

TELLING THE SECRET: CHANNELS OF COMMUNICATION FOR THE RECOVERING SURVIVOR OF CHILD SEXUAL ABUSE - A LITERATURE REVIEW

In order to develop strategies, instruments, and programs designed to facilitate self-disclosure and the cultivation of healthy relationships for victims of childhood sexual abuse, an understanding of the nature of the crime; our society's perception of the crime; the nature of the victim's experience and the interpersonal impact of their victimization; and the relationship of sexual abuse, communication, and intimacy is gleaned from the literature. Finally, the importance of establishing healthy internal and external communication habits and a review of formal and informal therapeutic techniques are presented.

THE NATURE OF CHILD SEXUAL ABUSE

Defining Child Sexual Abuse

Engel (8)§ states that child sexual abuse "includes any action on the part of an adult or an older child toward a child that is intended to sexually stimulate either the older person or the child." Based on this definition, it can be seen that sexual abuse encompasses a much broader spectrum of behaviors than often considered to be characteristic. Some behaviors that many interpret as normal or acceptable are classified as abuse solely on the basis of intent. For example, Schultz (155)§ and Engel (13)§ both state that nudity in the home in and of itself is not abuse, but, as Schultz (155)§ puts it, "nudity with the intent of adult gratification or intimidation of the child" is abusive. There is disagreement in the literature on the range of behaviors that are classified as sexual abuse. Included in both Engel's and Schultz' lists of sexually abusive behaviors, which are representative of much of the literature, are exhibitionism, nudity, disrobing, genital exposure outside of household privacy norms that affords the adult sexual gratification; voyeurism or observation of the child, such as watching a child undress, bathe, or use the bathroom inappropriately (out of the range of appropriate monitoring of a child); "kissing, in which the adult gives the child lingering or intimate kisses, especially on the mouth and perhaps with the adult's tongue stuck in the child's mouth;" "fondling, in which an offender touches, caresses, or rubs a child's genitals or breasts, or has the child similarly touch his/her body; rubbing a child's back, head, or other `nonsexual' part of the body if its intent is to engage the child in a situation that will lead to actual sexual behavior," including masturbation; "fellatio or cunnilingus, in which an adult forces a child to have oral-genital contact with him/her or in which the child is forced to submit to oral-genital sex performed by the adult;" and vaginal or anal penetration with a finger, penis, or object.

Engel (13-14)§ expands the list of behaviors to include some of the more covert forms of sexual abuse, as well as another blatantly physical behavior. These behaviors that are not universally specified in the literature as abuse are *approach behavior* or *covert sexual abuse* in which the adult makes direct or indirect sexual suggestions to the child, including sexual looks, innuendos, and suggestive gestures; inappropriate emotional sexual bonding by an adult with a child, often as the result of marital dysfunction (This

use of a child to meet adult emotional needs is easily sexualized and romanticized.); exposure of a child to provocative, sexual language and name-calling, sexual humor, or pornography; and "dry intercourse" in which the perpetrator rubs his penis between the child's thighs or buttocks.

The Dynamics of Child Sexual Abuse

The literature makes it clear that, despite its name, sexual abuse is not an expression of sexuality. Like rape, it is one person's exertion of will on a weaker other. It is an expression of anger, insecurity, and isolation (Engel 23§). It is a manipulative, coercive, and aggressive intrusion of an adult or older child on the mind and body of a young child. In the book, *The Sexually Abused Male*, Jim Struve (35§) quotes Groth's and Birnbaum's (*Men Who Rape*, 1980) comment on rape, asserting that it pertains equally to child sexual abuse.

"Rape [or sexual abuse] is a pseudo-sexual act, complex and multi-determined but addressing issues of hostility (anger) and control (power) more than passion (sexuality). To regard rape [or sexual abuse] as an expression of sexual desire is not only an inaccurate notion but also an insidious assumption, for it results in the shifting of the responsibility for the offence [sic] in large part from the offender to the victim."

Sexual abuse often is a repeating pattern (Engel 17§). Many children who are abused grow up to be abusers. There is generally a history of abuse and neglect in the childhood of an abuser. A victim's expression of deep-seated anger as a result of abuse often takes the form of repeating the abusive behaviors to which he/she was subjected. Males are more likely to become abusers as a result of their own abuse than are females because of the added dimensions of homosexuality (the majority of abusers are male) and the social pressure to be a dominator/aggressor instead of a victim. These attributes can cause the male victim to identify with the abuser instead of other victims; subsequently, he may express his identification as hostility, antisocial behavior, and abusiveness (Schetky Error: Reference source not found; Engel 22§).

The Incidence Rate of Child Sexual Abuse

Sexual abuse is pervasive in its practice within our society. Estimates of the number of people affected vary widely, owing, in part, to the personal and compromising nature of the crime. Yudkin (246§) cites recent studies that indicate that about one-third of American females are abused before the age of eighteen. Therapist, Beverly Engel (xiii§) cites experts that believe that 50 percent of American women are sexually abused as children. Lewis (study in 1985), using a random nationwide sample of 1,374 women found that 27 percent of them had been sexually abused (Jehu 3§). Russell (studies in 1983, 1986) reports that 50 percent of her sample of 930 California women had been victims (Jehu 4§). Wyatt's survey of 248 women in the Los Angeles area showed an incidence rate of 55 percent (Jehu 4§). It is expected that differences in the reported incidence rates can be attributed to (1) the reluctance to report abuse, (2) the varying concepts of what behaviors are considered to be abusive (Wyatt and Peters, 1986, p. 238 in Urquiza and Keating 92§), (3) factors such as education levels, socioeconomic status, geographic location, etc., and (4) methodological differences in the studies, such as sample choice and method of administering the survey instrument (Jehu 5-7§).

SOCIETAL PERCEPTIONS OF CHILD SEXUAL ABUSE

Long a taboo for open discussion, sexual abuse is cloaked in social stigma and mythology. Misconceptions abound, unchallenged by the light of truth. From the mechanics of its perpetration to the intensity of its effects, the general population is unaware of what this interpersonal cancer does to the lives of its adult survivors and those who love them.

Most people believe that the perpetrators of sexual abuse are male strangers; however, in three-quarters of cases, "the culprit was not the candy-offering stranger we were all taught to fear, but an adult the child knew and trusted" (Yudkin [246§](#)). "An estimated 90 percent of sexual abuse is at home or at the hands of someone known to the family. The majority of perpetrators are relatives, most notably fathers, stepfathers, uncles, grandfathers, older siblings, as well as mothers, grandmothers, and aunts" (Engel [22-23§](#)). Other female abusers might include older cousins, babysitters, older girls in the neighborhood, and female teachers and coaches (Engel [16§](#)).

While it is popularly believed that far more girls are sexually abused than boys, current research estimates show that one in every three children (including boys) is abused (Engel [19§](#)). This belief is perpetuated by the fact that many more girls report incidents of abuse, because the boys are victim to social stigmatization due to the great possibility that their abuse was at the hands of another male. Another force that impedes the reporting of abuse by boys is the social trivialization of their experience. When a boy is abused, he is revictimized by his culture and by himself because of the expectation that he should be able to defend himself (Engel [19§](#)). There is the tendency in our culture to empathize with female victims but to believe that a boy is not affected much by an abusive experience; he is expected to be able to "tough out" the emotional fallout. Romanticization also trivializes the boy's experience (Engel [21§](#)). He is seen as having a "head start" in his sexual life, something our society believes every young male wants. Consider the popularity of movies like *The Summer of '42* (Trivelpiece [56§](#)). What was romanticized as a young boy's fortunate initiation into sexuality by an older woman was actually an experience of seduction, emotional manipulation, and physical violation. Even if a boy chooses to "play the game" of the social stereotype of a sex-hungry young male, he will suffer emotional consequences that are buried more deeply by the charade.

Brother/sister sex is often viewed as a mutual encounter (Engel [18§](#)). Same-age sibling or peer sexual experimentation are normal events that, handled calmly and used as an opportunity for education by any adults who may discover it, can be harmless. However, the brother/sister abusive encounter "most often occurs when an older sibling coerces, threatens, or forces a younger sibling into sexual acts that the younger child is ill equipped to handle." If there is an inequality of power, there is abuse (Engel [18§](#)).

Misperceptions of degree are also responsible for the trivialization of abusive experiences. The belief that "there is no problem if it only happens once" is grossly insensitive to the effect that such a highly charged emotional and physical experience can have on a child who does not have the developmental sophistication to place the act in proper perspective, recognizing the deviance of the perpetrator and absolving him-/herself of all guilt (Engel [14§](#)). An equally obtuse evaluation of inappropriate advances toward a child is that "if there is no penetration, there is no abuse" (Engel [12§](#)). Regardless of the

act(s) performed or the number of times the violation takes place, the physical and emotional violation of child sexual abuse has lasting effects on its victims. "Sexual abuse is the most shaming of all abuse. It takes less sexual abuse than any other form of abuse to produce shame" (Bradshaw 48§).

THE EXPERIENCE AND EFFECTS OF CHILD SEXUAL ABUSE

Schetky (38-41)§ focuses on contradictions in many of the widely cited studies concerning whether or not variances in effects between sexual abuse victims are the results of variables of incident-specific demography, behavior, and surrounding psychological climate. These factors include the age of the victim and the age difference between the victim and the perpetrator; the sex of both the victim and the perpetrator; the degree of violence involved in the abuse, as well as the type of abusive acts perpetrated; the relation of the perpetrator; and the victim's family support system.

Regardless of the interplay of these factors, the assault of child sexual abuse affects victims across all levels of their lives. They are often physically damaged and sexually stunted, and their relational capacities are thwarted by a host of fears and misconceptions seen only through the dark glass of their victimization. Schetky (49)§ states "the development of diverse symptoms may help the child accommodate to this dysfunctional environment while she is trapped within it. However, as noted, too often this symptomatic adaptation persists into adult life, rendering the victim dysfunctional."

Schetky (47-48)§ illustrates that the issue of traumatization is important to the understanding of the complexity of the adaptive behaviors of childhood sexual abuse victims. Many studies have drawn parallels between sexual abuse victims and those who suffer from posttraumatic stress disorder, an affliction that plagues many Viet Nam war veterans (Goodwin 62§; Blume 78-80§; Schetky 43§).

Physical Effects

Somatic complaints are common among abuse survivors. Engel (15-16)§ reports a wide range of typical manifestations, such as frequent sore throats; difficulty swallowing; migraines; unexplained vaginal/anal pain; frequent bladder/vaginal infections; skin disorders; numbness; and tingling in the arms/legs. Yudkin (248)§ adds memory loss to the list of somatic disorders.

Emotional Effects

The trauma of sexual abuse is an offense to the victim's emotional core, and its effects are life altering and severely damaging. Engel (12,15,17,60)§, Yudkin (248)§, Schultz (146)§, Bradshaw (48)§, and Ratican (34)§ concur on and enumerate a range of emotional problems often experienced by abuse survivors. This list includes anger/rage outbursts; mood swings (from depressed to extreme anxiety); dissociation; time blockages; extreme fears/phobias; addictions (food, drugs/alcohol); compulsive/obsessive behavior; flashbacks (triggered by sights, sounds, smells, touches); abusive behavior (pattern repetition); self-destructive behavior (suicide and self-mutilation); eating disorders; nightmares; overwhelming confusion; severe guilt and shame; and helplessness. Urquiza and Capra (108)§ add the behavioral manifestations of bed wetting (past the age of eight), destruction of property and fire setting, and general delinquency.

COMMUNICATION, INTIMACY, AND SEXUAL ABUSE

Interdependence of Communication and Intimacy

Stewart (4)§ states that "interpersonal communication can happen between [people] when each of [them] makes available some of what makes [them] persons and when each is aware of some of what makes the other a person too." He defines intimacy as "a process in which [people] attempt to get close to [each other]; to explore similarities (and differences) in the ways [they] both think, feel, and behave" (Stewart 25§). This "making available" and "exploration" require, at the very least, a nominal level of openness and vulnerability on the part of each person engaged in communication and striving for intimacy. The violation of both mind and body that survivors have been forced to endure consumes much of the psychic energy needed to establish personal togetherness and blocks many of the pathways that can lead them to sharing their lives with others. Intimacy requires self-awareness, responsibility for one's feelings, and vulnerability—all of which are very difficult for the . . . survivor (Blume 253§).

The pathology of the survivor's interpersonal communication may be characterized by the projection of motives onto others (Engel 32§) [implicit personality attribution (Stewart 145§)]; a hypersensitivity to a breach of trust or forceful (seen as aggressive) behavior (Engel 11,15,60§; Bass 36,191§; Yudkin 247§; Jehu 108-109§; Ratican 34§); self-doubt (Engel 25,45§); avoidance of the exposure of "the secret" (Jehu 155§); intensely self-denigrating, angry, and frightened internal monologue (Ratican 34§; Engel 12,15,26§; Yudkin 248§; Jehu 107-108§; Schultz 146§; Bradshaw 48§); the inability to ask for needs to be met (Bass 27,191§; Engel 15§; Yudkin 249§; Ratican 35-36§); and explosive anger (Goodwin 66§; Ratican 34§; Engel 15§).

Affected Relationships

A shroud of betrayal and anger is cast over a boundless range of relationships as the result of direct or complicit involvement in sexual abuse. Survivors of child sexual abuse learn at an early stage in life to distance themselves from their emotions to avoid the pain of what is happening to them. This distancing results in a significant internal and external communicative isolation of survivors from themselves and others. Personalities dissociate, repress, even split in response to the violation of trust, shame, fear, and self-blame that are the daily internal reality for sexual abuse survivors. Self may become separated from the body, the emotions, the experience of childhood, even from other internal selves who are conceived of the trauma (Schetky 42-45§; Engel 15§; Yudkin 248§). The bonds between self and other that may have existed or might have formed are severely damaged if not lost completely. These manifestations of and adaptations to the trauma of childhood sexual abuse often result in obtrusive personality characteristics that inhibit social interaction and self-disclosure, consequently seriously restricting communication and the formation of intimate relationships.

Numerous studies have found that survivors have significantly higher levels of difficulty forming and maintaining intimate relationships than their nonabused counterparts (Ratican 33§). "Because [survivors] perceive the entire external world as dangerous and overwhelming, they do not have the autonomy to move toward new objects, and determinedly avoid significant relationships" (Schultz 148§). The insidiousness of many

sexually abusive behaviors, added to the already covert and repressed nature of the problem, compounds the difficulty of gauging its depth and readily identifying the dynamics of the interplay between the psychology of the abused and his or her style and level of success in the communication process and intimate relationships.

Survivors generally have difficulty trusting others (Engel [15§](#); Bass [36§](#); Yudkin [247§](#); Engel [11§](#); Jehu [108-109§](#); Engel [60§](#); Ratican [34§](#); Bass [191§](#)), and they tend to be secretive and evasive (Engel [15§](#); Jehu [107-108,137,155§](#); Bass [108§](#); Ratican [35§](#); Schultz [148§](#); Schetky [47§](#)) and to withhold information (Engel [15§](#)). In both casual and sustained relationships, survivors tend to remain distant and aloof (Engel [15§](#)). They feel isolated and different from others (Engel [15§](#); Jehu [107-108,137§](#); Schultz [148§](#)). Survivors find it difficult to give or receive affection (Engel [15§](#)), and, what appears to be contradictory, they often oversexualize, putting an emphasis on the physical aspect of relationships (Jehu [133§](#); Blume [216-217§](#)).

Many survivors help others to the point of not taking care of themselves (Engel [15§](#)), and they have difficulty communicating their desires, thoughts, and feelings to others (Engel [15§](#); Bass [27§](#); Bass [191§](#); Yudkin [249§](#); Ratican [35-36§](#)). Despite the possibility that survivors may be selfless "helpers," at the same time, they may have difficulty being empathic (Engel Error: Reference source not found).

Many survivors have difficulty with (Engel [15§](#)) and feel victimized by authority. This type of relational conflict, as well as many other factors, may induce anger/rage outbursts and/or mood swings (Engel [16§](#)) in a surviving sexual child abuse victim.

"Sexual abuse causes children [and, subsequently, adults] to feel like 'damaged goods' (Urquiza and Capra [108§](#)). They feel dirty, evil, and rotten," (Engel [12§](#)) worthy of no one's love and deserving of and expecting rejection (Engel [11§](#)). The survivor's self-esteem and self-image are likely to be distorted, causing further damage to relational functioning. Many have reported feeling ugly, worthless, and stupid. They see themselves as failures, losers, and they constantly sabotage their success in all areas of life (Engel [15§](#)). A tendency towards self-blame, shame, and self-denigration (Engel [12,15§](#); Jehu [107-108§](#); Schultz [146§](#); Bradshaw [48§](#); Ratican [34§](#)) often manifests itself in survivors repeatedly becoming involved with destructive, abusive people (Engel [15§](#); Jehu [137§](#)). Repeated failures in relationships spawn a cycle in which victims turn their anger (deserved by the perpetrator) towards themselves (Engel [11§](#)), heaping more fuel on the fires of their self-defeating anger.

Affected Sexual Intimacy

Abuse survivors' potential for enjoyable sexuality is twisted when the perpetrator robs them of their innocence - "introducing them to adult sexuality before they are capable of coping with it" (Engel [11§](#)). As children, they are prone to eroticization, causing them to act inappropriately sexual with their peers and adults (Schetky [41-45§](#)). This may carry over into sexual promiscuity in adolescence and adulthood. Sex can become "compulsive as a self-destructive behavior, a means of releasing anger, or a bargaining chip to obtain attention, money, or security (Ratican [34-35§](#)). As reported by Engel ([15§](#)), other sexual maladies of which survivors may suffer are lack of sexual desire and/or enjoyment; sexual dysfunction (anorgasmic, impotent, premature ejaculation); attraction to illicit sexual activities; anger/disgust at public affection, sexuality, nudity or partial nudity; the

tendency to be sexually manipulative; and addiction to sexual activities (including pornography).

Keystone Inhibitors of Communications and Intimacy

Engel (60)§ states that sexual abuse is probably the most emotionally loaded inhibitor to communications and the surrounding atmosphere of trust and equality that must exist for intimacy to occur. Amid the psychological aberrations of the survivor's world are two key concepts whose mixture acts as a formidable barrier to successful interpersonal communication and, therefore, intimacy. These bywords for the unconscious dysfunction of the survivor of sexual abuse are *trust* and *secrecy*.

The Violation of Trust

The building blocks of intimacy-giving and receiving, trusting and being trustworthy-are learned in childhood. If [a child] was abused, [his/her] natural trust was skewed by adults who misused [his/her] innocence. [They] grew up with confusing messages about the relationship between sex and love, trust, and betrayal (Bass 36,191§).

If the abuser was a member of the child's family, a boundary was crossed and a significant bond of trust was broken. Ellen Ziskind, a Brookline, Massachusetts psychotherapist states that, "Without basic trust, you can't have good relationships, you have no self-esteem." (in Yudkin 247§). Some experts assert that sexual victimization by teachers, therapists, and doctors, as well as that by fathers, grandfathers, and uncles, involves the same disastrous betrayal of trust as if the abuser were a member of the family (Yudkin 247§).

"Survivors have trouble trusting others appropriately and generally have a poor sense of personal boundaries. They may trust too readily, setting themselves up for further abuse, or they may fear intimacy, hold others at arm's length, and become controlling in relationships. They may use hostility to protect themselves from expected rejection by rejecting others first. Survivors may suffer from a conflict between craving intimacy and dependency but needing to control and manipulate to feel safe in relationships" (Ratican 34§).

"The Secret"

Denial, repression, guilt, and shame may inhibit the survivors' disclosure of, not only anything related to abuse, but also details about any aspect of their lives. Admonitions by the abuser or others to keep the abuse secret may continue to operate unconsciously in the adult survivor. Past attempts to disclose the abuse to parents, professionals, or other persons in authority may have met with dismissal or overreaction, such as punishment or removal from the home (Ratican 35§; Schultz 140§; Bass 92§). Our society is often guilty of dismissing children when they tell about abuse, because of an inherent need to believe that "'nice men,' especially fathers, don't rape children" (Yudkin 247§). Stewart (39)§ notes that, paradoxically, "Communication is as often a matter of hiding or protecting what is in [peoples'] minds as it is a matter of revealing their thoughts and intentions."

"Maintaining the secret surrounding the incest [or other form of sexual abuse] contributes to the [survivor's] avoidance of relationships outside the family" [O'Brien's study (1987)

reported in Schultz [148§](#)]. The secret is at the center of the nightmare of child sexual abuse. Blume ([61](#))§ states, "Either the incest perpetrator is emotionally and physically necessary for the victim's survival, or he can influence those who are. Thus he can build walls around her. The secret completes the trap."

A child, who has limited understanding of the stability of her environment and no understanding of death, senses that a disruption of the world that supports her will bring about a darkness and emptiness (abandonment) in which it does not seem possible that she will survive. Manipulation of this fear is the weapon of the perpetrator. The child's choice is between sex with the perpetrator or what surely must be "death" (Blume [61-64](#))§).

"And so she protects the secret with all her might" (Blume [65](#))§).

Even outside the victim's home and family surroundings, the secret must be kept. A natural consequence of the strategies to "keep this skeleton in the closet" is that "the incest victim withdraws from peers as a defense against her fear of disclosure of the secret" (Schultz [148](#))§).

When the survivor speaks, she monitors and selects her words carefully, protecting the secret that, by now, she may have completely lost conscious contact with. Nevertheless, she automatically continues to turn others' eyes away from the darkness inside her. This hypervigilance and its accompanying internal monologue make it impossible for her to reveal herself in relationships. "And how superficial, then, must her relationships remain when she becomes so personally withholding" (Blume [67](#))§). "While avoiding intimacy keeps you safe-and sometimes leads to positive traits such as independence and autonomy-it also means missing out on the rewards that healthy relationships can bring" (Bass [52](#))§).

The secret is still a prominent mental/emotional influence when a survivor seeks counseling, and the survivor may fear that when disclosure does occur, the information will not be believed or that it might overwhelm the therapist (Ratican [35](#))§). Psychotherapist Shirley Katz tells how, often, the one-on-one interaction with an unequal power (therapist and patient) in a secret place (therapist's office) seems like revictimization to the survivor (in Yudkin [249](#))§).

Internal Dynamics

Much of the communication that goes on in a survivor's life is a fearful, anxious, angry internal monologue. "[William] Howell emphasizes that internal monologue can act like a `power disc brake on internal and external adjustment to changing events' in the present. Our abilities to cope with change can be seriously undermined by internal monologue" (Stewart [127](#))§). Internal monologue hits the brakes, the wheels lock, and adjustment to [an]other person and to events stops (Stewart [131](#))§). There is a powerfully distracting covert force in emotionally charged internal monologue. "When any emotion is active, people behave differently than when they are unemotional" (Stewart [133](#))§). Threatening situations produce highly distracting thoughts, and fright distorts the perception of personal interactions. An angry internal monologue exaggerates emotions, often causing people to say and do things they later regret (Stewart [133](#))§). This frenzy of mental and emotional activity makes it difficult for survivors to live in the "here and now," because

they are occupied dealing with either direct or indirect manifestations of their abusive pasts.

A significant issue that must be considered by those who are close to a survivor (prosurvivors) working toward recovery is the ease with which the survivor's tenuous steps out of him-/herself can become a harried retreat if he/she senses a drop in the prosurvivors' support. The survivor is already in a persistent state of self-doubt. If a prosurvivor intimates disbelief of the survivor's experience, it may throw the survivor into deeper doubt and despair (Engel [25§](#)).

FACILITATING COMMUNICATION FOR THE SEXUAL ABUSE SURVIVOR

Stewart ([22§](#)) purports that "the quality of each person's life is directly linked to the quality of communication he or she experiences." Walled in by secrecy and fear, the survivor does not have promising future of enjoying quality and communication. Blume ([72-73§](#)) emphasizes that "breaking the secret through remembering is the necessary first step. Telling someone, the next. She [the survivor] must [then] face the reality that she holds information whose withholding keeps others at risk. No perpetrator stops on his own. In breaking the secret, she has, finally, the power to break the chain." The fetters that have kept her from intimacy are broken as well.

It's OK To Tell

Bad Touch?
It's OK to tell

It wasn't your fault
You're not to blame
The shame was never yours

Speak out . . .
Don't be afraid

Break the cycle of abuse
Free your heart to trust
Take back your life

It's all right, really . . .

Tell someone

- *Boysen (1993)*

The act of sharing feelings and details of the abuse experiences in whatever medium the survivor is comfortable is the training ground for building open communication habits that can apply to any issue (Faller [374§](#)). Survivors are empowered through the channels of communication that they are able to establish within themselves and with others.

Margot Silk Forrest (1993) asserts that societal desensitization to the "untouchable"

subject of child sexual abuse and public education concerning the interpersonal ramifications of this experience are necessary elements in an overall program to open communication channels between victims and other victims and between victims and those who love them.

Techniques for Communicating

In recovery, channels of communication that have been successful in establishing contact with the world outside of the survivors' internal struggle are stream-of-consciousness writing, journal keeping and subsequent reading of this writing to individuals or a group in a therapeutic (professional or personal) setting, letter writing, writing poetry, and the dyadic and group therapeutic experiences. These expressions afford the opportunity for survivors to sort out feelings and facts that are internally distorted, to become desensitized to their experience by repetition, to grieve, to make real what may have been denied or trivialized, and to establish contact with others who have experienced a like trauma.

Writing

The object of this communication channel is to write about being sexually abused as a child. Most survivors have had their experiences denied, trivialized, or distorted repeatedly. Writing gives them the opportunity to define their own reality. They often access and reexperience feelings, and, as an adult, they are able to grieve for what, as a child, they were not equipped to process (Bass 27§). An advantage to writing is that it is possible to do just about anytime and anywhere.

Stream-of-Consciousness, Journaling, and Letter Writing

In stream-of-consciousness writing, the writer is advised to ignore formality, such as punctuation, complete sentences, etc., making it easier to open the mind and let thoughts and feelings out that might otherwise be censored (Bass 28-9§). This form of writing is especially suited for journaling. Bass (27)§ asserts that "expressing a free flow of thoughts can help [survivors] figure out how [they] feel, what [they] think, what [they] need, what [they] want to say, how [they] want to handle situations, just by writing it through."

Reading this writing to a responsive, supportive listener will help the words come to life, affirming the reality of an abusive past that has been buried under defensive maneuvers and rituals. If the survivor cannot find anyone to read to right away, he/she can read out loud while alone. At least there will be one attentive listener, and just saying the words out loud can make them more real (Bass 28§).

Letter writing is another communication channel that can be used to help survivors get in touch with and express blocked feelings (Ratican 36§). Blume (292)§ stresses that letters written to significant persons, such as parents, the abuser(s), or siblings are an especially effective medium through which survivors can face and unload feelings. The letters do not even have to be mailed to be an effective tool. The letters that do not get mailed are often the most honest expressions of repressed feelings. The other person's response does not necessarily have to be a factor in this exercise (Blume Error: Reference source not found).

A special class of letters are those written to "the child within," the child who lived through an abusive childhood and is very much alive and still feeling the pain and fear of the past. This can be a valuable experience whether or not the survivor believes that the child exists. The survivor can, at least by acting, become a parent to the child (Bass [115§](#)), and help him/her by validating the feelings of betrayal that were suppressed in order to survive (Bass [191§](#)).

Writing Poetry

My poetry is, or should be, useful to me for one reason: it is the record of my individual struggle from darkness towards some measure of light . . . My poetry is, or should be, useful to others for its individual recording of that same struggle with which they are necessarily acquainted . . . Poetry recording the stripping of the individual darkness, must inevitably cast light upon what has been hidden for too long, and, by doing so, make clear the naked exposure (Poet Robert Graves in Morrison [20-30§](#))

Leedy ([20](#))§ states that "in all cases, the goal of psychotherapy is to bring about a more mature integration of personality." Poetry also serves this integrative purpose. Poetry and psychotherapy both contain unconscious and preconscious components, such as dreams, daydreams, and fantasies. "Both employ the defense mechanisms of condensation, sublimation, displacement, and symbolization." The poet offers his/her insights and struggles to the reader who vicariously lives out these emotions. Poetry written by survivors can be a therapeutic tool for stimulating personal insight in themselves and other survivors (Morrison [29§](#)). Molly Harrower, professor of psychology, writes, "Poetry is therapy . . . the very act of creating is a self-sustaining experience, and in the poetic moment, the self becomes both the ministering `therapist' and the comforted `patient'" (Morrison [36§](#)).

The following reassuring statement made by Christopher Caudwell in *Illusion and Reality, A Study of the Sources of Poetry* (International Publishers, 1970, p. [230§](#)) may be an anchor for the survivor who practices emotional release through poetry, a practice that can become very intense and sometimes frightening.

Although there is a correspondence between artistic and schizophrenic solutions . . . the goal is, in fact, the opposite. As compared with existing normality, the mad road leads to greater illusion, unconsciousness, and privacy, the scientific or artistic road leads to greater reality, consciousness, and publicity (in Morrison [36-37§](#)).

Individual and Group Interaction

[She] was justifiably proud of the fact that she learned to be "a perfect lady" in even the most impossible of circumstances. Her voice was always calm, her emotions in control. She took pride in not ever needing anyone for anything. Her only problem was that she didn't have a single friend in whom to confide (Stewart [217§](#)).

Initial communication during recovery is often explosive anger at the perpetrator or a silent-partner parent. This may cause constant and often inappropriate conflicts with others (Engel [26§](#)). It would serve well for the survivor to alert potential confidants to this fact. Regardless of the dynamics of the interaction, communication must be established with others for the survivor to heal.

Widespread and frequent relating of their story makes the repressed experience real for them, and they are finally able to experience the related emotions (Engel 37§). This is the essence of breaking the hold that a childhood of sexual abuse has on the adult survivor. This is *telling the secret*.

Bass (98)§ delineates a process she calls the *Levels of Telling*. Step one is telling and not feeling. Saying "I" but not really owning the experience. Still disbelieving. Step two is the hurting child who is in touch with the pain. There is an accompanying "regressive" feeling (even some speech may be childlike). At this stage, the story is often told to persons in caretaking positions. Step three is telling the whole story. At this point the survivor becomes aware of the dynamics of what happened in the past and, perhaps, why it happened. This step involves relating the story in an "understanding" context without intellectualizing.

Therapeutic Interaction

Though much can be done by survivors on their own, they must recognize that the feeling of not needing anyone is a part of the legacy of their past. It is imperative that they become involved with individuals as personal confidants as well as with a therapist and/or therapy group.

Individual therapy affords survivors the opportunity to bare their pasts in a private setting. As mentioned earlier, this can be a fearful experience, but, nonetheless a necessary one. The therapist facilitates the "telling of the secret" through questioning and listening. Ratican (36)§ suggests that "empty-chair techniques, psychodrama, and guided imagery can be used to work through confrontations with [the] abuser[s] . . ."

Group therapy is a follow-up or adjunct to individual therapy that helps survivors build their social skills and gain insight into their own abusive experience(s) through the stories of other survivors. "Spontaneous sharing and confrontation by other group members is effective at breaking through denial" (Ratican 36§). Yudkin (249)§ emphasizes the importance that group therapy can play in facilitating the survivor's release of anger that can be directed at other survivors' abusers. "When [survivors] hear other survivors talk about [their] abuse and are not disgusted, and when [they] see those same survivors listen to [their] own story with respect, [they] begin to see [themselves] as proud survivors rather than conspiring victims" (Bass 108§).

GENERAL EVALUATION OF THE LITERATURE AND RESEARCH OBSERVATIONS

The literature offers an abundance of information on the forms and nature of the crime of child sexual abuse, misconceptions about it, and its immediate and lasting effects on the victims. There is little direct information on its effects on communication, but much can be inferred from the psychological implications and the nature of the process of communication. Channels of communication that have proven to be helpful in the healing process receive some attention in the literature. Clearly, trust and secrecy emerge as seminal communication issues in the life of sexual abuse victims.

There are no guarantees that any of the treatment methods or communication exercises mentioned in the literature will be effective in relieving the maladies caused by childhood

sexual abuse. Psychologist Louis Berger (1993)§ concurs with Schetky (38-41)§ that there are many variables that can affect the degree to which a sexual abuse victim is traumatized. Berger also asserts that intense psychoanalysis is required to adequately deal with this trauma, and that unsupervised "attempts" do little to really help the survivor. However, the literature demonstrates that becoming aware of the inner darkness, examining its source (cause), shedding light on its existence and effects, and sharing in pain and support with others who have experienced the same trauma has been a source of great relief for many. Longitudinal studies of survivors using various healing methodologies will be helpful in resolving this issue.

OPPORTUNITIES FOR FURTHER STUDY

Goodwin (62)§, Blume (78-80)§, and Schetky (43)§ suggest that childhood sexual abuse causes posttraumatic stress disorder (PTSD), a diagnosis that elevates the possible psychological effects to a level much higher than those produced by other forms of violence. Therapist, Martha Moses (1993)§ stresses the importance of this distinction of the nature childhood sexual abuse in treatment considerations. A study of the literature on PTSD in Viet Nam veterans and a subsequent correlation of its effects and the treatment programs in current use might aid in the treatment of childhood sexual abuse survivors.

A question that is unanswered in the literature is: "What motivates a victim to become a survivor?" Answers to this question must be sought so that the communication tools presented in the literature review and those yet to be discovered can be made available to victims, psychologically "packaged" so that reluctant victims are more likely to use them.

WORKS CITED

Adam, Caren, and Jennifer Fay. *Helping Your Child Recover From Sexual Abuse*. Seattle: University of Washington Press, 1987.

Bass, Ellen, and Laura Davis. *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*. Cambridge: Perennial Library, 1988.

Berger, Louis. Personal Interview. Moore, Don W. 28 July 1993.

Blume, E. Sue. *Secret Survivors: Uncovering Incest and Its Aftereffects in Women*. New York: John Wiley and Sons: 1990.

Boysen, Barbara. Seminar Program. *To Tell the Truth: America Speaks Out About Incest and Sexual Abuse*. San Antonio, TX: Sexual Assault Crisis and Resource Center. 1 August 1993.

Bradshaw, John. *Healing the Shame That Binds You*. Deerfield Beach, FL: Health Communications, Inc.: 1988.

Engel, Beverly. *Partners in Recovery: How Mates, Lovers, and Other Survivors Can Learn to Support and Cope with Adult Survivors of Childhood Sexual Abuse*. Los Angeles: Lowell House, 1991.

Faller, Kathleen Coulborn. *Childhood Sexual Abuse: An Interdisciplinary Manual for Diagnosis, Case Management, and Treatment*. New York: Columbia University Press: 1988.

Forrest, Margot S. Public Interview. Moore, Don W. 1 August 1993.

Goodwin, Jean M., M.D., "Applying to Adult Incest Victims What We Have Learned from Victimized Children." *Incest-Related Syndromes of Adult Psychopathology*. Ed. Richard Kluff. Washington, D.C.: American Psychiatric Press, 1990. 55-74.

Jehu, Derek. *Beyond Sexual Abuse: Therapy With Women Who Were Childhood Victims*. New York: John Wiley and Sons: 1988.

Leedy, Jack J., M.D., ed. *Poetry as Healer: Mending the Troubled Mind*. New York: Vanguard Press. 1985.

Moses, Martha. "Broken Boundaries." Seminar Speech. *To Tell the Truth: America Speaks Out About Incest and Sexual Abuse*. San Antonio, TX. 1993.

Putnam, Frank W., "Disturbances of 'Self' in Victims of Childhood Sexual Abuse." *Incest-Related Syndromes of Adult Psychopathology*. Ed. Richard Kluff. Washington, D.C.: American Psychiatric Press, 1990. 113-132.

Ratican, Kathleen L. "Sexual Abuse Survivors: Identifying Symptoms and Special Treatment Considerations." *Journal of Counseling and Development* 71 (1992): 33-38.

Schetky, Diane H., "A Review of the Literature on the Long-Term Effects of Childhood Sexual Abuse." *Incest-Related Syndromes of Adult Psychopathology*. Ed. Richard Kluff. Washington, D.C.: American Psychiatric Press, 1990. 35-54.

Schultz, Rosalyn, Ph.D., "Secrets of Adolescence: Incest and Developmental Fixations". *Incest-Related Syndromes of Adult Psychopathology*. Ed. Richard Kluff. Washington, D.C.: American Psychiatric Press, 1990. 133-160.

Stewart, John, ed. 5th ed. *Bridges Not Walls*. New York: McGraw-Hill. 1990.

Struve, Jim. "Dancing with the Patriarchy: The Politics of Sexual Abuse." Ed. Mic Hunter. *The Sexually Abused Male: Prevalence, Impact, and Treatment - Volume 1*. Lexington, MA: Lexington Books. 1990. 3-45.

Trivelpiece, James W. "Adjusting the Frame: Cinematic Treatment of Sexual Abuse and Rape of Men and Boys." Ed. Mic Hunter. *The Sexually Abused Male: Prevalence, Impact, and Treatment - Volume 1*. Lexington, MA: Lexington Books. 1990. 48-71.

Urquiza, A.J. Doctoral Dissertation. "The Effects of Child Sexual Abuse in an Adult Male Population." Ed. Mic Hunter. *The Sexually Abused Male: Prevalence, Impact, and Treatment - Volume 1*. Lexington, MA: Lexington Books. 1990. 89-103.

Urquiza, A.J., and Maria Capra. "The Impact of Sexual Abuse: Initial and Long-Term Effects." Ed. Mic Hunter. *The Sexually Abused Male: Prevalence, Impact, and Treatment - Volume 1*. Lexington, MA: Lexington Books. 1990. 105-135.

Yudkin, Marcia. "The Nightmare of Childhood Sexual Abuse: Survivors Speak Out." *Cosmopolitan* May 1992: 246-249.

ADDITIONAL WORKS TO BE CONSIDERED

Baldwin, Martha. *Beyond Victim: You Can Overcome Childhood Abuse . . . Even Sexual Abuse!*. Moore Haven, FL: Rainbow Books. 1988.

Forward, Dr. Susan, with Craig Buck. *Toxic Parents: Overcoming Their Hurtful Legacy and Reclaiming Your Life*. New York: Bantam Books. 1989.

Hillman, Donald, and Janice Solek-Tefft. *Spiders and Flies: Help for Parents and Teachers of Sexually Abused Children*. Lexington, MA: Lexington Books. 1988.

Kalisch, Beatrice J., *Child Abuse and Neglect: An Annotated Bibliography*. Westport, CT: Greenwood Press. 1978.

Luhmann, Niklas. *Love as Passion: The Codification of Intimacy*. Cambridge, MA: Harvard University Press. 1986.

Patton, Michael Q., ed. *Family Sexual Abuse: Frontline Research and Evaluation*. Newbury Park: Sage Publications. 1991.

Wiehe, Vernon R. *Sibling Abuse: Hidden Physical, Emotional, and Sexual Trauma*. Lexington, MA: Lexington Books. 1990.

Wurtele, Sandy K., and Cindy L. Miller-Perrin. *Preventing Child Sexual Abuse: Sharing the Responsibility*. Lincoln, NE: University of Nebraska Press. 1992.