself now at all times. You are more alert, more wide awake, more energetic and focused on achieving goals that are important to you in your life.

You begin to feel comfortable with your past since your past is a very valuable piece of being uniquely you. Your childhood programming and experiences were controlled by circumstances beyond your control. You now have the power and control to release and let go of the past you no longer need. You are now going to keep the pieces you like, enjoyed, and agree with, but any feelings, any doubts or fears that might live inside you, anything you do not like about your feelings and attitudes, you are going to release and let go of. Since you do not need them any more you are now going to reject them as over and done and gone. Allow yourself to release and let go of any old programming that it not in your best interest today. Now release those feelings, fears and old beliefs out into the universe where they can no longer harm you or anyone else.

In the past you may have made mistakes. That is normal. Everyone makes mistakes. You now accept and take responsibility for the results of these mistakes or errors of judgment. You release and let go of any anger you feel towards yourself or others. You give yourself permission to forgive yourself. You do the best you can. You have learnt from these past mistakes or errors of judgment. You love and respect yourself as you are right now. You feel positive feelings flow throughout your entire body and these positive feelings will stay with you and grow stronger and stronger each and every day.

You are able to make wise and healthy decisions and choices each and every day. You now feel enthusiastic about your life and look forward to new challenges. You embrace new experiences with ease and joy. You now breathe life with new optimism, with new enthusiasm. You are a positive individual who sees the problems only as opportunities. You are patient, calm and flexible. You remain harmoniously centered at all times. You keep your mind like calm water and you allow yourself to think positive thoughts about yourself and your future. You are confident and secure about your decisions and choices. You are in control of your mind and body. You focus on the things you can change and accept or avoid the things you cannot change. You are intelligent, confident, secure, and mentally at peace.

You are now going to make each day happen your way because you are in control of your mind and your body. New experiences and new opportunities are going to help you become the person that you want to be. You are all you need to be healthy, happy

and successful in your life, and that you can have all the things you need to compliment your success. You feel this now and that feeling will increase each and every day from this point forward.

For now, relax and experience that attitude. For what you are doing right now is choosing to turn the world off, to go inside, to relax, to feel a sense of control better than you have ever had. That is now your reality.

Successful experiences from the past contain valuable emotional strength and depth that you have earned. Those feelings, those emotions belong to you. Just like any old familiar song, or old photograph, positive emotions will bring back past positive emotions. Bring back positive, happy feelings you think you have forgotten about. Those feelings belong to you. For now relax, let your body go. Feel your body relaxing easily. A melting sensation floods your body. Relax deeper and deeper as you listen to my words and let the world fade away. As you listen to the sound of my voice, some of those positive images will now flow through your mind. You are going to use the best within you. Allow those feelings of pride, confidence, courage, success and being someone special to come to the surface. Let them come forward as an honest active part of your life today, so that you can live your life on purpose.

You are an unlimited being and you can create anything you want. You accept this right at all times. You are easily able to create prosperity and abundance for yourself and others. There is unlimited abundance in the universe; you only need to ask for what you want. You are able to program your mind now because you are in control of your mind and your body.

You are now able to live in the present moment and to open yourself to the goodness and joy that is within you. You radiate self esteem, inner peace, love, well being and happiness. Each and every day you notice that you are more in control of your mind and your body and you like how that feels. You listen and respond to what your body needs. You are easily able to make healthy and wise choices for yourself each and every day.

You feel fulfilled and you thoroughly enjoy the life you have created for yourself. You are able to live abundantly, in harmony with other people. Remember, you are a new person at every new moment. Every day is a new day, and each day is an opportunity to realize the wonderful, loving, and lovable person you truly are. You realize that life can be good, healthy, abundant, and fun.

In a few moments you are going to awaken from this deep relaxed state, remembering all the information that is important to you. I am going to count from one to five, and when I reach five you will open your eyes feeling physically very relaxed, emotionally calm, peaceful, feeling mentally very alert, aware and focused, and ready to enjoy the rest of your day.

You are now able to feel the love growing within, knowing that you are able to manifest it around everyone and everything in your life. 1, slowly and gently becoming

aware of your surroundings; 2, becoming aware of your body, your arms and your legs, feeling more refreshed, more relaxed, feeling you have had hours of restful sleep; 3, is that happy number that brings a smile to your face and reminds you of the joys and pleasures in your life; 4, feeling alert, aware and focused, suggestible only to the positive and the good in your life; and 5, eyes open, wide awake; 1, 2, 3, 4, 5, eyes open wide awake; 1, 2, 3, 4, 5, eyes open wide awake.

YOU ARE UNIQUE: WHO ARE YOU?

You are unique in your physical appearance, skills, accomplishments, personality, interests, thoughts, and feelings. Appreciating and accepting your good points and learning how to love and accept yourself for your uniqueness, and how to overcome or compensate for your lack of these attributes is very important so that you can lead the life you want.

To enable you to identify your uniqueness, answer the following questions and write about them in your journal:

- List 3 positive words that describe yourself, and why you have chosen them.
- What single factor contributes most to your feeling good about yourself, and why?
- What do you stand for, and why?
- What is important in your life right now, and why?
- What do you think you were destined to do, and why?
- What would you most like to be remembered for in your life, and why?
- List things that you find satisfying, fulfilling, and enjoy doing. These may include hobbies, amusement, social activities, sports, classes, etc.
- What qualities do you most like in friends, and why?
- What kind of work environment do you enjoy working in, and why?
- Are you easily able to get things accomplished in a timely manner in your life? If not, why not?
- Have you set and achieved goals in your life? Describe your thoughts about goals.

The following assignments will help you identify other important strengths, skills, talents, abilities, accomplishments, and achievements, enabling you to take ownership of who you really are.

Remember You Are Special and Unique

IDENTIFYING YOUR STRENGTHS

Choose 5 of the strengths listed below and rank them in order with 1 being the most important strength.

In your journal write about the following:

- Why each one of the 5 strengths you have identified is important in your life
- How you are using them in your life.
- List any person that you know, have seen on TV or in movies, are a character in a book, or are someone in history and write about how they have the strengths that you have identified as being important to you.
- When you feel that things are overwhelming, or difficult, take out your journal and look at your strengths so that you can remind yourself of all the positive things in your life.

LIST OF STRENGTHS

Accepting	Achieving	Active	Adventurous
Affectionate	Ambitious	Amusing	Articulate
Assertive	Athletic	Attractive	Brave
Calm	Caring	Charismatic	Charming
Cheerful	Committed	Compassionate	Confident
Congenial	Conscientious	Considerate	Consistent
Cooperative	Courageous	Creative	Cute
Dedicated	Dependable	Determined	Diligent
Discipline	Discerning	Distinctive	Dynamic
Efficient	Elegant	Empathetic	Encouraging
Energetic	Enterprising	Entertaining	Enthusiastic
Expressive	Fair-minded	Forgiving	Friendly
Fun Loving	Gentle	Generous	Genuine
Glamorous	Good-natured	Graceful	Happy
Hard Working	Helpful	Healthy	Honesty
Humorous	Influential	Imaginative	Independent
Insightful	Inspiring	Intelligent	Integrity
Intuitive	Joyful	Knowledgeable	A Leader
Likeable	Logical	Loving	Loyal
Methodical	Meticulous	Mild	Moderate
Motivated	Natural	Neat	Obliging
Objective	Open-minded	Optimistic	Organized
Orderly	Original	Outgoing	Painstaking
Patient	Patriotic	Peaceful	Perceptive
Persistent	Persevering	Persuasive	Playful
Pleasant	Poised	Polite	Positive
Practical	Precise	Productive	Professional
Progressive	Prudent	Purposeful	Quick
Rational	Realistic	Reassuring	Receptive
Reflective	Relaxed	Reliable	Religious
Reserved	Resourceful	Responsible	Retiring
Robust	Self-aware	Self-Confident	Self-Disciplined
Self-Responsible	Sensible	Sensitive	Serious
Sexy	Sharp-witted	Sincere	Skillful
Sociable	Sophisticated	Spiritual	Spontaneous
Spunky	Steady	Stimulating	Strong
Strong-Minded	Studious	Sympathetic	Tactful
Talented	Teachable	Technical	Tenacious
Thorough	Thoughtful	Tolerant	Tough

Trusting		Trustworthy		Truthful		Unaffected	
Understanding		Unexcitable		Unique		Unpretentious	
Verbal		Versatile		Vigorous		Warm	

YOUR LIFE ACCOMPLISHMENTS AND ACHIEVEMENTS

Life accomplishments and achievements require persistence, maturity, self-control, complex judgments, and the ability to endure short-term frustrations while long-term goals are pursued.

Most individuals are able to overcome the difficulties of life relatively well, but as an adult survivor of CSA, you may have failed to acquire a realistic sense of self-appreciation for your accomplishments. As an adult survivor of CSA, you may have experienced self-doubts, a sense of personal inadequacy, and self-hatred where self-approval should have been the norm. Feelings of personal worth are highly responsive to authentic, consistent feedback from either the social environment or self-evaluations. Favorable internal feedback is more powerful and has longer-lasting benefits than social approval. Negative feedback from either source can prove to be devastating to your self-esteem.

In each of the following areas of your life, please write in your journal about your accomplishments, skills, talents, achievements, and things that you are proud of in your life:

- School
- College
- Work/Career
- Prizes & Awards
- Art, Music, Dance, Sports
- Family Life
- Friends
- Community Service
- Hobbies
- Personal Growth & Self-Improvement
- Important Stages of Life
- Other Accomplishments

MY PERSONAL BILL OF RIGHTS

Each day read the following list of rights (silently or out loud) so that you can become accustomed to acknowledging that you are entitled to each one of these rights.

I have the right to ask for what I want.

I have the right to say no to requests or demands I cannot meet.

I have the right to express all of my feelings, positive or negative.

I have the right to change my mind.

I have the right to make mistakes and not have to be perfect.

I have the right to follow my own values and standards.

I have the right to say no to anything when I feel I am not ready, it is unsafe, or it violates my values.

I have the right to determine my own priorities.

I have the right not to be responsible for others' behavior, actions, feelings, or problems.

I have the right to expect honesty from others.

I have the right to be angry at someone I love.

I have the right to be uniquely myself.

I have the right to feel scared and say "I am afraid."

I have the right to say "I do not know."

I have the right not to give excuses or reasons for my behavior.

I have the right to make decisions based on my feelings.

I have the right to my own needs for personal space and time.

I have the right to be playful and frivolous.

I have the right to be healthier than those around me.

I have the right to be in a nurturing environment.

I have the right to make friends and be comfortable around people.

I have the right to change and grow.

I have the right to have my needs and wants respected by others.

I have the right to be treated with dignity and respect.

I have the right to be happy.

I have the right to say "NO"

I have the right to be competent and proud of my accomplishments.

I have the right to feel and express anger.

I have the right to be treated as a capable human being.

I have the right to make mistakes and be responsible for them.

I have the right to change a situation.

I have the right to express my needs, opinions, thoughts, ideas, and feelings.

I have the right to judge my own behavior and be responsible for it.

I have the right to take pride in my body and define attractiveness in my own terms.

I have the right to have a support system.

I have the right to be myself and have a separate identity.

I have the right to structure my own time priorities.

I have the right to request help and receive information from others.

I have the right to ask and not assume.

I have the right to be imperfect.

I have the right to have privacy.

I have the right to grow, learn, change, and to value my age and experience.

I have the right to recognize my needs as important.

There may be other rights that you want to add to the list that you feel are important to you, so go ahead and add them.

You can photocopy the above list and post it in places where you can see it often each day. By taking time to carefully read through the list every day, you will find that you can accept and own each one of these rights.

AFFIRMATIONS

Each week chose 5 affirmations to say silently or out loud each day, in the morning and at night. You can also write them in your journal, listen to a recording, and/or when looking at yourself in a mirror, whatever you are comfortable doing.

I accept myself as I am.

I am a lovable person.

I am worthy of joy and happiness.

I forgive myself.

I am smart and intelligent.

I am a capable and competent person.

I am open to change in positive ways.

I am comfortable and at peace when I am alone.

I feel safe and secure.

I am responsible for my life.

I am a strong person.

I respect and take care of my body.

I am in control of my life.

I learn something new each day.

I am a wonderful caring person.

I am assertive about things that are important to me.

I find the positive in my life.

I look forward to tomorrow.

I am grateful for the loving supportive people in my life.

I am in control of my thoughts, emotions, and actions.

It is safe to admit to, accept, and correct my mistakes.

I am able to set and achieve goals in my life.

I am wealthy and financially successful.

I am free to make my own decisions.

I am comfortable in loving, intimate relationships.

I am a good friend to other people.

I am a spiritual person

SETTING APPROPRIATE BOUNDARIES

Many adult survivors of CSA are unable to establish appropriate boundaries with people, at work, and in activities that they do. The guided visualization for improving confidence and raising your self-esteem will enable you to establish appropriate boundaries in a natural way so that you do not feel obligated or made to do something that would be against your bill of rights.

SELF-ESTEEM

Self-esteem reflects your overall emotional sense of self-worth or personal value. It is often seen as a personality trait, which means that it tends to be stable and enduring. Self-esteem encompasses both positive and negative emotions, and represents judgments and evaluations of the self, such as worthiness, despair, pride, and shame. It can involve a variety of beliefs about the self, and occurs in conjunction with your thoughts, behaviors, feelings and actions. Self-esteem is the sum of self-confidence and self-respect which is a feeling of personal capacity and personal worth. Self-esteem is your experience of being competent to cope with the basic challenges of life, to understand and solve problems, and your right to achieve happiness, be given respect, and being worthy of happiness.

Sometimes it is easier to picture or imagine something in a way that gives us hope that something that may seem impossible to achieve can be achieved with a little positive thought and magic. The magic reminds us of our little child within and things can be different.

BUILDING CONFIDENCE AND SELF-ESTEEM GUIDED VISUALIZATION

The audio-recording of this guided visualization will be included in the handbook given to the client.

Close your eyes and allow your mind to drift over your entire body. Begin to focus on your breathing. Allow yourself to breathe naturally, gently, rhythmically, in and out, and with every breath you exhale you will become more deeply relaxed, enjoying every second as you release and let go of any tension that has been stored in your body. Breathe in peace and relaxation and allow it to flow freely and easily throughout your entire body. Knowing that right now each breath you take allows your body to relax even more.

As you listen to the sound of my voice, and focus and concentrate on my words pay no attention to any other noise or sound that you might hear, for these sounds are sounds of everyday life and cannot distract or disturb you, but will tend to relax you even more. Acknowledge any thought that comes into your mind and allow yourself to put it aside at this time knowing that you will remember what needs to be done so that you can take care of it at a later time, because at this time you are choosing to focus on this important work on your higher self.

Now picture or imagine that as you look straight ahead you will notice a special magical mirror. As you look into that mirror, an image begins to form; you see an image of yourself as you really want to be. Not as someone else wants you to be, but as you really want yourself to be. When you look into the mirror you see yourself as confident, assertive, successful and in control of your mind, body and spirit. Your image is slender, healthy, attractive, calm and free, full of vitality and energy. This is you. This is the real you. This is the person you are now becoming. Walk closer to your image now. Walk closer. When you are ready, give yourself permission to go ahead and step into the mirror, and allow yourself to merge with that ideal self. Allow the image to blend into your very body. Notice how it feels to be this ideal self, and notice where you feel those ideal qualities in your body. Allow those qualities to spread throughout your body, radiating outward and filling the whole your body. It is your own best self, a living part of you now.

At this moment you are making yourself a promise, a commitment to become the real you. This commitment will be with you, stronger and stronger each and every day from this day forward.

You now become aware of the self-confidence within you. You are self-reliant, self-confident and filled with independence and determination. You are more alert, more wide awake, and more energetic and focused on achieving your goals. You have opened your mind to the inner security that was lying dormant within you. You are transformed. You are self-confident. You think confidently, you talk confidently, and you project an

image of self-confidence. You are independent and filled with inner security. You are self-confident internally and externally. Your inner confidence has emerged.

You are creating a new positive reality. You now experience all the warmth and joy in life while detaching from the negativity. From this moment on you see the positive side of everything that happens in your life. You see positive opportunities in everything you experience. Your positive thinking now results in a more positive life. You experience a feeling of overall well-being and mental calm. You are at peace with yourself, the world, and everyone in it. Each and every day you experience more and more positive results of your positive thinking.

You are relaxed now, and because you are so relaxed you begin to feel free from all tension, anxiety, and fear. You now realize that you are more confident and sure of yourself because you have taken the enormous first step to helping yourself.

You begin to feel this strength from within, motivating you to overcome any and every obstacle that may stand in the way of your future. You will find that from this moment on you are developing more self-control. You will now face every situation in a calm and relaxed state of mind. Your thinking is very clear, sharp and focused at all times.

You begin to feel that your self-respect and confidence are expanding more and more each day in every way. Your self-esteem is increasing. Your self-confidence is increasing. Your ability to make wise and healthy decisions and choices is becoming easier and easier each and every day. You feel enthusiastic about your life and look forward to the challenges. You now breathe life with new optimism, with new enthusiasm. A happy, self-assured inner you has emerged. You are a positive individual who sees the problems only as opportunities. You are patient, calm and harmoniously centered at all times.

You release and let go of all fear-based emotions such as blame, jealousy, guilt, anger and possessiveness. These negative emotions are now part of your past and you use them only as building blocks for a more positive future. You are independent and self-responsible, and you fully realize that you are unlimited in your ability to create your own reality.

You keep your mind like calm water. You remain centered at all times. You allow yourself to be physically relaxed, emotionally calm, mentally focused and alert. You are confident and secure about your decisions and choices. You maintain a calm mind and you think only positive thoughts. You focus on the things you can change and accept or avoid the things you cannot change. You are confident and secure, mentally at peace.

You will be able to think more clearly. You will be able to concentrate with ease. Your memory is improving each and every day, and you will be able to see things in their true perspective.

In the past you may have made mistakes. You now accept and take responsibility for the results of these mistakes or errors of judgment. You release and let go of any anger you feel towards yourself or others. You give yourself permission to forgive yourself. You do the best you can. You have learnt from past mistakes. You love and respect yourself as you are right now. You feel positive feelings flow throughout your entire body and these positive feelings flow throughout your entire body and these positive feelings will stay with you and grow stronger and stronger each and every day.

Give yourself a hug and tell yourself that you will take good care of your body because you love and respect yourself. Step back out of the mirror and allow yourself once again to admire your attractive slender, healthy, vibrant, confident, assertive and successful body.

In a few moments you are going to awaken from this deep relaxed state, remembering all the information that is important to you. I am going to count from one to five, and when I reach five you will open your eyes feeling physically very relaxed, emotionally calm, peaceful, feeling mentally very alert, aware and focused, and ready to enjoy the rest of your day.

In a few moments when you awaken you will feel the love growing within, knowing that you are able to manifest it around everyone and everything in your life. 1, slowly and gently becoming aware of your surroundings. 2, becoming aware of your body, your arms and your legs, feeling more refreshed, more relaxed, feeling you have had hours of restful sleep. 3, is that happy number that brings a smile to your face and reminds you of the joys and pleasures in your life. 4, feeling alert, aware and focused, suggestible only to the positive and the good in your life. 5, eyes open, wide awake. 1, 2, 3, 4, 5, eyes open wide awake. 1, 2, 3, 4, 5, eyes open wide awake.

DISCOVERING YOUR STRENGTHS, GIFTS, TALENTS AND SKILLS IN THE MAGICAL WORLD OF TREASURES

The audio-recording of this guided visualization will be included in the handbook given to the client.

Close your eyes and allow your mind to drift over your entire body. Begin to focus on your breathing once again. Allow yourself to breathe naturally, gently, rhythmically, in and out, and with every breath you exhale you will become more deeply relaxed, enjoying every second as you release and let go of any tension that has been stored in your body. Breathe in peace and tranquility, and allow it to flow freely and easily throughout your entire body, knowing that right now each breath you take allows your body to relax even more.

As you listen to the sound of my voice, and focus and concentrate on my words pay no attention to any other noise or sound that you might hear, for these sounds are sounds of everyday life and cannot distract or disturb you, but will tend to relax you even more.

Now picture or imagine a beautiful white light bringing peace, love and protection, coming in through the top of your head and beginning to gently spread down around and through your body and aura. You are totally protected by the white light that shields you from any negativity from any source. You are safe and secure within the white light. Only positive loving energy for your highest good and well-being can enter the glowing white light and you notice how good it feels to be surrounded by this warm nurturing loving energy.

In this beautiful state of peace and relaxation, picture or imagine that in front of you there is a beautiful garden of peace and safety, of serenity and tranquility. As you look around you notice that there is a large oak tree that stands very majestically in the garden. Sunlight filters through the leaves and dapples the ground with light. The wind plays in the leaves, and their gentle rustle is very soothing to you. You are drawn to this magnificent tree that has stood the test of time and the weather. As you approach the tree you are aware of how ancient it is and how its massive trunk and branches dwarf you by its size. The bark is twisted and gnarled and the upper portions of the roots are exposed, but you know that they must extend down into the heart of the earth. As you look up into the canopy, it seems to extend forever. You are amazed that a tree could be this big and you are filled with the wonder of nature.

As you look around, taking in the sight of the garden, you notice that a soft mist is forming on the ground. You watch with a sense of wonder, knowing that you are perfectly safe, smiling because the mist tickles as it forms around your legs and moves up your body. Soon the grass is hidden from view, along with the base of the mighty oak. In a few short moments, the mist surrounds you in a soft comforting fragrance. You watch it swirl around you, and then it begins to descend once again. As it breaks and dissipates, you find that there is a door in the massive trunk that you did not notice

before, and standing next to the door is a guide smiling at you. Notice how they look and what they are wearing. They are very friendly and they are your special guide to the magical world of treasures. You can ask their name if you wish and know that you are easily able to speak, ask questions, and hear their answers.

The guide asks if you are ready to continue on your journey and opens the door with the golden key that they produce from their pocket. You notice that inside it is well lit and that there is a staircase leading down the roots of the tree into the earth. The stairs spiral down and as you descend down your excitement grows for your adventure into these unknown depths of your inner knowing. Your guide explains that they are taking you to a place where you can acquire the strengths, gifts, talents and skills that you would like to have in this life to make your life happier, more successful and prosperous. As you go deeper and deeper you are aware of feeling stronger, more powerful, more in control, and more able to have the mental clarity and focus about what is important to you for your highest good and wellbeing. You are now able to gain knowledge about what you want and how you need to get it. You now can have all the resources you need to get and achieve your goals.

Finally you arrive at the bottom of the steps and enter into a large underground cavern. The walls and ceiling sparkle and shine with the many gems and crystals. You notice as you look around that they are lots of people busily working away in different areas of the cavern. Some of them appear to be mining for things, and some are making objects with metal and other materials.

Your guide asks you what kind of strengths, gifts, talents or skills you would like today. They tell you that you can have anything your heart desires; that there is no limit to how big or small it might be. They can help you in any way that you choose as long as it is for your highest good and wellbeing. Now is your opportunity to ask for what you want and to tell them why you want it and how you will feel when you get it. They consider your request in a very thoughtful manner, considering the best way to help you. They go over to the many baskets that have been filled with all kinds of objects to select the very thing that you need. The object that they give you is a symbol for what you need, and will magically allow you to acquire the gift, talent or skill you need whenever you need it. Notice what it is? What is it made of and how large is it? What does it symbolize for you, and how will you be able to use it? If you need more than one thing then notice how the other things appear to you.

You are so happy that you will now be able to have, or achieve what you want and desire. It has been your intention to use this gift, talent or skill in certain ways and you are now easily able to understand how you can do that. You feel so much happier, more joyous that you have this now. You can see how it can improve your life in many ways and how you can impact other people's lives in positive ways.

You thank the guide. The guide wishes you lots of happiness and success and says that you can return at any time to receive other gifts, talents and skills for your highest good and wellbeing, you only have to be willing to ask for what you need, be

willing to receive it, and be grateful for what you have and what you can achieve in your life.

You now leave this amazing place with its many treasures and begin to climb the steps once again to return to the garden of serenity, taking your precious gift with you. You notice as you climb the steps that the gift, talent or skill is becoming more and more integrated into your being, that you are more aware of being special and that you have many special gifts, talents and skills that have not been fully utilized in your life and that you now feel empowered to use them in your life to bring joy, happiness, good health, as well as personal and financial success. You like how powerful and strong that makes you feel. You are confident in your abilities and how to use them. You are so pleased with yourself that you cannot stop smiling when you think of your new positive and successful future. You realize that you can have and achieve anything that you want and desire that is for your highest good and wellbeing.

When you reach the top of the steps and exit once again out through the door, the guide shuts and locks the door with their golden key and wishes you good luck on your journey through life. You are aware once again of the mist arising all around you. You stand still knowing that you are safe, watching the mist swirl all around you, and then it begins to descend once again. As it breaks and dissipates, you are aware that you are alone once again in your garden of serenity, and that the door to the magical world of treasures has disappeared into the folds of the old oak tree.

Now in a few moments you are going to awaken from this deep relaxed state. I am going to count from zero to five, and when I reach five you will open your eyes feeling physically very relaxed, emotionally calm, peaceful, feeling mentally very alert, aware and focused, and ready to enjoy the rest of your day.

At zero you are easily and comfortably able to return to this relaxed and peaceful state in this magical realm of unlimited possibilities. You are always able to remember everything that you have heard and learned. 1, slowly and gently becoming aware of your surroundings. 2, becoming aware of your body, your arms and your legs, feeling more refreshed, more relaxed, feeling you have had hours of restful sleep. 3, is that happy number that brings a smile to your face and reminds you of the joys and pleasures in your life. 4, feeling alert, aware and focused, suggestible only to the positive and the good in your life. 5, eyes open, wide awake. 1, 2, 3, 4, 5, eyes open wide awake. 1, 2, 3, 4, 5, eyes open wide awake.

BEING HEARD: BUILDING COMMUNICATION SKILLS

The audio-recording of this guided visualization will be included in the handbook given to the client.

Close your eyes and allow your mind to drift over your entire body. Begin to focus on your breathing once again. Allow yourself to breathe naturally, gently, rhythmically, in and out, and with every breath you exhale you will become more deeply relaxed, enjoying every second as you release and let go of any tension that has been stored in your body. Breathe in peace and tranquility, and allow it to flow freely and easily throughout your entire body, knowing that right now each breath you take allows your body to relax even more.

As you listen to the sound of my voice, and focus and concentrate on my words pay no attention to any other noise or sound that you might hear, for these sounds are sounds of everyday life and cannot distract or disturb you, but will tend to relax you even more.

Picture or imagine a beautiful sapphire blue light moving down, around and through your body washing inside your mouth, bathing your throat, swirling around your ears, caressing your neck, gliding over your tongue, relaxing your jaw, so that the area becomes supple and free. Be aware of any tension and draw the beautiful swirling sapphire blue light to that area so that the tension can be released by the sapphire blue light out into the universe where it can no longer harm you or anyone else. This is the light of truth and it allows you to tap into your own truth. Allow this beautiful swirling sapphire blue light to help ease your fears about expressing yourself. Picture or imagine the beautiful sapphire blue light becoming more intense as you breathe it into your throat.

Be aware of your slow rhythmic breathing and allow each inhalation to increase the intensity of the beautiful sapphire blue light. Each exhalation allows you to spread this sapphire blue light throughout your throat, mouth, tongue, ears and neck, strengthening each area, allowing you to speak your truth, to express your feelings honestly, openly, with compassion to yourself and others. Picture or imagine this beautiful clear sapphire blue swirling light. It is cool but a vibrant blue. It is a translucent, shining, a clear sapphire blue.

Now picture or imagine that this beautiful sapphire blue light shining out into the world, out into the distance, and out in all directions. Picture or imagine it going out to all. You are sending this beautiful swirling sapphire blue light out to the world, to the higher selves of others. Shining, clear, healing sapphire blue light like a searchlight clears the paths of communication. Picture or imagine sending out loving messages to the world down this wonderful path of brilliant sapphire blue light. Send out powerful loving, healing communication with the knowledge and conviction that every thought you think in this moment of clarity will be received by anyone who wishes to receive it.

Now, allow any information that is for your highest good and well-being to enter into your awareness, down this beautiful path of beautiful swirling sapphire blue light. Allow the wisdom about your journey in life, wisdom about your ultimate truth, let any or all positive suggestions, information and guidance simply flow in. You are making contact with that inner center of wisdom and power, which knows what to do and how to do it. Whatever you say, or do, is said and done with complete confidence and self-assurance.

You are aware of your own inner strength. You stand in your truth feeling safe and secure. You see the beauty of life all around you. You believe in yourself, you appreciate yourself and you do good and kind things for yourself and others. You meet each situation as it comes with a calm and quite assurance.

From this time forward with each passing day, you become more and more aware of a wonderful feeling of personal confidence. You can and you do move forward from one positive achievement to another. You are cheerful, energetic and enthusiastic about your life. You are sincere and honest. Your personal integrity is felt by everyone you meet.

Each and every day you attract new and interesting people into your life because you are cheerful, enthusiastic and friendly. As you approach people for the first time, you project warm and friendly feelings towards them. Your smile and your friendly greetings express your sincere feelings towards them. You enjoy being with people. You are unique, charismatic and interesting.

You are a happy person full of imaginative positive thoughts, which you pour forth constantly. Each and every day, you feel more lovable and worthwhile. You recognize and accept the friendship that people offer you, for you truly deserve it. You have a deep and sincere respect for yourself and for your personal worth to others.

You are poised, confident and at ease when talking to people because you feel safe, secure and relaxed. You especially enjoy speaking to people and people like to listen to you when you speak because people enjoy your company and you are a great communicator. People seek your opinions on a variety of subjects and you deliver information in an interesting and witty manner. You are able to speak spontaneously, sincerely and freely. You have a special talent for expressing your thoughts and ideas vividly, with an enthusiasm that favorably impresses everyone. You are able to communicate effectively and powerfully at all times.

Whenever you have a talk or a presentation that you need to give you welcome the opportunity to demonstrate your knowledge and expertise. You are inspired and enthusiastic to share information. You are able to structure your presentation to give both a word picture and a visual illustration of what you are trying to convey. Your talk or presentation is interesting, informative and entertaining.

Whenever you are with a group of people to give a talk or a presentation, you are filled with feelings of friendliness for them. You experience a feeling of warmth and friendship flowing from these people to you. You have the feeling that they are on your side and that they are as interested in you and what you have to say. You are energized in a controlled way because you are enthusiastic to start your talk or presentation. Your energy is persuasive and contagious.

Whether you are sitting or standing, you are perfectly poised, in control of your body, and completely relaxed in your manner. As you look around you smile naturally and easily at everyone.

As you begin to talk, you have the undivided attention of your audience, and it makes you feel so good. You are secure and confident as you speak. Your lips and tongue are flexible, and your mouth is moist. Your breathing is slow, controlled, gentle and rhythmic. Your hands are poised and calm. Your words and gestures flow easily, naturally and smoothly. Your voice is pleasant and melodic. You are easily able to vary the tone, pitch and volume of your voice according to your talk. You speak openly and confidently. You are able to use pauses with dramatic effect to emphasis and enhance certain points you are trying to make. You change the pace of your speech and the intonation of your voice to keep your audience engaged.

You are in control of the situation. Your legs are strong beneath you. You feel grounded. You feel perfectly at ease as you present your ideas in a clear and concise way. Your ideas are quickly and easily understood by others. You communicate effectively and powerfully at all times. You learn as much as you can about your audience so that you can understand and connect with them. You keep your audience engaged as you focus your attention on different individuals in different parts of the room. Your mind is crystal clear, sharp and focused. People enjoy your stories and your quick wit. You are comfortable, energetic and enthusiastic at all times. You are in control of your body and you move around with grace and ease when you need to make use of a stage or a room. You are dynamic, charismatic and passionate when you speak about the things that are important to you. You are able to speak from the heart and leave no doubt as to where you stand. You are an exceptional presenter who exudes enthusiasm and conviction.

People are eager to hear what you have to say, because you are so alive and so vibrant. Your conversation is bright and sparkling as well as informative. You are easily able to draw your audience into your story. Your large vocabulary, your fluency in speech and your clearness of thought creates a quiet authority that flows from you. Your powerful memory serves you well. You practice your talk or presentation so that it flows naturally and easily to you. Your delivery has a conversational feel to it. You make it look easy. Your manner of speaking inspires confidence in others. You are easily able to earn the respect of your audience. You build rapport quickly and involve your audience early and often.

Your presentation is well structured, clearly defined, concise, and informative. You are well organized and your ideas flow in an orderly way. Your handouts and materials are creative, interesting and instructive. You use your visual aids with expertise and precision. You are professional and efficient at all times and in all ways. Your goal is to inform, persuade, influence, entertain, or enlighten your audience.

When others speak you listen and you learn from them. You are able to see their point of view even if you do not agree with it. You are calm and comfortable with that. You express your ideas and opinions in a positive and constructive way at all times. When you speak your voice is strong, calm and vibrant. Your mind flows with concise and yet powerful positive messages. You are easily able to answer any question after a quiet reflective pause. The information flows quickly and easily to you. You are able to remain calm and relaxed as you listen to positive suggestions and constructive criticism about anything that you say or do.

In any and every situation you feel comfortable asking questions when you do not fully understand the information. You state your opinions whenever you are asked, or whenever it is appropriate for you to express them. When there is nothing for you to say, you simply glow with an inner radiance, showing interest. You are so interested in people that you stimulate them to fully express their views in constructive ways before you speak. When words are inadequate you act out the emotions you feel in positive and constructive ways. You demonstrate a level of maturity and perception, which is unique.

When you are called upon to conduct a meeting, you are relaxed and in complete control of the situation. Your face reflects an inner calmness, a sense of well-being and of self-assurance. You take charge and own the room in a poised and polished manner.

Each of these ideas is now making a deep and permanent impression on your subconscious mind and each day of your daily life, you become more and more aware of the powerful expression of these true statements and concepts. You are able to communicate effectively and appropriately at all times.

Now in a few moments you are going to awaken from this deep relaxed state. I am going to count from zero to five, and when I reach five you will open your eyes feeling physically very relaxed, emotionally calm, peaceful, feeling mentally very alert, aware and focused, and ready to enjoy the rest of your day.

At zero you are easily and comfortably able to return to this relaxed and peaceful state in where you can communicate your needs effectively and easily and have them met. You are always able to remember everything that you have heard and learned. 1, slowly and gently becoming aware of your surroundings; 2, becoming aware of your body, your arms and your legs, feeling more refreshed, more relaxed, feeling you have had hours of restful sleep; 3, is that happy number that brings a smile to your face and reminds you of the joys and pleasures in your life; 4, feeling alert, aware and focused, suggestible only to the positive and the good in your life; and 5, eyes open, wide awake; 1, 2, 3, 4, 5, eyes open wide awake.

EXAMINE YOUR VALUES AND QUALITIES

To examine your values and recognize your qualities, please rate your values and qualities on the list below. There are no right or wrong answers. Notice the ones that you rate the highest. In your journal, write about your feelings with regard to these values and qualities that are important to you.

<u>Values & Qualities</u>	<u>Important - Rate 1 to 5</u>	<u>Would like more of</u>
Honesty		
Integrity		
Creativity		
Loving		
Persistence		
Intelligence		
Adventurous		
Forgiving		
Peaceful		
Positive		
Hard-working		
Diligent		
Consistent		
Happy		
Joyful		
Present		
Amusing		
Brave		
Courageous		
Trustworthy		
Spontaneous		
Playful		
Dependable		
Compassionate		
Congruent		
Accepting		
Patient		
Entertaining		
Influential		
Sincere		
Spiritual		
Glamorous		
Freedom		
Attractive		
Healthy		
Discerning		
Sensitive		

<u>Values & Qualities</u>	<u>Important - Rate 1 to 5</u>	<u>Would like more of</u>
Elegant		
Inspiring		

SELF-FORGIVENESS AND FORGIVENESS

Self-forgiveness is a kind and compassionate action that you can do for yourself. When you forgive yourself for the thoughts, beliefs and actions of the past, you can let go of the old emotions attached to them such as blame, shame, guilt, and fear from the trauma of CSA.

If you grew up with an abundance of approval and affection from your social environment, particularly from the significant people in your life, you are more likely to have high levels of self-esteem than if you came from a less favorable social learning environment. Healthy self-esteem comes from the nurturing and safe environment in which activities and risks resulted in accomplishments, recognition, and pride.

The feeling of being unable to predict or control events is a result of the CSA trauma experience. You may have experienced a generalized paralysis and learned helplessness which affects other areas of your life, and can increase your vulnerability to subsequent victimizations. You may have adopted less healthy resolutions by the use of strict behavioral regimens or emotional denial, or compensating with control and manipulative behaviors over other people. Emotional denial is common in CSA survivors who have been raised in uncontrollable, alcoholic environments. You may have lied to yourself and others about your real feelings, denied pain or problems, judge yourself harshly, and have difficulty having fun.

WRITING LETTERS TO PERPETRATORS AND NEGLECTFUL PARENTS

Writing letters that are not mailed but discussed in session with your therapist, and empty-chair techniques where you role-play the conversation from your point of view and then answers from the perpetrators point of view, and group therapy psychodrama can be used so as to simulate confrontations with all members of the incestuous family are interventions that can be used in place of confrontation of the perpetrator and other family members.

Some people see the confrontation with the perpetrator as some kind of rite of passage in which the individual sheds their identity as a victim and casts off their role as the guardian of the family secret. Unless the perpetrator has expressed remorse and made some kind of apology for their actions, the confrontation may not result in the healing that the victim is looking for from the perpetrator.

You may choose to talk about your CSA with another person who is important to you, and that the ability to talk about the CSA with other trusted people that will support you has great therapeutic benefits. It is suggested that discussion and preparation to reveal information to an intimate partner or other person be made with your licensed counseling professional so that you can feel as comfortable as possible discussing your CSA history.

YOUR BODY IMAGE

CSA can cause problems with your body image due to feelings of disconnection or disassociation from your body, or rejection of your body. This assignment allows you to realistically look at your body to find what you like about your body, to be realistic, and nurturing to your body.

You can complete this assignment first with your clothes on, and then when you feel comfortable without your clothes on. It is suggested that looking in a mirror and starting at the top of your head that you slowly work down your body towards your feet. Record your answers to the following questions in your journal and share them with your licensed counseling professional:

What do you like most about each part of your body and why?

Is there any part of your body that you dislike and why?

How can you take care of each part of your body?

How can you nurture your body?

How would you like your ideal self to look?

YOUR IDEAL SELF GUIDED VISUALIZATION

The audio-recording of this guided visualization will be included in the handbook given to the client.

Close your eyes and allow your mind to drift over your entire body. Begin to focus on your breathing. Allow yourself to breathe naturally, gently, rhythmically, in and out, and with every breath you exhale you will become more deeply relaxed, enjoying every second as you release and let go of any tension that has been stored in your body. Breathe in peace and relaxation and allow it to flow freely and easily throughout your entire body. Knowing that right now each breath you take allows your body to relax even more.

As you listen to the sound of my voice, and focus and concentrate on my words pay no attention to any other noise or sound that you might hear, for these sounds are sounds of everyday life and cannot distract or disturb you, but will tend to relax you even more. Acknowledge any thought that comes into your mind and allow yourself to put it aside at this time knowing that you will remember what needs to be done so that you can take care of it at a later time, because at this time you are choosing to focus on this important work on your higher self.

Now picture of imagine that there is a special magical mirror in front of you. Allow an image to form for your ideal self. This will be an image of you as you would most like to be. Welcome the image into your awareness. Allow it to be whatever image comes, without judgment. It is what you decided to design for yourself. You are in control of this image.

Notice how you look. Notice how you move, your posture, how you are dressed, and how you seem to feel. As you continue to closely observe your ideal self, get a sense of the essential qualities of how you look that make it ideal. What are the qualities in this ideal self that you really appreciate and value?

When you are ready, allow yourself to merge with this ideal self. Go ahead and merge into this wonderful and amazing person. You can do it. You deserve to feel this way. Become this self that is exactly as you would like to be. Notice what this is like. How does it feel? What does the world look and feel like from this perspective?

If you had a motto or saying, what would it be? Notice how it feels to be this ideal self, and notice where you feel those ideal qualities in your body. Do they center or concentrate somewhere? Allow those qualities to spread throughout your body, radiating outward and filling the whole of your body.

Now, breathe into this ideal self. It is you and you can be whoever and whatever you want to be. You know that you are who you want to be at any time. You can be proud of yourself. You are loveable. You can create the life you want for yourself. Now

in a few moments you are going to awaken from this deep relaxed state. I am going to count from zero to five, and when I reach five you will open your eyes feeling physically very relaxed, emotionally calm, peaceful, feeling mentally very alert, aware and focused, and ready to enjoy the rest of your day.

At zero you are easily and comfortably able to return to this relaxed and peaceful state in where you can be this ideal self that you want to be. You are always able to remember everything that you have heard and learned. 1, slowly and gently becoming aware of your surroundings; 2, becoming aware of your body, your arms and your legs, feeling more refreshed, more relaxed, feeling you have had hours of restful sleep; 3, is that happy number that brings a smile to your face and reminds you of the joys and pleasures in your life; 4, feeling alert, aware and focused, suggestible only to the positive and the good in your life; and 5, eyes open, wide awake; 1, 2, 3, 4, 5, eyes open wide awake.

CREATE YOUR OWN MEANINGFUL HEALING RITUAL CEREMONY

A ritual ceremony can be used either at the completion of therapy, or at a point in the therapy when you feel that you have achieved a certain level of wellness and you have been able to forgive yourself has been found to be an effective treatment. The ritual ceremony can fulfill a spiritual component in healing and can be used as a “rite of passage” into a positive and healthy future. You can create your own individualized therapeutic spiritual ritual ceremony with your licensed counseling professional that attempts to reach your subconscious to release your emotional burdens and assist in empowering you make the transition toward healing.

You can create a therapeutic ritual ceremony with supportive and loving family and friends, or you can perform the ritual ceremony with your licensed counseling professional. The therapeutic ritual ceremony may include photographs of your family and the perpetrator (which may be burnt during the ceremony), letters expressing feelings that may or may not be sent to the family and perpetrator, lighting candles, reading journal entries from the healing journey, books that have given inspiration, symbols of religion or spiritual practices (such as crosses, ceremonial clothes, incense, bells, drums, singing bowls, etc.), releasing balloons or butterflies representing the release of physical or emotional pain caused by the CSA, symbols of nature, ceremonial food and drink, and prayers and meditation that have meaning. The therapeutic ritual should be personally meaningful to and a decision by you, as opposed to being a customary practice of your licensed counseling professional. You should not be compelled to do a ritual if you are not comfortable doing it.

Rituals and ritual ceremonies provide a sense of order, release, completion, celebration and recognition of accomplishment that, consciously or unconsciously, helps you deal with past events, major transitions, and future goals.

DESIGNING YOUR FUTURE BY SETTING AND ACHIEVING GOALS

Many adult survivors of CSA report a profound sense of lost opportunities in realizing desired goals in both their work and personal lives. CSA survivors when compared to other people with PTSD from other traumas have more problems in achieving expected life milestones in employment, marriage, parenting, and income because they have more relationship failures, problems with substance abuse, experience domestic violence, and other forms of revictimization.

You are capable of designing your own future. It starts with a dream. You can visualize your own bright, happy, healthy future.

The following guided visualization will help you realize that you can write your own new story for your future. The book is ready to be written. In your journal, record your experiences and information that you received, and discuss them with your licensed counseling professional.

VISITING THE LIBRARY GUIDED VISUALIZATION

The audio-recording of this guided visualization will be included in the handbook given to the client.

Close your eyes and allow your mind to drift over your entire body. Begin to focus on your breathing. Allow yourself to breathe naturally, gently, rhythmically, in and out, and with every breath you exhale you will become more deeply relaxed, enjoying every second as you release and let go of any tension that has been stored in your body. Breathe in peace and relaxation and allow it to flow freely and easily throughout your entire body. Knowing that right now each breath you take allows your body to relax even more.

As you listen to the sound of my voice, and focus and concentrate on my words pay no attention to any other noise or sound that you might hear, for these sounds are sounds of everyday life and cannot distract or disturb you, but will tend to relax you even more. Acknowledge any thought that comes into your mind and allow yourself to put it aside at this time knowing that you will remember what needs to be done so that you can take care of it at a later time, because at this time you are choosing to focus on this important work on your higher self.

Now picture or imagine that in front of you are the doors to the Library where all knowledge of the universe is stored. It is a grand and beautiful library where you can obtain any and all information about anything through all directions of time and space. As you look at the Library entrance you notice that the doors have opened wide to welcome you in. With excitement you enter into the Library to discover any information that is important to you. Look around to observe the beauty of the high, vaulted ceilings, the stained glass windows, and the massive columns. Notice the polished marble beneath your feet and the walls that are paneled in rich smooth hardwoods from floor to ceiling, and that there are rows upon row of books in every direction. This is the Hall of Records. As you look around at the comfortable seats and tables that have been arranged either in groups or in areas for privacy you feel a sense of wonderment. Notice the shafts of light that illuminate the beautiful interior. The air smells fresh and sweet and the temperature feels just right to you. You are comforted by feelings of serenity, peace, and the magnificence of this incredible place that surrounds you.

To your right you notice that there is a desk and seated behind the desk is a Librarian who is ready and willing to direct you to the area that you need to visit. You recognize this guardian of the records who has been expecting you, and they give you a welcoming smile and greet you by name because you have been here many times before. You now explain what you want to know and why you are here. The Librarian listens attentively to your request and directs you through the seemingly endless corridors, past shelf after shelf piled high with books to a particular area of books that will give you information and answer any question you might have about the possibilities for your life. You find your own name inscribed on the shelf in beautiful lettering. Now take a moment to survey the books that are on this shelf. There are many books on this shelf

describing different events and people in your life. Observe the succession of different colored spines placed in chronological order from left to right. You will notice that since this life is not yet over, its record has not yet been completed. You have many possible choices that you can make in this life from this point forward, and you now realize that you have the opportunity to write the rest of your books.

There are also books that can help you design your own future, and books that can answer questions that are important to you. Now picture or imagine a question you want answered now. Feel the confidence grow from within as the required book or books are illuminated and come within easy reach. You know and understand instinctively that you can retrieve any book that you choose to read. You can remove the book from the self and hold the volume in your hands so that you can feel the texture of its cover, or you can have the book transported to a table if it is too large or heavy for you to handle. You know that in a few moments you will be able to open its pages to observe the contents of that book. You may choose to look at any aspect of your life, family, education, career, relationships, or health, past, present or future. You can obtain information about anything that concerns you. You feel no fear or apprehension when you open any of the books which may appear as a book, a photo album, a talking book, a movie or any other way or method that information can be conveyed to you. What is contained in the book presents no surprises because you are merely looking at a record. You have many choices, there is no right or wrong future, only what you want and desire in your life for your highest good and well-being.

Now go ahead and open the book and examine whatever section of the life or information that you have chosen to explore. If you need assistance with focus or clarification to understand you can ask your librarian for help or guidance. Now absorb the record calmly, passively, and without any emotion. You have all the time you wish and need. When you have seen all there is to see, just close the book to signal that you are finished. Now take a few moments to integrate all the information you have learned so that you will be able to remember everything in its proper perspective. The Librarian who is waiting patiently some distance away will replace the book back on its shelf. The Librarian motions for you to follow them once more through the labyrinth in the library back to the entrance. Before you leave the librarian, ask them if there is any further information they would like to give you at this time? If you have any other question to ask them, please ask it now. When you are ready to leave this peaceful place thank your librarian for their assistance and say goodbye knowing that you can return at any time to the Library to write in your books, ask questions, and find out information.

Please thank the Librarian for their assistance and bid them farewell for the time being, knowing that you can return at any time for further information, study or contemplation. Each and every time that you return to the Library your confidence in your abilities to retrieve accurate information will increase and you will find that the time taken to retrieve information will get shorter and shorter until the process is accomplished within a few seconds of your asking for information and receiving the answer. At the same time you will still be able to feel that deep sense of relaxation, peace and security that comes from visiting this amazing library.

Now in a few moments you are going to awaken from this deep relaxed state. I am going to count from zero to five, and when I reach five you will open your eyes feeling physically very relaxed, emotionally calm, peaceful, feeling mentally very alert, aware and focused, and ready to enjoy the rest of your day.

At zero you are easily and comfortably able to return to this relaxed and peaceful state in where you can be this ideal self that you want to be. You are always able to remember everything that you have heard and learned. 1, slowly and gently becoming aware of your surroundings; 2, becoming aware of your body, your arms and your legs, feeling more refreshed, more relaxed, feeling you have had hours of restful sleep; 3, is that happy number that brings a smile to your face and reminds you of the joys and pleasures in your life; 4, feeling alert, aware and focused, suggestible only to the positive and the good in your life; and 5, eyes open, wide awake; 1, 2, 3, 4, 5, eyes open wide awake.

MAKING YOUR GOALS SUCCESSFUL

What is a Goal?

A goal can be described as a desired outcome. I use "desired" because it is something you are seeking, something you want, and something you are willing to strive for and put energy into. "Outcome" means that it has a positive result, and it is an achievement. A goal is designed to propel you forward in your life and career.

Your goal needs to be based on reality, challenging but reachable, has to be quantifiable which means that you can measure or count it, and your goal needs to be associated with some timeline or deadline.

A goal should be flexible enough in case you need to change or modify your goal due to external or unknown influences at the time of setting your goal.

Although a goal can be an end in itself, many goals help with other areas of your life. Some goals are used as stepping stones to other goals that emerge as you realize one desirable outcome after another.

Types of Goals

- **Therapy:** Issues and problems that you wish to work on.
- **Mental:** The functions of your mind including memory, concentration, learning, creativity, reasoning, and mathematical abilities.
- **Physical:** The many functions of your body including overall fitness, weight management, nutrition, skills and abilities, agility, and endurance
- **Family:** Your relationships with the special people you consider to be part of your family. A list of aspirations, including things you would do together.
- **Social:** Your relationships with others outside your family and outside your business.
- **Spiritual:** Your connection to “the self”, your intuition, and your soul. You can include your relationship between you and God or Higher Power. It can be defined as the philosophical and humanitarian areas of your life.
- **Career:** Your involvement in your chosen field, both on and off the job.
- **Financial:** The management of your financial resources and obligations.

GO FOR IT – YOU CAN DO IT

GOAL QUESTIONNAIRE

First take a moment to reflect back on the events of the past year, to see what you learned and achieved, and then think about what changes you want or need to make during the next three to five years. Try to be honest as possible with yourself since this is designed to help you achieve what you want in life. Use your journal to record your answers to the following questions:

- Do you feel better off and happier now than you were a year ago? Better? Worse? The same?
- List any goals you set for yourself in the last year.
- What goals did you achieve and which ones fell by the wayside?
- Have you done the things you wanted to do with your time? List any habits that you have developed that need changing?

For each area of your life, think back over the last year and identify what were your successes, accomplishments, etc.?

- Therapy Goals
- Physical
- Financial
- Career
- Emotional
- Mental
- Social
- Family
- Relationship
- Spiritual

What were your biggest disappointments, failures, things you avoided?

- Physical
- Financial
- Career
- Emotional
- Mental
- Social
- Family
- Relationship
- Spiritual

What are your top goals for each area of your life this year? What would you like to achieve in the future?

- Therapy Goals
- Physical
- Financial
- Career
- Emotional
- Mental
- Social
- Family
- Relationship
- Spiritual

From the above list take one goal and describe your goal or dream in positive terms. State what you want rather than what you don't want. (Make sure it is stated in the present tense.)

- Think through your goal using all five senses. What images, feelings, sounds, smells, and tastes do you associate with your goal?
- Describe what your healthy, happy, successful, and fulfilling life will look like and how I will feel having accomplished your goals.
- Why is this goal important to you?
- It is possible to achieve this goal?
- Do you believe you can reach this goal?
- Is this goal is desirable and worth it.
- What is the ultimate benefit in your achieving your goal? What will achieving your goal do for you?
- Do you deserve to achieve this goal?
- Do you take full responsibility for the accomplishment of this goal?
- Define your evidence that lets you know your goal is accomplished. How, specifically do you know that you have your goal?
- Are there any possible downsides to accomplishing your goal? Take the point of view of anyone else that will be affected by and can influence your achievement of you goal. How will other people perceive and react to your actions or plans?

- Is achieving this goal in alignment with my integrity and values and is it good for every area of my life?
- Identify any barriers to achieving your goal and what you plan to do to address them. What could stop you from reaching your goal? Is there anything you could lose to attain your goal.
- What qualities, abilities, or support do you need to effectively deal with these potential problems. What obstacles might prevent you from accomplishing your goals?
- What resources do you already have at your disposal to achieve your goals? How much will it cost? Do you need help writing a budget?
- Do you need a marketing plan? What marketing tools do you need?
- What qualities do I have or can I develop that will ensure that I achieve what I desire?
- Do you have the skills necessary to achieve this goal? If not, list what you need and how and where can you obtain the skills?
- Do you have the equipment, location, etc. to accomplish this goal? If not, what do you need and where can you get them from?
- What is the deadline? How long will it take to accomplish your goal?
- List other people it would be beneficial for you to know.
- Who do you have lined up to help you, support you, and back you? Do you have a mentor or an advisor?
- What new groups, networks, or organizations do you need to join?
- What newsletters and publications etc. do you need to receive to be informed?
- What functions do you need to be attending in the next day, week, or month?
- What groups would be interested to hear my presentation?
- What activities do you need to do to get started?

WRITING A CONTRACT WITH YOURSELF

It is important to write a contract about your goal. It is a statement of your intention to do something for yourself that is important to you and shows your commitment to your well-being and success.

Displaying your contract in prominent places such as on the fridge, appointment book, on your bathroom mirror, or on your computer serves as a constant reminder and commitment to yourself as well as allowing you to remain focused on what is important to you.

If you choose to give a copy of your contract to someone else, make sure that you get their support so the plan will work. You will need to devise a schedule whereby this person periodically asks or reminds you about your commitment to the goal.

**I, _____ agree to accomplish the following goal before
_____ (date), and hereby do formally contract myself to achieving this
goal. This goal is challenging but reachable, and I willingly accept the challenge:**

My goal is to:

My goal is important to me because:

In support of this goal, I will undertake the following activities:

Signature: _____

Date: _____

GOAL PLAN OF ACTION

You need to establish a detailed action plan with specific steps and deadlines for attaining each objective. It may be helpful to break the list down into steps or sub goals, each with their own deadline or timeline, and actions needed to be taken. There are fewer tendencies to procrastinate or be overwhelmed if you have chunked down the task.

Try to be as realistic as possible about the deadlines or timelines. If you set too short a timeline for a challenging but reachable goal, you may render that goal as unreachable. Conversely, if you allow too much time, the goal may no longer be challenging.

Remember you may find yourself shifting timelines as you become more knowledgeable of the realities of accomplishing your desired goal. Again, this is not an excuse to change your timelines at will but simply an acknowledgment that planning to pursue a goal and actually pursuing it represents different kinds of activities.

GOAL STATEMENT

Start Date: _____

Steps or Sub-goals

1. To be completed by: _____ Reward: _____
2. To be completed by: _____ Reward: _____
3. To be completed by: _____ Reward: _____
4. To be completed by: _____ Reward: _____
5. To be completed by: _____ Reward: _____

Finish date: _____

GOAL VISION BOARD

Collect photos, pictures from magazines, make drawings, sayings, etc. that help you in pursuing your goal. They can be anything that will help you to keep your goal in focus. You might want to make up a diploma or certificate, similar to one that you would acquire or one that you would give yourself. You might want to write out a check for the amount of money that you will make from a source that this income would come from. Make a collage of all the items and frame it so that you can display it in a prominent place.

When you want to build a new image of yourself, look at other people and decide what you like and want for yourself. Next put all your choices together to make a composite image of what you really want to look like, and print a picture so that the image that needs to stay in your mind all the time is in constant view. That way every time you think about yourself, just think about yourself the way you want to look.

By keeping your new self-image constantly in your mind, the things you need to help you achieve that image will come into your life in a balanced, natural way, and will be easy to accept. Your new self-image will be very powerful and will bring healthy, natural, positive changes into your life. By putting attention on anything with feeling draws it into our lives more quickly. Any feeling will help to create a driving force in the subconscious when using the focused imagination to effect a change.

Now imagine yourself performing some activity in your new body. What are you now thinking about yourself? How do you feel?

Imagine a scene or picture you can instantly focus upon at any time. Choose the image carefully. What are you wearing? How do you feel? Use all your senses.

In your journal, first describe in words what it is that you desire to achieve.

FINAL WORDS ABOUT GOALS

Everyday take five to ten minutes before you go to bed to chronicle the adventure of your process, feelings, events, and choices in pursuit of your goal.

Each day restate the goal that is important to you. By restating your goal each day in writing reminds you to remain focused on your desired outcome.

By chronicling the actions that you accomplish each day you are acknowledging that you are working towards your goal and that this is a process with a series of steps.

Each day reward yourself for accomplishing tasks on your action to-do list. In your Goal Calendar you will have identified rewards that you wish to give yourself at various intervals. You may also like to schedule into your calendar smaller rewards such as giving yourself a hug, taking time to chat with a friend, or reading a magazine.

Write down the actions that you want to take the following day so that you are thinking about the next step towards achieving your goal. It also helps you to organize your thoughts about what is important in your life.

Choose three affirmations each day to write in your journal. It is ideal to use an affirmation for 21 days to reinforce that belief. After this time, or if the affirmation does not quite meet your needs, select a new one that suits you better. If at any time you find that negative statements come into your mind when you write a particular affirmation, then say that affirmation out loud at least 10 times while looking at yourself in a mirror. Smile at yourself before, and after you say the affirmation as this will help give you the positive reinforcement you need for approval of this new belief.

DAILY GOAL JOURNAL

The following is an example that can be used in your journal as a daily reminder of what you need to do:

Date:

My Goal:

Today's Accomplished Actions Towards My Goal:

Today's Reward:

Action To Do List For Tomorrow:

Daily Affirmations:

**Congratulations on taking the time to help yourself
achieve the success you want in your life.**

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