How Can Recovery be Successful for Sexual Abuse Survivors When Their Perpetrators Remain Active in Their Lives and What are the Possible After-effects of Reunification?

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Abstract

Throughout the last 30-40 years, both professional helpers and society have slowly acknowledged the issue of sexual abuse. There are now various writings on sexual abuse itself, sexual abusers, sexual abuse survivors, and the prevention and treatment for perpetrators, victims, and their families. Even more recently, literature has been examining how and why some perpetrators of sexual abuse have been able to remain in the survivor’s life. Reunification has become a new topic of some literature, which refers to a process whereby the survivor and their perpetrator are reunited, typically in cases of incest, usually via intensive therapy. This paper examines the still somewhat limited extent of literature on sexual abuse, abusers and survivors. Taking it further, however, the paper reveals that there is an even more limited amount of research and literature on the therapeutic process of reunification and what its after-effects on families are, including covert abuse, which seems nearly non-existent. There appears to be a significant lack of information on the ways in which survivors’ and their families’ lifestyles and trust may be altered by reunification, even if done in a therapeutic and professional setting. The project argues that these questions must be answered in order to not only prevent sexual abuse but also mitigate further damage to survivors and their families after the abuse has occurred.
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How Can Recovery be Successful for Sexual Abuse Survivors When Their Perpetrators Remain Active in Their Lives and What are the Possible After-effects of Reunification?

The question examined in this project is, “how can recovery be successful for sexual abuse survivors when their perpetrators remain active in their lives and what are the after-effects of reunification?”

Trying to answer this question is attempted by examining available literature on the various facets of the question. There appears to be an abundance of literature on certain aspects of the question: sexual abusers, sexual abuse survivors, incest, etc. But, there is the argument made in this project that much is still yet to be uncovered, discovered, studied, researched and developed in the topic of sexual abuse. In particular, the proposition is made within this project that there is a significant lack of research and literature on the after-effects of reunification after sexual abuse within a family.

This project concludes that while reunification may be deemed successful in terms of a family meeting the therapeutic requirements of the process, the question cannot be truly answered without further research done on what happens afterwards. Added to this is the Adlerian perspective of lifestyle, which can be affected to a great degree even after therapy and reunification occur. It is proposed that there are effects on trust between family members and the rest of society, and ideas of self, others, and the world after reunification.

Personal Relevance

Some people have asked me why I have chosen the topic of sexual abuse for my Masters Project. At first I was surprised by this question, as I thought many helping professionals would and should be interested and knowledgeable about this
kind of trauma due to its prevalence. Then I began to understand that sometimes I was asked this question because it was their polite way of wondering if I chose it for personal reasons. The simple answer is yes, but the complicated answer is that the situation created after my sexual abuse ended is what really led me to this project.

I was sexually abused by my stepfather from ages 8 to 11 and it took the forms of both overt and covert acts. The loss of innocence, the depth of damage, and the enormous work it took to heal can almost not be explained or understood properly unless one experiences it themselves. What made my situation even more complex was that my family reunified with my stepfather, and for our family this turned out to be a painful experience and ultimately unsuccessful.

At age 11 I told my mother about the sexual abuse, and she initially did everything a ‘good’ mother would do. The police were called, my stepfather was arrested and I was sent to see a very talented child therapist on a regular basis. Probably due to her own personal lifestyle and thinking, though, my mother eventually decided we should try to reunify. She believed that if everyone went to therapy and the experts gave the ‘ok’, we would all come back together as a family successfully. As far as I know, no one referred to this as reunification, but that is essentially what it was.

My stepfather met every requirement and then some in his treatment, and eventually I was asked if a meeting should be set up with my mother, my stepfather, myself, and our respective therapists. What no one seemed to realize is that my lifestyle was essentially about being a pleaser. For as long as I can remember I have believed everyone should be happy and that I should be the one to create that happiness. This meant, I agreed to everything my mother asked, even though I was
not sure I could trust my stepfather again, because I could tell it was extremely important to her that the family not break apart.

Before I knew it we were all living together again, like nothing had ever happened. The therapy had supposedly worked for everyone and now we were fixed. Apparently my stepfather had promised my mother that we would continue to attend therapy indefinitely, but that soon took a backseat to legal matters stemming from his conviction of sexual abuse. As an Australian citizen, he was deported back to his homeland for having committed a felony in the United States. Despite my mother’s best efforts in the courts to prove to them that we were all better and this would devastate our family it was final.

I believe that for my personal wellbeing, this is where the reunification efforts should have ceased. But instead, my mother set her sights on moving her family to Australia so that reunification would continue as planned. For the next decade our family lived with the sexual abuse as a secret from my little sister, a bad dream we kept in the very back of our minds; it was the giant pink elephant in the room that no one talked about.

I didn’t realize it until later but during that decade or so I was already showing signs that the reunification had not been successful. I left Australia after the first year there, because my mother and I were at each other’s throats. I moved back three years later hoping it would be different but after a year together I pounced at the chance to move to another state for college. For ages, I could not put my finger on why I felt so uncomfortable with our family situation. It was not until just a few years ago, when an extremely bad relationship highlighted what was going on.

My boyfriend at the time could not understand why our family had decided to do what we did. He could not fathom how we all acted as if it had never happened
and everything was fine now. He questioned how I would be able to have my own children around my stepfather later in life. At first I was highly offended by his harsh judgmental attacks. But then I realized there were many questions even I had that were still left unanswered. Like, why did we never talk about it? Or, why do I feel like I cannot fully trust my stepfather even though he never sexually abused me again? Why did it feel like my mother had chosen her husband over her own daughter?

Once I finally had a crucial talk with my mother and stepfather I knew our reunification had not worked. Even though we had done everything we thought we were supposed to, according to the courts and our therapists, I had not really been able to trust again or feel secure as a member of our family. I realized I was unhappy with the choices my mother had made on my (and my siblings’) behalf. I had unknowingly allowed my own needs to be swept aside in order to please everyone else: my mother, my stepfather and my siblings. Ultimately no real progress had been made in the ten-plus years my family had been reunified. And I believe that is the biggest mistake we made in the reunification process.

This is why I wanted to examine literature on this particular topic and try to answer the question of how recovery can be successful if the abuser remains in the survivor’s life and what are the after-effects of reunification. Perhaps we did it incorrectly, which seems likely as more literature comes out on various therapeutic processes for reunification. But obviously if our family did this back in the late 1990s, surely there were people before us and many people after us who chose to do the same thing. I believe it is imperative that research is done to try and find out the most healthy and successful way to reunify after sexual abuse in a family. Otherwise, survivors and their families are needlessly suffering long after the sexual abuse has
stopped. It is our duty as helping professionals to find these answers for the clients that come through our doors seeking guidance.

**Definition of the Terms**

**Sexual Abuse** – “…Whenever one person dominates and exploits another through sexual activity or suggestion” (Kort, 2004, p. 295).

**Incest** – “…Intrafamilial sexual abuse…”, “…between two members of the same family (or stepfamily) or between a child and someone who is considered to be in an ongoing caretaking role with the child (e.g., foster parent, live-in babysitter…)” (Maddock & Larson, 1995, p. 3).

**Covert Sexual Abuse** – “…does not involve physical touch. Examples…are flirtations and suggestive language, propositioning, household voyeurism/exhibitionism, sexualizing language, and preoccupation with sexual development” (Kort, 2004, p. 288).

**Overt Sexual Abuse** – “…involves actual touching. Examples would be inappropriate holding, kissing, sexual fondling, masturbation, oral sex, and forced sexual activity” (Kort, 2004, p. 288).

**Perpetrator/Sexual Abuser/sexual addict** – “A perpetrator of sexual abuse negatively impacts a child’s sexuality by disregarding their sexual needs and safety (basically to be left alone by an adult’s sexuality of any kind) and making their own sexual needs primary” (Kort, 2004, p. 289). Carnes (1992) defines “…sexual addiction as a ‘pathological relationship to a mood altering experience’…” (p. 135).

For the purposes of this project the sexual addicts referred to are those who have a pathological relationship to sexual acts with children.

**Survivor/Victim** – “Often it’s…a child who lacks emotional and intellectual maturity, but is not limited to children only (Kort, 2004, p. 295). In this project
‘survivor’ refers to a person (child or adult) who has experienced sexual abuse in their past, while ‘victim’ primarily refers to a child or adolescent who is vulnerable to being sexually abused.

**Reunification** – “the process by which an offender is allowed to return to a home in which identified victims or potentially vulnerable individuals reside” (Gilligan & Bumby, 2005, p.1).

**Literature Review**

**Introduction**

The world is becoming increasingly aware of the problem that is sexual abuse of children, with numerous authors writing about the subject, whether about treatment, affects on the child, affects on the child’s family, prevention, and the list goes on (Barrett, Trepper & Fish, 1990; Courtois, 1988). This does not mean that sexual abuse did not exist long before professionals and society at large were willing to acknowledge it, let alone do something about it (Walker, 1993). This literature review aims to answer the question, “How can recovery be successful for sexual abuse survivors when their perpetrators remain active in their lives and what are the risks of reunification?”. To do this an examination of what information exists regarding sexual abusers, sexual abuse itself, and the recovery from sexual abuse will be done. In particular, this writer wants to investigate not only how recovery can be successful for people who have experienced sexual abuse even if the abuser remains an active part of their lives, but also what literature is available on possible long-term effects of reunification, including on-going covert abuse, and what happens to family members’ lifestyles and trust within the family.
Sexual Abusers

It could be argued that understanding what or who a sexual abuser is can be difficult, but there are some general attributes. One of the main elements that describe a sexual abuser is the act itself. “The very act of sexually acting out damages the closest relationships of the sexual addict” (Price, 2004, p. 187). In general the sexual abuser can also cause a whole array of negative elements to impact themselves and those around them. “The loss of trust, intimacy, support, acceptance, and love is profound for the sexual abuser and all other family members” (Price, 2004, p. 187). Lawson (2003) also found some general points that define what a sexual abuser is. “Offenders carefully groomed their victims by systematically separating them from their families and peers and socializing them into sexual relationships” (Lawson, 2003, p. 695). This data on sexual abusers was found by studying other research from the previous two decades. After reviewing numerous studies done between 1982 and 2001, Lawson (2003) was able to discover that sexual abusers often felt isolated in childhood, used isolation to separate children from support networks, used the feeling of gratification they felt from abusing as a common excuse for why they did it, and justified their abuse by redefining what their actions meant so as to prevent their own awareness of what was occurring. Forward & Buck’s (1979) work, done much earlier, found attributes for incest perpetrators based on their studies and Forward’s own experience working with them. Typically they are more intelligent, were emotionally or physically abused as kids, claimed their siblings were favored and experienced mothers who were “distant, unapproachable and sometimes hostile” (Forward & Buck, 1979, p. 32).

Essentially sexual abusers are people trying to meet both physical and emotional needs, but have “no way of knowing how to meet [those needs]"
appropriately” (Forward & Buck, 1979, p. 33). The sexual abuser believes that what they need and want “overrules” the child’s needs (Kort, 2004, p. 1). How prevalent an issue sexual abusers really are is unfortunately uncertain. “Because of the many social factors, professionals can only guess at the extent of sexual compulsivity [because] addicts simply do not volunteer that information” (Carnes, 1992, p. 161-2).

Who They Are

People may wonder whom the offenders are when reading about the issue of sexual abuse. Perpetrators are not only men; women are also abusing children (Walker, 1993). Regardless of their gender, how the sexual abusers know the child is of importance. Often times, the abuser is known to the child, “such as family members, acquaintances”, and those who are in contact with the child in his/her daily life (Orange & Brodwin, 2005, p. 6). Carnes (1992) gives some examples of various possible perpetrators. “Parents, clergy, older siblings, relatives, physicians, friends, babysitters – a wide range of people have the potential of exploiting a child” (Carnes, 1992, p. 72). This differs to the perception some people may have about strangers being the dominant perpetrator in sexual abuse cases. It has been argued, “up to 95% of abusers are known and trusted by their victims” (Orange & Brodwin, 2005, p. 6).

Sullivan and Beech (2004) explore both the “intra- and extra-familial child sexual abuser”, those who know the victim in a non-work setting, and “professional perpetrators”, those who abuse children at their place of work (p. 39). In their study, they chose 41 out of 305 participants at a clinic that treats male sexual offenders, because these men “…admitted sexually abusing children with whom they worked in a professional capacity” (Sullivan & Beech, 2004, p. 41). Some differences between professional abusers and the non-professional abusers emerged from their research. With a combination of interviews and information from their files, Sullivan and
Beech (2004) identified the majority of professional abusers as “…older and more intelligent than other sex offenders”, “…less likely to have a history of conviction for sexual offenses than other sex offenders”, “…admitted to being aware of their sexual interest in children by age 21”, and this awareness was part of their motivation in “…choosing their profession because of the access it provided to children” (p. 49).

Many sexual addicts whose sexual compulsivity results in the abuse of children were sexually abused themselves. Some of the reported estimations vary, from 81 percent to 19 percent to 64 percent (Kort, 2004). There is a cycle of sexual abuse. “…Childhood sexual abuse can be traumatizing and later promote compulsive sexual behaviors” (Kort, 2004, p. 287). In some cases the molested child or adolescent will then repeat the cycle. Kort (2004) explains that it may be the abused person’s way of dealing with their own issues of “…anxiety, depression, loneliness…” and for them it is “‘both necessary and distressing’” (p. 288).

Another aspect about sexual abusers is whether they have unique thought patterns, which can be identified as a cause for sexually abusing children. “In the child molester literature, post-offence statements…indicate distorted beliefs” (Gannon, Wright, Beech & Williams, 2006, p. 5). The meaning of distorted beliefs or cognitive distortions has been defined recently and is key to understanding studies based on this concept. “…Cognitive distortions are the product of general underlying implicit theories or schemas” (Gannon et al., 2006, p. 6). An example of one kind of distortion is “children as sexual beings”, referring to children supposedly wanting to perform sexual acts with an adult and enjoying it (Gannon et al., 2006, p. 6).

Since Gannon et al. (2006) argue there is an emphasis on distorted beliefs within most literature, they created a study to test this established theory. The hypothesis of “cognitive distortions…that support…sexual offending” was tested by
using a vignette with 28 child sexual abusers and 20 inmates as a control group (Gannon et al., 2006, p. 5). The vignette was designed in a specific way to see if abusers would utilize their supposed cognitive distortions. “Within this vignette, [the authors] planted 10 ambiguous descriptions” to find out if the abusers would use their distortions “to disambiguate…each description” (Gannon et al., 2006, p. 5). If the authors of the study could successfully prove that abusers used distorted beliefs to understand their world it could contribute to how they receive treatment. “…Inappropriate interpretation…may then lead to an equally inappropriate response” by abusers and this could be “identified and restructured during therapy” (Gannon, et al., 2006, p. 6).

Another reason for this study being done is due to the past studies completed and the potential flawed results they found. Gannon et al. (2006) had concerns regarding the fact that the cognitive distortions were self-reported by abusers, and the studies done were in the form of questionnaires using a strength of agreement scale. Results from past studies showed there was not as much overwhelming evidence to prove abusers acted out of distorted beliefs, yet this did not affect the theory’s validity. Some studies showed a difference between sexual abusers’ and non-sexual offending groups’ agreement of distortions, but it was noted that the difference was only in strength of disagreement (Gannon et al., 2006). Not only is there only a small difference in some studies, but also other studies failed to even get any change as a result. “Interestingly, researchers fail to use any of these results as an indication of possible falsification of the cognitive distortion hypothesis” (Gannon et al., 2006, p. 7). The results of Gannon et al.’s (2006) study produced results that contribute to the idea that distortions are not necessarily the answer to why abusers abuse. “…The
findings did not support the existing cognitive distortion literature predicting that child molesters are generally guided by” distorted beliefs (Gannon et al., 2006, p. 14).

**Those Who Remain in Contact With Survivor**

*Who typically does.* “Despite the potential hazards involved, many sex offenders will, in fact, maintain contact with and return to homes where victims may be at continued risk” (Gilligan & Bumby, 2005, p. 2). Sometimes the type of person who continues contact with the survivor is one whom the system lets fall through the cracks. How this can happen was highlighted by Neustein and Lesher (2006) who said that there is a growing trend of Child Protective Service agencies who will take mothers’ allegations of sexual abuse and rather than investigate, charge the mother with making false accusations. This in turn leaves the child survivor open to more abuse by the person who is not focused on by the Child Protection Service.

These abusers that may stay in contact with the survivor are those who are well known to the survivor (Stone, 2004). Thus, the level of involvement between perpetrator and survivor can have an impact on the survivor’s response to abuse occurring. Often, these survivors will respond by continually putting others’ wishes and concerns above their own, even so far as to not stop contact with the perpetrator (Stone, 2004).

Other abusers who typically are able to stay involved with the survivor are those who no longer have the finger pointed at them. “…Cases of sexual abuse where the child may have retracted their allegation in order to return home” allow the abuser to remain in contact; even if/when the survivor is receiving treatment (Essex et al., 1996, p. 195). A similar circumstance is when the supposed abuser is found not guilty. Hewitt (2007) states that even if a child and others believe sexual abuse has occurred with a parent, if the alleged abuser cannot be prosecuted then the “…child is
ordered back into contact…” with that parent. The alleged abusing parent may not have been prosecuted because of the child’s age. “…Young children often cannot describe their experiences in a way that can be admitted in court, and, even if admitted, they are often unable to stand for cross examination of their statements” (Hewitt, 2007, p. 17).

**Why chosen to stay.** There is probably an endless list of reasons why an abuser remains in contact with the survivor. Abusers may stay in contact because the survivor is close with the perpetrator and loves that person despite the abuse (Gilligan & Bumby, 2005, Stone, 2004; Essex et al., 1996). This can be especially true in cases of incest or intra-familial sexual abuse. “…Despite the occurrence of sexual victimization…the desire to restore and rebuild bonds of love and trust, the continued strong feelings of affection, significant family ties, and the reliance on the offending partner…” can all contribute to the abuser remaining in the child’s life (Gilligan & Bumby, 2005, p. 3). Another reason why is the child may not see the abuser as at fault for what occurred. “Unfortunately, children receive an internal psychological payoff when they believe abuse is their fault – a false sense of power” (Sanford, 1990, p. 45). Children’s false sense of control and logic in why they were sexually abused can lead to a false concept of the abusing parent. “…[Children] use every mental effort to…seem in greater control while transforming the abusive parent into the safe and loving caretaker he [or she] so desperately needs” (Sanford, 1990, p. 39).

Many times, the close relationship is valued in the survivor’s culture. Some people in particular cultures, like African Americans, “hold the notion of family” in highest regard (Stone, 2004, p. 72). Someone who is sexually abused by a family member may prefer to sacrifice themselves, not their connection to family. “Faced with disownment or exile from the abusive family, the child learns to disown [their]
own feelings instead” (Sanford, 1990, p. 66). If the perpetrator and abused person are linked in this way, it can be surprisingly difficult cutting off the relationship.

“…Some will settle for a life of superficial or inequitable ties rather than none at all” (Stone, 2004, p. 73).

Beyond the wish of saving familial connections, is the reality that some people stay in contact with the abuser because of a lack of resources, both financial and legal (Stone, 2004, Gilligan & Bumby, 2005). There is also often a focus, above all else, to find a way to heal after the abuse. “…More often, clients…are more focused on making themselves – and their families – whole” (Stone, 2004, p. 73). There is a list of factors that Stone (2004) puts forth which can affect an abused person deciding to continue a relationship with an abuser. “Your relationship to the abuser, the length and severity of the abuse, the amount of work you’ve done to heal, the degree of support you receive from family members, how often you interact with family members, the strength of support systems outside of your family, your faith or spiritual foundation” (Stone, 2004, p. 73). Even if all of these factors point towards a choice of stopping contact with an abuser the power of denial can override them all. “Many would rather live in the illusion that everything is okay” (Stone, 2004, p. 74).

Sometimes abusers will be allowed to have contact with their victim due to other people’s denial, not the victim’s. The non-offending parent may deny or minimize the allegations or even proof that sexual abuse occurred (Gilligan & Bumby, 2005). There are also situations where on top of denying, there is also not enough evidence for professional agencies to stop the abuser from remaining with the family.

Essex, Gumbleton & Luger (1996) did a pilot project based on what can be done when the abuser is denying the abuse occurred and the family wants to stay
together. The project’s aim, at Avon NSPCC in the UK, was to find an effective way to work with these types of families in order to create positive change, including the long-term safety of the child/ren (Essex et al., 1996). To create the best outcome possible, the focus became about cultivating “the power of the non-abusing carer” and enhancing “the bond between the non-abusing carer and child/ren”, while also diminishing the influence and “power of the alleged abuser” (Essex et al., 1996, p. 193). The project’s approach is supported by research.

Essex et al. (1996) found other authors’ research pointed toward an approach that was strength-based, rather than forcing the alleged abuser to confess. “The view of the Avon NSPCC is that emphasis on acceptance of responsibility does not always serve the best interests of the child or the non-abusing carer” (Essex et al., 1996, p. 193). While Avon NSPCC’s project did not promote families reuniting, this choice made by some families was worked towards as long as specific elements of the project were completed (Essex et al., 1996). These elements consisted mainly of the family working with a male and female caseworker during the process, structural family therapy both in-home and a professional setting, the creation of a “family safety policy”, and finally sessions dealing with the hypothetical abuse done by the adults (Essex, et al., 1996, p. 197).

Even with the abuser’s denial, the project came up with a way to address the child’s allegations and concerns. “The adults are put in the roles of a ‘similar’ family where abuse has been confirmed” (Essex et al., 1996, p. 198). The project’s work hoped to develop a reunified family where the non-offending parent feels powerful, the child/ren feel validated and the alleged abuser understands their “responsibility for future safety” (Essex et al., 1996, p. 199). Even with this kind of project and its
possible positive outcomes for children, the fact still remains that children are asked to do more than they should have to.

There can be a great pressure put on the sexually abused person to allow the abuser to remain in their life even if they are not ready. “Abusers deny, parents move on, family members say, “Get over it”” (Stone, 2004, p. 74). Sometimes if the abused child does not overtly state they do not want the abuser in their life others take this as agreement that abusers can remain. “It should be noted that the absence of active objection by the victim instead may be attributable to other dynamics, such as the desire to appear loyal to the family or the fear of retaliation, alienation, or rejection” (Gilligan & Bumby, 2005, p. 3).

**Effects on child.** Beyond the decision of staying in contact with one’s abuser, whether that decision was the child’s own or someone else’s is the effect it will have on the abused child. There is a “question of whether it is healthy to stay connected at all” according to Stone (2004, p. 73). The child can struggle with the concept of pleasing others and neglecting their own needs (Stone, 2004). Courtois (1988) refers to this as unhealthy “self perceptions” where the child may think their duty is “always trying to be good” (p. 102). Bass & Davis (1988) argued that the sexually abused child will learn who they are and are not, as well as what they can and cannot do in the world.

These authors’ ideas are similar to one of Adler’s main concepts about personality development. “The life style is the individual’s characteristic way of thinking, seeing, and feeling towards life and is synonymous with what other theorists call “personality”” (Mosak & Maniacci, 1999, p. 31). After sexual abuse and depending on if the abuser remains in the child’s life or not, the personality can be
affected on a deep level. “…Adler conceived of the child as both receiver and the creator of his or her own world” (Mosak & Maniaci, 1999, p. 31).

Other authors speak about this concept with slightly different labels or terms. Carnes (1992) speaks about the “four factors in a child’s development”, which can be affected by not only sexual abuse but also if the family denies it and/or this way of behaving is transferred from the abuser to the child (p. 66). His explanation is somewhat similar to Adler’s concept of lifestyle and mistaken beliefs. Carnes (1992) refers to factors as “perceptions” that can turn into “core beliefs” (p. 67). They are broken into four main sections. “Self image – how the children perceive themselves, relationships – how the children perceive their relationships with others, needs – how children perceive their own needs, [and] sexuality – how children perceive their own sexual feelings and needs” (Carnes, 1992, p. 67).

Not only that, but the actual physical effects can mean more abuse for the child. Gilligan and Bumby (2005) cited a survey done by Roesler and Wind in 1994. 200 plus women, who had been sexually abused within their family and reported their abuse as children, were found to have been abused for another year or more after they had disclosed the abuse (Gilligan & Bumby, 2005). “This startling finding underscores the importance of approaching family reunification with great caution” (Gilligan & Bumby, 2005, p. 5). Neustein and Lesher (2006) gave examples in their work of children who had medical evidence of abuse, but because the Child Protective Services focused on alleging the mother was making false reports, the children continued to experience painful medical conditions, examples given included pelvic inflammatory disease and tearing of their genitals. Protection of children from further abuse includes educating them, but this may not happen if the abuser remains
in their life. “…In a troubled family, it is not in the abuser’s best interest to teach the child how to prevent further abuse” (Sanford, 1990, p. 24).

Not only physical but also mental effects can appear with victims who remain in contact with their abuser. “Abused children abandon reality, dissociating mind from body so that they won’t be overwhelmed and their ability to cope won’t be shattered” (Sanford, 1990, p. 26). These survival coping mechanisms can end up turning on the child. Numerous authors describe sexual abuse victims as being vulnerable to mental health problems, such as post-traumatic stress disorder, and can lead from childhood feelings of guilt and shame to adulthood cases of substance abuse, anxiety, depression, eating disturbances and sexual addiction (Kort, 2004, Thompson et al., 1999, Spaccarelli, 1994, Carnes, 1992, Sanford, 1990). These are just some of the possible short and long term effects on the survivor of sexual abuse. Especially for survivors who go untreated, long-term effects can be “…dissociative disorders, somatization disorders and explosive disorders” (Courtois, 1988, p. 90).

**Those Who Are Out of Contact with Survivor**

**Who typically.** The abusers who typically do not stay in contact with the survivor are the ones who have no say in it at all, and usually it has nothing to do with how little or well they know one another. Offenders that are sent to prison and/or treatment programs are out of contact with the survivor indefinitely, especially when the risk of re-offending is high (Colton, Roberts & Vanstone, 2009). Whether authorities are involved or not, abusers that will no longer have contact with the survivor are those whom the survivor realizes are less important than themselves (Stone, 2004, Bass & Davis, 1988). Also families who understand that keeping the family together should not be the one and only goal tend to remove the abuser from
their lives. “The separation of family is more acceptable than continued sexual abuse” (Barrett, Trepper & Fish, 1990, p. 155).

**Why chosen not to.** If contact is severed with the abuser, it is more times than not because the survivor needs to stop worrying about everyone else and instead look at what is best for him or her. “Often a survivor has so much work to do on self that it is too difficult to bring others along” (Stone, 2004, p. 73). Some of this work will likely be about the internalized messages given by the abuser. The sexually abused person will need to sort through “messages” that they are “…only good for sex, …unloveable, that nothing [they] do matters, or even that [they] do not deserve to live” (Bass & Davis, 1988, p. 179). This can come about in therapy, when the survivor works on their affected lifestyle. Mosak and Maniaci (1999) state, “What we create as truths for ourselves and our early social world we assume are truths for people in general, for our friends, family, and the world at large” (p. 48). If they realize this and are able to work through mistaken beliefs then they may not want the abuser to re-enter their life.

Also feminist writers believe that during therapy it should be the ultimate goal to stop abuse and deal with the immense hurt rather than focus on family reunification. “…The protection of the child [is] the first priority, and the cessation of abuse the primary treatment goal” and this does not have to include family reunification (Barrett, Trepper & Fish, 1990, p. 156).

**Effects on child.** The effect that severing a relationship with an abuser brings is typically not all positive. If the victim was close to the abuser, for example a part of the family unit, it can be a “harsh reality” when the family is fragmented and no longer whole (Stone, 2004, p. 74). What seems to come across in Spaccarelli’s (1994) work is that children can still experience many negative effects, whether the
abuser is out of their lives or not. Bass and Davis (1988) warn that whether or not the survivor’s abuser is in their life that they cannot expect a certain outcome either way. This can be unexpected for those who assume that choosing to cut off contact with the abuser feels good.

Summary

In summary, research shows sexual abusers have some commonalities between them, including exploiting their powerful connection with children, their choices of isolating their victims, and their ideas of why this behavior is allowable. Those who remain in contact with the survivor seem to do so because they are well known and loved by the survivor. And there tends to be an apparent lack of courage and support for the child to sever the relationship. Also the power of denial from the abuser, and sometimes even the survivor and their family contribute to why abusers stay in contact and this can lead to negative effects on the child which include further abuse and a wide spectrum of mental health problems. If the child is out of contact with their abuser, this can be because of interference on the part of law enforcement, but the effects are not all positive. Sexually abused children can still feel broken apart when the abuser is no longer there. Overall, the sexual abusers have a definite impact on the sexually abused child’s lifestyle development. Whether the abuser remains in contact or not, this must be addressed.

Sexual Abuse

Sexual abuse is not necessarily just about the act, it is also about the damage which comes from who perpetrates it, how the survivor can possess conflicting feelings of enjoyment and disgust from the attention, and where and when it occurs (Weiner & Thompson, 1997, Steele as cited in Sanford, 1990; Forward & Buck, 1979). There can be variances in describing something as complex as sexual abuse,
however there are some generally accepted definitions. “A number of authors report…the nature of child sexual abuse generally includes a particular form of interpersonal betrayal within childhood, as well as often including levels of fear of another person, shame, secrecy, confusion, and physical pain…” (McGregor, Thomas & Read, 2006, p.36). Sexual abuse also teaches a child they are less than. “A sexually abused child must learn to accommodate the feelings of surrender and invasion that the first sexual penetration creates” (Sanford, p. 103). Even while they are feeling powerless they are still receiving messages of being special. Survivors can sometimes enjoy the feeling of getting attention and in some cases physical pleasure, but their experiences can be simultaneously painful and scary (Forward & Buck, 1979).

The timing of when sexual abuse can take place is another important element. Often it is during a time when the child is experiencing “complex changes” in “psychological, physical and social” ways (Orange & Brodwin, 2005, p.8). This change can leave the child vulnerable to negative influence and in the worst cases this includes sexual abuse. Sexual abuse can be a child “forced, threatened or deceived into sexual activities ranging from looking or touching to intercourse or rape” (Orange & Brodwin, 2005, p. 5).

Beyond the wide range of sexual offenses that can be perpetrated against a child, is the aspect of the child being taken advantage of. “Exploitation of an individual who lacks adequate information to recognize such a situation or who is unable to understand or communicate…is also considered sexual abuse” (Orange & Brodwin, 2005, p. 5). Kort (2004) also refers to exploitation in his definition. “Whenever one person dominates and exploits another person through sexual activity or suggestion, using sexual feelings and behavior to degrade, humiliate, control,
injure or misuse, this qualifies as sexual abuse” (Kort, 2004, p. 1). Multiple authors have made sure to state that sexual abuse and its consequences permeate every aspect of a person. There is a deep effect from the “…betrayal of the child’s trust and dependence” (Forward & Buck, 1979, p. 19). This is reiterated by Orange and Brodwin (2005). The effects on the victim are significant, with “the aftermath of the assault or abuse…more severe than the actual event” (Orange & Brodwin, 2005, p. 5).

Those who have been sexually abused have an ongoing struggle to deal with what happened, or in some cases is still happening, to them. Frequently, “there is irreparable psychological harm done to the victim that can continue into adulthood” (Orange & Brodwin, 2005, p. 5). If children do not report the abuse themselves there are other ways of figuring out what is happening. Signals of an abused person will be in their “behaviors, attitudes, psychosocial aspects, and physical manifestations” (Orange & Brodwin, 2005, p. 5).

One of these clues is a sexually abused person being in a constant state of alert. “Hypervigilence” or “hyperarousal” is a sign of post-traumatic stress disorder where the “…person startles easily, reacts irritably to small provocations, and sleeps poorly” (Herman as cited in Kort, 2004, p. 292). There are other symptoms that the sexually abused person can have. “Some child…and adult survivors appear perpetually ‘hyperactive’, nervous, irritable, driven, or unable to concentrate” (Sanford, 1990, p. 85). Since the abuser has robbed the child of power and control of their own body early on in life, this also affects adulthood understanding of their body. “Sexual abuse of children…contaminates the sensation of bodily pleasure so that one of the most common and highly valued forms of adult play – sexual contact – becomes contaminated as well” (Sanford, 1990, p. 90). As mentioned earlier,
sexually abused children can experience mental health problems later in their adult lives, which include “depression, dissociation, heightened anxiety, sleep disturbances and low self esteem” (Orange & Brodwin, 2005, p. 6).

There is also a focus in some research pertaining to how sexual abuse creates eating and body image disturbances. “Increasingly, researchers and clinicians are cataloging the often tragic consequences of abuse and harassment on body image…” (Thompson et al., 1999, p. 235-6). In Weiner and Thompson’s (1997) work they created an assessment tool to address and measure how both covert and overt sexual abuse related to “…levels of body image, eating disturbance, social desirability, self-esteem, and depression” (p. 273). The importance of this new tool was how it widened the scope of what acts constituted sexual abuse and the gathering of empirical data on effects of sexual abuse. “…Researchers have yet to construct specific measurement scales to separate the negative influences of overt versus covert abuse and relate these…experiences…” to specific disorders (Weiner & Thompson, 1997, p. 274). The “Covert-Overt Sexual Abuse Questionnaire (COSAQ)” was created using information from multiple other scales, questionnaires and literature (Weiner & Thompson, 1997). The authors used groups of females for their work. Weiner & Thompson (1997) used four samples of females, aged 18 to 50 who were undergraduates in order to develop, re-test and finally validate the questionnaire. The researchers found that both overt and covert abuse “correlated significantly with measures of disturbance, indicating that greater frequency of abuse was associated with higher levels of depression, body dissatisfaction, eating disturbance, and lower levels of self-esteem” (Weiner & Thompson, 1997, p. 277). There was another conclusion reached by the authors, which related to treating females with these kinds of disorders. “The covert factor significantly added to the prediction of body image
and eating disturbance, and may be an important component in the study of sexual abuse, particularly in identifying...previously unidentified abusive situations and subsequent distress from the abuse” (Weiner & Thompson, 1997, p. 279). In other words, some people may think they were not abused because the sexual abuse was not physical, so the reasoning for their issues will not be as easily recognizable by professionals.

Again, many authors have discussed concepts similar to Adler’s lifestyle and how a child’s lifestyle can be affected after sexual abuse, in particular, incest. “For many…survivors, the incest experience, along with its aftereffects and coping mechanisms, has influences and become integrated into their personality” (Courtois, 1988, p. 9). Adler’s concept of inferiority seems applicable here. Mosak and Maniacci (1999) explain that inferiority itself is “based upon external criterion” (p. 56). In the case of child sexual abuse, the child has less power and control than the abuser; the child is inferior. The child’s lifestyle can incorporate inferiority feelings, in this case a subjective reaction to an external reality – sexual abuse (Mosak & Maniacci, 1999). In turn, the child may compensate because of this; keeping their true self and/or feelings hidden from the rest of the world (Mosak & Maniacci, 1999).

It could be argued that because of the profound negative affects on a child’s lifestyle development that this in turn affects if they disclose the sexual abuse. “…Anonymous national surveys of adults and adolescents have revealed that – of those indicating that they had been victimized sexually – up to 86% never reported the abuse” (Gilligan & Bumby, 2005, p. 3).

Types of Sexual Abuse

When one is dealing with the subject of sexual abuse the term itself can mean many different things. More attention is being given to the expansion of how to
define sexual abuse (Thompson et al., 1999, Weiner & Thompson, 1997). There are various kinds of sexual abuse, including acts, which involve physical contact and those that do not (Kort, 2004). A non-physical example could be “playful seductiveness” while a physical example could be “highly sexualized fondling” (Forward & Buck, 1979, p. 1). Acts with physical contact are often referred to as overt sexual abuse, while those that often do not involve physical contact are considered covert sexual abuse (Kort, 2004). This can be an important distinction to make due to the fact that covert sexual abuse can be overlooked due to its subtlety, but can be just as damaging (Thompson et al., 1999, Weiner & Thompson, 1997).

Sexual abuse includes exposure to sex in multiple ways. Children and adolescents can be “…sexualized (e.g., exposed to inappropriate sexually related conversations or media, such as pornography) or harassed about their appearance” (Thompson et al., 1999, p. 236). Kort (2004) also touches on the subject of harassment with respect to gay male teens. In his article, Kort (2004) makes the argument that gay male adolescents are socially and sexually harassed because of their sexual orientation and that this is a form of covert cultural sexual abuse. This harassment comes in several forms. “Heterosexism”, which is when a person assumes “…that all people are (or should be) heterosexual” and “homophobia”, which refers to a person’s “…prejudice based on the belief that lesbians and gays are immoral, sick, sinful, or somehow inferior to heterosexuals” (Kort, 2004, p. 289-290). Some people may not realize that this can be seen as sexual abuse, but Kort (2004) strongly believes that it is and is just as damaging as other forms, because of how it puts “gay male teenagers…at high risk for the development of sexual addiction” (p. 287).
Sexual abuse that occurs between family members is known as incest (DeMaio et al., 2006). Incest can occur between fathers and daughters, mothers and sons, siblings, grandparents and grandchildren, mothers and daughters, fathers and sons (Forward & Buck, 1979). One does not have to be related by blood to commit incest though. This could include non-biological family members, such as step-parents, step-siblings; one who is part of the child’s family structure. In cases of incest, “many troubled parents treat their children’s bodies as extensions of their own” (Sanford, 1990, p. 80). No matter what type of sexual abuse is perpetrated, “a child…learns that [they] exist only as a receptacle of other people’s needs…” (Sanford, 1990, p. 119).

**Covert sexual abuse.** There are many terms other than covert sexual abuse, including “emotional incest”, “sexually charged emotional interaction” (Weiner & Thompson, 1997, p. 274), “maternal seductiveness”, “subtle sexual abuse”, “seductive sexual abuse” and “sexualised attention” (Okami, 1995, p. 51). However, the meaning of them all encompasses the same concept, which Sanford (1990) alludes to when she writes, “If an adult is not sensitive to and respectful of the child’s…integrity, the adult can violate the child…” (p. 80). In other words, it is covert because it is not necessarily an obvious physical violation, but it can be just as invasive and sexual in nature as overt sexual abuse. Some examples would include, “…when someone exposes his or her genitals or forces or tricks an individual to exposing his or her own genitals” (Orange & Brodwin, 2005, p. 5). Covert sexual abuse can also be calls made to the child via telephone. “…Obscene telephone calls, as when an individual calls and talks about sex…[for example] ways they would like to touch a person’s body or be touched” (Orange & Brodwin, 2005, p.5). Kort
(2004) has even more examples of covert sexual abuse, including “…sexual hugs, sexual stares, [and] …shaming, …” (p. 296).

Sometimes covert abuse can come in the form of selfish needs disguised as selfless deeds. Sanford (1990) shares an example from an interview with a man who, as a boy, was physically abused by his father and his mother overcompensated for this by bathing “with him until he was nine years old, and… [bringing] him into her bed until he was ten”, which focused on meeting her emotional needs, not her son’s (p. 77). Kort (2004) refers to this as a “…parent’s demanding emotional support that the other parent should rightly supply, thus making the child into a surrogate partner” (p. 296). Sanford (1990) found that many of her interviewees experienced both covert and overt sexual abuse from one or both parents. “Their parents…intruded on their bathroom privacy…and constantly commented on their physical development” (Sanford, 1990, p. 82). Forward and Buck (1979) referred to this as “excessive attachment” between the child and perpetrator, giving similar examples of bed and bathroom sharing, along with dressing and undressing together (p. 76).

A parent’s lack of respect for the child’s emotional and psychological privacy is often because of misconceptions about a child’s role. “Many survivors must parent childlike parents and perhaps brothers and sisters as well, becoming ‘little husbands and little wives’ and ‘little fathers and little mothers’” (Sanford, 1990, p. 103). Forward (1979) refers to this covert sexual abuse when writing about a mother who consciously or unconsciously gradually transfers her role onto her daughter, from daily chores to having sex with her own father. Another form of covert sexual abuse is when a parent may promote or somehow allow overt sexual acts to occur between a child and perpetrator; it is still covert because the parent is not
directly involved in the overt or physical sexual abuse going on with the other person (Forward & Buck, 1979).

Prior to covert forms of abuse being considered, studies’ results of how many people were victims were probably flawed. In Thompson et al.’s (1999) analysis, an example of this was a study in which 27 percent of participants stated they were exposed to “unwanted sexual experiences that were not contained in the definition of sexual abuse used in that particular investigation” (p. 238). Getting additional information on this type of abuse seems vital for the future. “In addition to the emerging research that supports further examination of covert abuse, the reports of persons who have been traumatized by these experiences support the importance of such future inquiry” (Thompson, 1999, p. 240).

Some authors have already attempted to do so and their findings are surprising. In his work, Okami (1995) compared experts’ opinions that there is a negative impact on children from being exposed to parental nudity, parent-child co-sleeping and parental sexual scenes to the existing empirical data. Okami’s (1995) article asks important and valid questions about the interpretation and context of some acts which many professionals deem inappropriate. Ultimately, it was found that most of the empirical data on parental nudity, co-sleeping and exposure to parental sexual scenes contradicted the experts’ opinions that it was harmful to the child (Okami, 1995). However, there were significant reasons this may have been so. Okami (1995) found “scant” amounts of empirical data to begin with, and what did exist appeared to have “…serious methodological shortcomings…” that could “…make inferences treacherous” (p. 56). These shortcomings need to be considered in order to determine if the studies’ findings should be taken as evidence that certain acts are not harmful to the child. Okami (1995) seemed to acknowledge that it is
plausible that cultural differences and other contexts could account for some of the differences between perception and empirical data. However, much of the information gathered in the studies was questionable; sample populations were flawed, while methods of gathering data included “retrospective” and “second hand” accounts (Okami, 1995, p. 56). Either way, Okami’s (1995) work lends more weight toward the argument that more detailed and expansive empirical data should be collected.

Overt sexual abuse. There are various forms of abuse that do involve physical contact. “Overt sexual abuse involves direct touching, fondling, and intercourse with another against that person’s will” (Kort, 2004, p. 296). There is a wide spectrum of various overt acts. “A few examples would include, French kissing, fellatio, sodomy, penetration with objects, genitals, and fingers, and masturbation” (Kort, 2004, p. 296). How the abuse is forced onto the victim is also done in various ways. It can be done physically, “and at other times, psychological or emotional power” is utilized by the abuser (Kort, 2004, p. 296). Frazier (2000) describes overt sexual abuse another way. They are “obvious violations…in which a part of the body is forced into the physical space of another – a penis stuck into an orifice, hands that fondle, …a mouth that offers a poor imitation of a kiss” (Frazier, 2000, p. 318).

Who Are the Victims

There seems to be no definitive set of factors that predetermine a child being sexually abused or not being sexually abused. As early as 1979, Forward claimed, “there are probably more than 10 million Americans who have been involved in incest” (p. 2). Although it should be noted that Forward and Buck’s (1979) definition of incest seemed limited to “overtly sexual contact”, so those numbers may have been underestimated even then (p. 3). It should be noted that determining how many
children are actually sexually abused is going to vary widely. “…The variability of
researchers’ definition of sexual abuse not only plays a role in the interpretation of
findings across studies but also reflects an unresolved diagnostic controversy…”
(Thompson et al., 1999, p. 238). There are statistics pointing towards those that are
more likely to be abused.

Thompson et al.’s (1999) research of other experts’ studies showed many of
them excluded males. The prominent focus seemed to be on females who were
sexually abused, although this is now emerging as not true. Male victims are
vulnerable in a different way to both covert and overt forms of sexual abuse. “Male
survivors…often worry that in seeking help, they will be perceived as “less than a
man”” (Kort, 2004, p. 2). Another vulnerable type of person to sexual abuse are gay
males. Kort (2004) argues that gay males, especially young and effeminate ones, are
discriminated against by both heterosexuals and other gay men. This leaves them
scared, vulnerable and more likely not to report being sexually abused out of fear they
will be seen as even less of a man (Kort, 2004). Straight males have a similar bind as
potential victims. Kort (2004) explains that if they are sexually abused by another
male, they worry they are then turned into a homosexual. Coupled with the shame
they may feel because of this, they are also less likely to seek help and could be open
to further sexual abuse, because they accept how others, like their perpetrator, define
them (Kort, 2004).

Other possible victims can be those with disabilities because they are at
“greater risk” due to their vulnerability (Orange & Brodwin, 2005, p. 5). This has
been supported with research done on the topic. “In a…survey of 16,000 high school
students, 38% of those students with disabilities reported being sexually abused or
assaulted, compared with 17% of those without disabilities” (Orange & Brodwin, 2005, p.5).

In general, children who are sexually abused have some commonalities. Children who experience sexual abuse are “too young to give informed consent” (Orange & Brodwin, 2005, p. 5). There are also common factors after victims experience sexual abuse. “…Individuals who have histories of sexual abuse…have lower socioeconomic status” (Orange & Brodwin, 2005, p.6). Some studies have even done research to find what the age of victims can often be. “…A quarter of all abuse occurs to individuals before the age of seven; over a third … are victimized before the age of nine” (Orange & Brodwin, 2005, p. 6). Ultimately, though, survivors of sexual abuse come from every variety of person (Forward & Buck, 1979, p. 3).

Why Does Sexual Abuse Occur

The question of why sexual abuse occurs is another significant topic that researchers continue to explore. “The unhappy truth is that child victimization was and is common-place” (Sanford, 1990, p. 28). Reasons, like trust and relationships also contribute to sexual abuse’s occurrence. It seems that since the abusers are almost always known and trusted by the victim, the abuse can occur because this relationship can be exploited (Orange & Brodwin, 2005). This is true in the case of incest where problematic family relationships seem to precede the sexual abuse. “Family members are often emotionally isolated from one another and there is usually a good deal of loneliness and hostility before incest occurs” (Forward & Buck, 1979, p. 4). This is not to say that one can know exactly what creates a situation for abuse to happen. “There is general acceptance that no single factor places a child at risk for
sexual abuse…rather, it is the interaction of factors that seems to be critical” (Orange & Brodwin, 2005, p. 6).

In order for researchers to understand why child sexual abuse may be more likely it is important to understand aspects of the child’s life. “…Characteristics of the parents and the child and their interactions” are significant as well as the child’s culture and environment (Orange & Brodwin, 2005, p. 6-7). The concept of parents being related to a child’s increased risk of abuse is of particular relevance since those who know the victim often perpetrate sexual abuse. Parents with “substance abuse…poor coping skills, diminished impulse control…a history of violence…low self esteem…chronic depression” and those who experienced abuse themselves are associated with why some children are abused (Orange & Brodwin, 2005, p.7, Carnes, 1992). This is supported by Barrett, Trepper & Fish (1990) who label alcohol and substance abuse in a family as examples of “precipitating factors” which make a family vulnerable to sexual abuse experiences (p. 159). The non-abusing parent can perpetuate sexual abuse. “The non-protective parent who denies or minimizes the abuse is usually passive” (Sanford, 1990, p. 24).

Another major factor of why children are sexually abused has to do with power, or lack there of, on the child’s side. There has been significant research on the concept of power playing a pivotal role in the relationship between abuser and survivor (Orange & Brodwin, 2005; Barrett, Trepper & Fish, 1990). There are various excuses that offenders can use against the less powerful child. A sexual abuser can say, “…‘do it or else’, …‘this is how people show they love each other’…‘this is how I clean you’, …or ‘the doctor told me to do this to you’” (Sanford, 1990, p. 82).
Sometimes, children are abused because of how they have been taught to behave. Children, including those with disabilities, are “taught to obey” those in authority and this can lead to the child complying with abusers’ demands and manipulations (Orange & Brodwin, 2005, p. 7). Not only are the children obeying, but they are also attempting to prevent upsetting the relationship they may have with the abuser. Many “may not attempt to stop the abuse…because they fear losing the relationship and they are emotionally and physically dependent…” (Orange & Brodwin, 2005, p. 8). There is a need for love that children often wish to maintain and do not want to lose. “…The desire to be loved is corrupted…” and “…the victim is often vulnerable because of this need…” (Price, 2004, p. 190).

**Summary**

In summary, there are many types of abuse, which can include acts with and without physical touch, but in all cases there is an element of exploitation and manipulation. Victims tend to be children who do not understand what is happening and who are reliant on adults, whether that be for disabilities, emotional support or their care in general. Sexual abuse seems to occur because children lack knowledge and power which the abuser uses against them. It can also occur in cases where the child’s environment is unstable and unsafe for other reasons, resulting in their vulnerability to sexual abuse.

**Therapy/Recovery**

Therapy and recovery itself is to help a person move on from whatever it is they have experienced in their life, which may be causing them distress and having a negative impact on their life. In her book, Sanford (1990) wanted to find out what happened to survivors of abuse, which helped them to become healthy and overcome their painful past. She states that, “there are many roads to survival” and many
people sexually abused as children, must fight the overall message that they are “damaged goods” (Sanford, 1990, pp. xiv, 8). Unraveling this message needs to be addressed in therapy. There is a “…sense of worthlessness and self loathing…” as well as “shame” (Thompson, 1999, p. 241). There are various ways one can work this out positively. “…Increasingly sophisticated therapy guidelines have been published to assist therapists who work with the long-term effects of trauma and child sexual abuse” (McGregor, Thomas & Read, 2006, p. 35). Research shows that this is necessary because of the specific effects sexual abuse has on victims.

“…Treatment… differs from generic therapy” because “…working with many survivors of child sexual abuse can be complex and challenging” (McGregor et al., 2006, p. 36).

One of the first challenges making recovery difficult is creating an atmosphere where survivors want to admit abuse even occurred. The Women’s Movement had a large influence on helping female survivors feel less isolated and urging them to speak up about being sexually abused (Courtois, 1988, Walker, 1993). Once it became acknowledged, something could be done. It should be noted, however, that the movement limited its scope to some extent due to reluctance about women also perpetrating abuse, not just men (Walker, 1993).

If recovery is to take place, the professional helper needs to have a positive attitude that the survivor is resilient, and learned helplessness is not inevitable (Sanford, 1990). The contested issue of forgiveness is a unique decision for every survivor. Courtois (1988) states that some people can choose to include forgiving their abuser and others involved as part of their recovery but it is a “choice and is not something that every survivor will decide to do” (p. 348). Bass and Davis (1988) add that if anything the survivor should forgive themselves, but to do so for others is not
required. In order to forgive, one must move on or past what has occurred. Therapy with a professional can be a way to facilitate this.

Recently the issue of whether therapists and/or experts in the specific field of child sexual abuse can be trusted to have unbiased viewpoints despite their own potential histories of abuse has been tested. This testing is significant because of the importance of trust between those that are dispensing expert opinions and those that are receiving them. Mildred (2010) used data from 37 interviews with experts in the sexual abuse field to see why they work in this field, to explore the wounded healer theory of helping professionals often having experienced abuse themselves, and also if this meant that it could affect their work negatively.

The research was found to uncover more about this accusation and why some in the field make it. After intensive analysis of the qualitative data, it was found that experts “rarely cite childhood or other trauma as a primary motivating factor” for becoming involved in the arena of child sexual abuse (Mildred, 2010, p. 66). Not only was this assumption found to have little evidence to support it, but also the research discovered an emerging theme about why some may be trying to discredit their colleagues. “One explanation for the wounded healer hypothesis, which primarily targets women, is that conscious or unconscious efforts to undermine the credibility of women professionals may serve to maintain gendered hierarchies in the professions, as well as society” (Mildred, 2010, p. 72).

The final point the research makes is that of sexual abuse therapy workers’ credibility. Mildred (2010) states that her findings “do not support the claim that prominent experts in the child sexual abuse arena chose to focus on this issue because of…personal agendas” and “…it ought to be the quality of their work, not their childhood history…that is used to determine…credibility…” (p. 73-74). Beyond the
importance of credibility and trust within therapy, especially for therapy dealing with child sexual abuse is the actual process of healing.

**What Is the Process**

There is not a single process for recovery or therapy when a child is sexually abused. There have been ongoing debates about what constitutes the best way to treat sexual abuse. Processes range from “…separation of family members and incarceration of perpetrators…” to “…treatment that can enable the perpetrator to become a safe citizen and even an effective spouse and parent” (Maddock & Larson, 1995, p. 384). Despite the differences, there can be common aspects that numerous processes share.

One option, which is typically utilized if the victim still needs help as an adult, is known as abuse-focused therapy. McGregor, Thomas & Read (2006) studied this therapy and interviewed a sub-sample of 20 women, which had been chosen from 191 questionnaires, to find out what the best abuse-focused therapy looked like. These researchers concluded that the best therapy involved the clients knowing all of their rights and the overall process at the beginning, creating an equal and collaborative relationship between the client and therapist, the therapist knowing what child sexual abuse is and its effects, and the therapist not only normalizing the client’s perspective but also handling recounts of abusive experiences respectfully (McGregor et al., 2006). This outlines what the overall process would ideally consist of; however, there are many more possible ways that victims can receive treatment.

Families, especially those where the abuser is a part of the family, have multiple options for their therapy. Price (2004) describes a combination of three techniques, including “strategic, solution-focused, and narrative family therapy approaches” to help families affected by sexual abuse (p. 188). If a family wants to
work towards reunification, after it is found that incest has occurred, there is also a process for this within therapy. “The family reunification model is divided into three parts: disclosure, victim clarification, and the family reunification meeting” (Price, 2004, p. 188). Strategic therapy is helpful because of how it can be related to the issue of sexual abuse. “There is a focus on family interactions, rules, and boundaries” and “…focuses on strengthening the family’s structure and communication…” (Price, 2004, p.189). Solution-focused therapy is just that; putting all attention on how to get answers rather than continually asking why something negative occurred. “Solution-focused family therapy is based on the idea that in order to help clients change, the focus of therapy needs to be related to how change happens rather than concentrating on how problems develop” (Price, 2004, p. 190). Narrative therapy also offers a similar approach in regards to its focus on change. “The role of therapy is not to increase their awareness of their suffering, but rather it is to increase their knowledge of how to change” (Price, 2004, p. 193).

After a lengthy therapeutic process has resulted in the family becoming stable the next option can be disclosure. “Disclosure is the most powerful way to counter the forces of secrecy, coercion, and intimidation…” and is when the abuser, victim and family members voluntarily take actions that show they accept what has happened and it is fully acknowledged (Price, 2004, p. 200). This therapeutic process is very difficult. Bass and Davis (1988) state disclosure can be about seeking validation or more information, showing how the survivor was affected and ultimately breaking the silence. This phase does not always produce the expected result for the survivor (Bass & Davis, 1988). However, when successful it can lead toward clarification. Price (2004) describes this time as a “very painful and exciting
phase” because it can prepare the family for an initial reunification meeting, but takes a long time to make sure all parties are ready (p. 206).

To go through the process of clarification does not mean it has to be done via family therapy alone. “Many therapeutic modalities [e.g. individual, group, family] are utilized…” but “…regardless of modality or who is involved in treatment…clarification of who is responsible for the occurrence of the abuse” is important (DeMaio, Davis & Smith, 2006, p. 27). There are treatments that include one or more sessions aimed at specifically addressing responsibility. It is not possible to define exactly what happens within these sessions because the process can be different depending on what kind of therapy is being conducted (DeMaio et al., 2006). It seems as though this process of clarification is used so widely because of its many purposes.

Some of the most significant purposes are, to change any distorted beliefs of the family, change the structure of the family, keep the focus on the victim, keep responsibility on the abuser, create strategies so abuse does not reoccur (DeMaio et al., 2006). This can include continuing work on lifestyles of the survivor and others. It is important to address the mistaken beliefs one may have because they can be “…at war with the positive, sustaining self concept you are trying to build” during the healing process (Bass & Davis, 1988, p. 179).

The process of clarification is also significant for helping reach specific end results. Some researchers argue that clarification is necessary for treating families, especially those affected by incest, and it is recommended the process happen before any family reunification is attempted (DeMaio et al., 2006, Gilligan & Bumby, 2005, Price, 2004). Some experts warn those who may want to work towards reunification. Just because there are treatments that can take place to help towards reunification,
“…does not mean that all families who engage in the clarification process can or should reunify” (DeMaio et al., 2006, p. 28).

Since the use of a process like clarification sessions are apparently so widely used, some researchers wished to find out more about them. An exploratory study was conducted by DeMaio et al. (2006) to find out what some of the attitudes and practices are for the therapeutic process known as a clarification process. A 90-item survey was mailed out to 1,089 members of the Association for the Treatment of Sexual Abusers [ATSA] and the usable information gathered on the clarification process was from 363 people, as they reported conducting at least one clarification session (DeMaio et al., 2006). This survey uncovered some common beliefs about what needs to happen prior to this kind of session being used. “90% or more of the individuals…consider the following as “essential” to occur before clarification takes place: both the perpetrator’s and the child victim’s therapists communicate, the child’s therapist assesses the child’s desire to confront the perpetrator, participation in group therapy by the perpetrator, and the perpetrator’s therapist evaluates the perpetrator’s letter to the victim” (DeMaio et al., 2006, p. 31-32). There are also specific items that most of the respondents deemed necessary or helpful in general. “…90% of respondents endorsed as essential…the perpetrator’s therapist intervening if the perpetrator places any blame for the victimization on the child” (DeMaio et al., 2006, p.32). And over 90% described as “essential” or “beneficial” the following: “…victims therapist outlines rules, perpetrator’s therapist is present, child victim is present, perpetrator is present, victim’s therapist is present, and victim’s therapist intervenes if the perpetrator blames the child victim” (DeMaio et al., 2006, p.32).

The study by DeMaio et al. (2006) helped uncover some of the reasons why professionals utilize this particular process so much. 83% of respondents claimed it
contributes to the perpetrator taking responsibility and decreases the survivor’s “self-blame” (DeMaio et al., 2006, p.34). There are also key purposes that the clarification process can fulfill. 88% of respondents used it “in cases involving family reunification”, 77% said it should be used for “perpetrator treatment”, 70% for “incest family treatment”, 67% for “incest victim treatment” (DeMaio et al., 2006, p.35). Amongst the entire process of therapy and recovery from sexual abuse, the study was able to somewhat determine how long these specific sessions should take. “…62% reported that the process should take between one and three sessions…specifically, almost 11% reported...one session, 29% two sessions, and 22% three sessions” (DeMaio et al., 2006, p.35).

As mentioned previously, is Essex et al.’s (1996) project. Their work highlighted a type of therapy and recovery for the entire family even if wrongdoing was denied. This therapy’s two phases of, “…structural change in the organization of family life…” along with role-playing by the adults of a “hypothetical family where child abuse has been established” serves a specific type of family (Essex et al., 1996, p. 191).

Similarly, when the court cannot prosecute a parent who allegedly sexually abused their child, a reunification is still possible. Hewitt (2008) explains that using a “therapy protocol” to reunify the family must be done for the safety of the child (p. 18). This process is very specific in its aims. “This process works to actively deal with allegations of abuse by directly addressing them, using a therapy process to make specific and concrete rules about touch in relationships, to monitor the contact between the child and alleged offender after these rules have been set down, and to keep the focus on the health of the child’s long-term adjustment” (Hewitt, 2008, p. 18). In the first phase of Hewitt’s (2008) reunification plan, the non-accused parent
takes on a primary and important role, similar to Essex et al.’s (1996) emphasis on the non-offending carer increasing their power. The child completes court-mandated therapy with the alleged abuser and non-accused parent, with each adult separately meeting with the therapist and child to create “written contracts” that state what “specific touches…are okay and not okay between them…” (Hewitt, 2008, p. 18). The most important part of this first phase is what the alleged abuser communicates with the child. “…The alleged offender must tell the child that inappropriate touching is not okay, that a child should tell if such a thing happens, that the child will not be in trouble if they do tell, and that the alleged offender will not be mad at them if they do need to disclose” (Hewitt, 2008, p. 18). If the family meets these requirements the next phase can be implemented. Hewitt (2008) explains that there is no specific time-frame for the alleged abuser and child to reconnect with increasing direct contact, but that it can be influenced by the needs of the child and changes to the families’ circumstances. No matter what way the therapy is undertaken, it is almost always intertwined with other protective measures. “What is striking is the complexity of the relationship between protective action, criminal action and treatment” (Bentovim, 1993, p. 196).

There is another significant part of recovery from child sexual abuse. “Resolution – accepting that sexual abuse is a part of your past, but determining that it does not have to be a part of your future – is a critical part of the healing process” (Stone, 2004, p. 74). Finding resolution through whatever therapy process one chooses has an overall effect on a victim’s life. “When you are resolved, you hold the power to determine your own happiness, and you can move forward with your life regardless of the response from others” (Stone, 2004, p. 75). Reaching this form of healing can come in many forms. Stone (2004) as well as Bass and Davis (1988)
suggest that some of the ways a survivor of sexual abuse can reach resolution are through confrontation of the abuser with help from professionals, hold the abuser accountable by not simply accepting an apology but also see them make amends, and/or use faith and forgiveness to give up resentment and move on. Whatever victims of sexual abuse do, it needs to be a choice at their pace. When recovering, “what is most important is that your decision is based not on fear or shame, but on what is most comfortable…” (Stone, 2004, p. 84).

**Statistics of Recovery**

Overall, there are different types of therapeutic processes that can be chosen in order to try and recover from sexual abuse. Each process will have its own rates of success or degree to which it can help recovery for children and also adults. Prior to the 1990s, the majority of people believed once a person was sexually abused they had very little chance of recovery (Sanford, 1990). This may have been because most studies focused on survivors of abuse who would come to attention because of their extreme lack of coping, like being in jail (Sanford, 1990). However, with the contemporary understanding that many survivors go on to lead fairly successful lives, it seems likely statistics of recovery are higher than once thought. The question then is of where the empirical evidence exists.

It seems working with the entire family is ideal, based on the numerous processes created and used, especially in cases of reunification, but concrete data is almost completely absent. “…Considerable uncertainty exists regarding the impact of intervention and therapeutic treatment on the families…” (Maddock & Larson, 1995, p. 384). It seems this is because gathering this type of data is extremely difficult. “…Child sexual abuse research, particularly therapy outcome research, is complex and problematic and has been characterized as a “methodological
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There are various reasons as to why collecting therapy outcome data is hard. One of these reasons seems to be a “…lack of long-term follow-up and independent research…” (Maddock & Larson, 1995, p. 384). It appears that those who treat sexual abuse survivors and their families, like in cases of reunification, do not even have a definite system in place to gather empirical research. “Missing from most sexual abuse treatment programs are organized criteria for evaluating family member interaction before and after treatment” (Maddock & Larson, 1995, p. 384). Other professionals put it more bluntly. “I think the reason for lack of empirical research in this area is time and funding” (P. Carnes, personal communication, April 18, 2012). More specifically, it seems the coordination of efforts between institutions would be enormously difficult especially at present time. Today, empirical work on the effects and success of reunification would need to be “longitudinal”, “cross sectional” and “most likely involve a government agency” (P. Carnes, personal communication, April 18, 2012). This is by no means an easy undertaking given the lack of various resources. “Many social workers and CPS services are already overwhelmed, and hence, to implement extra follow-ups and assessments (not to mention the data collection and statistical analysis) would take extra man power, and that takes funding” (P. Carnes, personal communication, April 18, 2012).

Currently there seems only to be reports of reoccurrence or non-reoccurrence of sexual abuse after the initial disclosure and treatment (Maddock & Larson, 1995). For instance, Hewitt (2008) claims that “follow up on cases after several years found no additional abuse occurred” when clients followed her process of reunification (p. 19). No statistical data is supplied to support this, but Hewitt (2008) does mention that there needs to be “continued monitoring…from supervised
visits outside the therapy office, to unsupervised visits with a follow-up therapy session, to periodic check-ins after unsupervised visits” in order to facilitate this success (p. 19). Not only the alleged sexually abusive parent is checked on. The non-accused parent is also monitored so that subsequent accusations of abuse can be confirmed or denied (Hewitt, 2008). It seems the author argues reunification is successful if no further accounts of sexual abuse are made and the child forms healthy relationships with both the alleged perpetrator and non-accused parent in a therapeutic setting (Hewitt, 2008).

In the specific case of clarification sessions, there is also a significant lack of empirical research done to know what negative aspects are, if any, because it is typically only “described in terms of the positive effects” (DeMaio et al., 2006, p. 28). Without any empirical studies that prove what the actual effects are on families who engage in the technique of clarification and/or reunification, there are not many statistics to explain its wide use. “Systematic research is necessary to increase our understanding” of why clarification sessions are used and to measure the effects these sessions have on all those involved, both positive and negative (DeMaio et al., 2006, p. 29). Empirical research appears to be lacking for success rates of recovery in general, but there are numerous descriptions of what the general effects of therapy are for those sexually abused as children.

**Effectiveness**

If one were to determine the effectiveness of therapy and/or reunification, it would be important to look at the survivor in their adult life. “Above all it is the sense of personal responsibility, self awareness and belief in choices and courage that distinguish survivors who have fared well in life in spite of the trauma of their childhoods” (Sanford, 1990, p. 17). In order to get to this place of effective recovery
from sexual abuse, it can be important to look at the people and experiences around the victim afterwards. “…Long-term effects of child sexual abuse…will be modified by the individual’s experience subsequent to the abuse” which includes “…supportive and confiding relationships…” (Orange & Brodwin, 2005, p.8).

Effectiveness of a treatment is usually based on the chosen process being appropriate for the survivor’s situation. One of the positive effects of clarification sessions was empirically discovered by DeMaio et al.’s study. With one of the highest averages of agreement, “…confronting the perpetrator empowers the child” was viewed as an effect of the treatment (DeMaio et al., 2006, p. 34). How professionals themselves were deciding that clarification sessions were affecting clients was also researched. In DeMaio et al.’s study, “…93% reported that they evaluate the effects of clarification sessions. The majority…81% said that they typically evaluate the effects informally. Only 9%...utilize formal means of assessment such as standardized tests or interviews” (DeMaio et al., 2006, p.35).

The definition of successful recovery does not have to include staying together as a family. Gilligan and Bumby (2005) state that what constitutes successful reunification needs to be defined based upon whether or not the sexually abused child feels safe. Even if a family attempts to reunify this does not guarantee that the offender will or should be able to return home (Gilligan & Bumby, 2005).

“Above all else, what must be considered paramount and as the ultimate measure of success is the safety and well being of the victim” (Gilligan & Bumby, 2005, p. 1). Some authors argue there is successful recovery for the entire family on a larger scale. “The majority of incestuous fathers respond well to treatment and many have been successfully reunited with their families” (Forward & Buck, 1979, p. 43).
Some research has been done regarding the question of effective recovery without an abuser accepting culpability. “Current thinking suggests little productive work can be undertaken with families where serious...sexual abuse of children has occurred in the absence of a clear acceptance of responsibility for that abuse” (Essex, Gumbleton & Luger, 1996, p. 191). Researchers like Essex et al. (1996) brought attention to the fact that if responsibility is not accepted than some kind of meaningful alternative can be created to help children still receive effective recovery. This has also been the case with other earlier treatment services when they were still being developed and their effects were being assessed. “A therapeutic program linking family and group work…resulted in...a significant number of children improved in their emotional status and were recovering from their traumatic experiences” (Bentovim, 1993, p. 196).

Barrett, Trepper & Fish (1990) argued that effective therapy for sexual abuse would not be where it is today without the early contributions of feminist researchers who critiqued family therapy for being less about the victim and more about seeing the family as all responsible for the abuse occurring. “Family therapy has an excellent opportunity to meet the therapeutic goals outlined by feminist writers and is one of the most pragmatic approaches for stopping the abuse and preventing reoccurrence” (Barrett et al., 1990, p. 156).

Little by little the stereotypes of permanently damaged victims have been debunked to give way to new understandings about why those assumptions are both false and dangerous. Over 20 years ago, Sanford (1990) warned, “we fail to recognize how our...pseudoscientific projections of blame for trauma parallel the abusers’...thinking errors, how our insensitivity keeps alive just those defense mechanisms that need to be discarded” (p. 179). If we assume that recovery in
general cannot be successful we are doing the survivor a disservice. Recovery does not necessarily mean it will come in the form of successful reunification though. Ultimately, whether reunification is done or not the concept of recovery is still very real. “…Even given a rough childhood a normal adult life is possible” (Sanford, p. 6).

**Summary**

In summary, there are numerous techniques that can be used for helping a child who has experienced sexual abuse recover. Some of these methods include family therapy, solution-focused therapy, narrative therapy, and clarification sessions. Some of these modes of therapy aim at reunification of the family; the perpetrator and survivor brought back together. There are also programs that were developed in cases where the victim’s perpetrator denied abuse and stayed in the family. There is a lack of empirical data on actual statistics of recovery based on the literature found; however, there is information available that supports therapy in general being highly effective. Therapy can create a sense of empowerment for victims, lessening self-blame and reducing the occurrence of trauma later on in life.

**Post-Reunification**

Families who are back together, after disclosure of sexual abuse and then treatment, enter a new phase, which this writer refers to as post-reunification. It could be argued that there are various possible long-term effects after reunification, both positive and negative. A long-term effect may be that the family sees the perpetrator as a human being (Forward & Buck, 1979). Whereas before they may have been labeled negatively due to the stigma of being a sex offender, even one who was receiving treatment. Forward & Buck (1979) argue that humanizing perpetrators is needed if our society wants to reduce the prevalence of sexual abuse, especially
within families. This also may mean the reunified family has better connections to one another. “There can be a great amount of healing and the possibility of a healthy life and relationships [for] both (all) parties” (P. Carnes, personal communication, April 18, 2012). Part of the new healthy dynamics of the family system may be the stopping of unhealthy patterns. Carnes (personal communication, April 18, 2012) states,

Much of the literature has noted that incest happens within families for several generations. By stopping the cycle, getting treatment/therapy for the abuser and victim(s), and aiding them in rebuilding a healthy relationship not only aids the current generation, but the generations to come. Reunification is not merely about one or two people, it can affect many.

The likelihood of more abuse occurring again in the family during post-reunification may or may not change. Maddock and Larson (1995) argue that multiple authors report families of incest who completed treatment end up having very low reoccurrence of abuse. However, this kind of information needs to be used cautiously. There is “…no single or essential family variable that explains the etiology or continuation of incest” (Maddock & Larson, 1995, p. 391). Other experts in the field state that certain kinds of sexual abuse may have different rates of re-occurrence. “In terms of pedophilia (including the incestuous types), recidivism rates have been shown to be high” (P. Carnes, personal communication, April 18, 2012). In the long-term, reunification is less likely to work if certain situational criterion are present. “…If the abuser has not been treated, the abuse was extreme or was long lived, or the survivor is displaying PTSD symptoms or is fearful of repercussions then reunification is counter indicated” (P. Carnes, personal communication, April 18,
This after-effect cannot be debunked or confirmed until more concrete data is gathered.

The structure of the family, as well as their ways of communicating with each other may be different, but not necessarily in a positive way. Jere Truer (personal communication, April 4, 2012), a licensed professional who has worked with many people following reunification has observed power and control dynamics in the families. He states that prior to the abuse coming out, there is a “culture of intimidation” within some families that can persist even after treatment (J. Truer, personal communication, April 4, 2012). Part of this culture includes ongoing covert sexual abuse. “They [sexual abusers] are doing all sorts of behaviors that seem innocuous to the untrained eye, but experts who are sensitive to reunification can see unwanted gestures” (J. Truer, personal communication, April 4, 2012). Many of the covert acts that occurred prior to treatment can occur post-reunification. Truer (personal communication, April 4, 2012) explains examples of these covert gestures can include parents who insist on kissing the child, not being respectful of others’ personal space, role reversal, spousification, hugs where the child tenses up, entering a room without knocking, and hands on the child’s leg or arm with direct eye contact. This last example can be especially subtle but have a deep meaning. Touching gestures with eye contact can imply the parent is still commanding the child’s attention via subtle manipulation (J. Truer, personal communication, April 4, 2012). No matter what the type of gesture, it is a possible indicator of poor boundaries.

Truer (J. Truer, personal communication, April 4, 2012) argues that prior to reunification survivors need to show their anger to the perpetrator in the family, build up their personal boundaries and learn how to say no forcefully. “Boundaries must be enforced” as well as the family needing to “hold the perpetrator accountable for
boundary incursions” (J. Truer, personal communication, April 4, 2012). This does not just imply physical boundaries. If a family wishes to reunify they must increase boundaries around eye contact, staring and exposure to verbal and visual exhibitionism, like a mother who walks around in her undergarments (J. Truer, personal communication, April 4, 2012). This can lessen the likelihood that covert sexual abuse will occur post-reunification.

Another possible after-effect during post-reunification, even where the abuser has recovered from their sexual impulsivity, will be that their successful treatment is a closely guarded secret. This is because the entire family must remain very careful with who they share this information incase of negative consequences, not just for the abuser but the entire family (Maddock & Larson, 1995, Carnes, 1992). There is still a stigma attached to sexual abuse, and the public’s opinions will determine how open a recovered sexual addict and their family can be (Carnes, 1992). Even if the family wishes to be open it may be difficult to achieve. Maddock and Larson (1995) refer to it as “their continued alienation from the community” (p. 391). This is not only an after-effect itself of reunification but also can create other after-effects, like unconsciously promoting an environment of silence. Carnes (1992) explains that just as an alcoholic, even a recovered one, was once considered a secret kept within families, a reformed and treated sexual addict who is back with their family is not easily accepted in today’s society. Just as alcoholics had to shake the stigma, so must other recovered people (Carnes, 1992).

One of the more significant after-effects of reunification, which may occur is that the family will not continue seeking help when needed or stick to the plans set in place when the abuser and their family were being monitored. “…Restrictions generally are not applicable once the period of supervision expires” so “…there is
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It often no formal process to ensure continuous and systematic monitoring of, and response to, identified risk factors” (Gilligan & Bumby, 2005, p. 2). This is not to say that ongoing assessment should not be one of the goals post-reunification.

Ideally, some or all of the family members would “revisit the issue(s)” in order to address how their changing lives, like “the child that was abused becoming a parent themselves” are still affected (P. Carnes, personal communication, April 18, 2012). If this does not happen, it opens up another entire array of possible negative after-effects once reunification has been completed. This is because, it cannot “…be assumed that the sex offender will utilize reliably effective coping skills or adhere to relapse prevention plans absent any external requirements, expectations, or demands” (Gilligan & Bumby, 2005, p. 2)

It is difficult to gauge the successfulness of reunification when it is still unknown how family systems will react to future stressors. Truer (personal communication, April 4, 2012) warns that it is possible for families to revert back to old ways in times of increased stress, including perpetrators re-offending. To lessen the occurrence of this, certain measures must be formed. “…Treatment of abusers should include training and exercises that prepare the abuser for stressful times and the abuser should be prepared with a prevention plan” (P. Carnes, personal communication, April 18, 2012). Ultimately to gauge the success of reunification depends on awareness. “It can be successful but there has to be constant vigilance about those old dynamics” (J. Truer, personal communication, April 4, 2012).

Continued Effects on Lifestyle and Trust

This writer proposes that post-reunification, old and new family dynamics and patterns of behavior can have just as much of an effect on a person’s lifestyle and trust as the abuse itself. This is in part due to the fact that Adler’s concept of lifestyle
is focused on people’s movement (Griffith & Powers, 2007, Carlson et al., 2006). These movements can be the choices the family members make during reunification and post-reunification. The choices in and of themselves would already be influenced by the individuals’s lifestyle, since Adler argued that it is created by age four or five (Griffith & Powers, 2007, Carlson et al., 2006, Adler, 1956). However, this writer argues an individual’s lifestyle can also be altered during and after the reunification process. It is likely they have been working on becoming aware of and understanding their “…interpretations of what life is, what he [or she] is, what others are and what his [or her] relationships mean…” (Griffith & Powers, 2007, p. 63). If that is the case, then it could also be argued that their lifestyle is susceptible to additional changes as they reframe or attempt to adjust it post-reunification. Carlson et al. (2006) state people’s lifestyle “can change if a therapeutic event occurs”, however, it is still unknown if “people actually change their fundamental convictions…or…the way they use those convictions…” (p.55).

People who are covertly abused after reunification has occurred, can have their lifestyle affected by how the continued abuse “imprints” on who they are and what choices they make (J. Truer, personal communication, April 4, 2012). Some of the effects on a survivor’s lifestyle can pertain to their future relationships. The survivor may have a hard time marrying, or having long-term relationships because they perceive to already have one with their abuser (J. Truer, personal communication, April 4, 2012). Carnes (personal communication, April 18, 2012) also touches on this particular lifestyle aspect being affected, but in a positive way. He argues that if done successfully, post-reunification can help with “…keep[ing] the attachment, (which we now recognize as being not only important to family of origin
relationships, but later affects social and romantic relationships as well as self-image/self-worth)” (P. Carnes, personal communication, April 18, 2012).

Sanford touches on the concept of lifestyle when referring to how parents’ behavior, including their abuse, influences how their children perceive who they are and what their role in the world is. “To be sure, parents are powerful role models, teaching children what constitutes…family life, discipline, problem solving and expression of feelings” (1990, p. 10). She goes on to add, though, that even if the family remained together this lifestyle is not necessarily being permanently etched into children. “Not all children blindly follow their parents,” and “behavior can be unlearned” (Sanford, 1990, p. 10). What seems to be important then is how the survivor perceives the choices the other family members make once they are back together. If the family follows healthy boundaries and does not hide what occurred the lifestyle is apt to change for the better, but if old dynamics still exist covertly or the family makes choices which counteract the progress made, lifestyle may stay damaged.

Ultimately it is hoped that reunification will be done after therapy and if it is thorough a person’s lifestyle may change for the better. Lifestyle can be positively altered by breaking through the negative cycles, shedding light on the family dynamics and becoming very conscious of one’s lifestyle. (J. Truer, personal communication, April 4, 2012). No matter what occurs in the family post-reunification, the atmosphere will be affected as well, and this in turn affects life style (Carlson et al., 2006). “A tone is set” in their individual lifestyle and family during post-reunification (J. Truer, personal communication, April 4, 2012).

Trust is another element greatly affected by not only sexual abuse but also reunification. During abuse, the child’s “trust is repeatedly betrayed” by the abuser
and this may mean they do not believe “in the goodwill of others” (Sanford, 1990, p. 72). This needs to be worked on even after reunification, but not before it is done with the survivor first. Bass and Davis (1988) warn that “before you can trust anyone, you have to trust yourself” (p. 226). If this is not done before reunification there is a risk that the survivor’s lack of trust will also adversely affect their lifestyle when the family reunifies. If the offender or other family members revert back to old dynamics, do not support one another, or covert sexual abuse exists then a survivor’s trust will be diminished. “…You end up disappointed or abandoned, thus proving your original beliefs – that people aren’t trust-worthy, that you aren’t lovable, that love isn’t worth it” (Bass & Davis, 1988, p. 227). While it is hoped that the survivor and non-abusing family members are able to increase their trust again, the offender needs to be continually working on others trusting them during post-reunification. Multiple professionals state the survivor’s trust has to be earned again (J. Truer, personal communication, April 4, 2012, Bass & Davis, 1988).

**Summary**

The phase after reunification can be referred to as post-reunification and has both a variety of possible positive and negative effects. The after-effects mainly depend on what is done prior to reunification, during reunification and long-term, especially by the family. Some of the positive affects include seeing the treated abuser as a human being again, healing the relationships between family members, breaking the generational cycles of abuse, and stopping the abuse from re-occurring in the family. Some of the possible negative affects post-reunification include ongoing covert sexual abuse, subversive power and control dynamics between the abuser and survivor, and overt sexual abuse occurring again. Some professionals believe this can happen if certain criterion have not been met during the therapeutic
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process, like showing anger to the abuser and building healthy boundaries. Also, just as lifestyle can be affected by sexual abuse itself, the decision to reunify can also be influential. The decisions involved in reunifying and the movements made by the family will affect how each family member perceives themselves and others. A survivor’s lifestyle may be affected positively or negatively by reunification, just as their concept of trust. After trust is lost because of sexual abuse, it has to be continually worked on during post-reunification, with survivors learning to trust again and offenders earning back trust of their family.

Overall Summary

There are numerous ways in which to define and explain what and who sexual abusers are, what sexual abuse itself is and the many therapies that exist for victims of sexual abuse. This review covered the general definitions of sexual abusers, including how their actions affect themselves and others around them, how they use their trust and power to exploit child victims and prevent themselves from realizing what they are actually doing. Sexual abusers are almost always known to the victim in some way, whether that is a biological family member or person who works where the victim exists. Those who remain in contact with the victim tend to be those who are loved and cherished by the child victim and whom the child does not want to sever contact out of a desire to continue the relationship they believe they still need, despite the abuse. They are chosen to stay because of the child wishing to please others and save their family from being fragmented by the abuse. There are seemingly obvious negative consequences for children who remain in contact, including further abuse and ongoing mental trauma later in life. There can be significant influence on the survivor’s lifestyle; how they perceive themselves as well as others. Those who do not remain in contact are those whose victims put their own
needs above others and also have to do with imprisonment and the treatment the abuser and victim receive. The effects of completely severing these relationships appears to be positive but it is not fully known, and there is most likely some negative aftermath if the abuser was a loved family member or relationship to the victim. Sexual abuse encompasses numerous acts of forced sexual nature and can include non-touch actions, sometimes known as covert sexual abuse, as well as touching all the way to rape. It is about the exploitation of children’s desire to be close with adults who have more power and knowledge than they do. Victims are often young prepubescent children who lack the understanding of what is happening to them, and this occurs because the child is vulnerable in some way. Therapy for child victims and adults who were abused as children are wide ranging and include family therapy, solution-focused therapy, narrative therapy, clarification sessions and so forth. The ideal therapy will suit the victim, their family and what the specific situation was for that child. The process is long and difficult for all involved and should result in the victim reducing their self-blame and feeling more empowered. There is a lack of empirical evidence stating what the success rates are for recovery in general as well as identification of after-effects once reunification has been achieved. This may be due to how overwhelming the need for resources would be in order to conduct a comprehensive study. There seems to be more positive effects for those who seek therapy, while reunified families may not continue therapy after monitoring by outside sources is completed. Post-reunification can include various positive and negative after-effects. The after-effects can occur depending on the specific situation on the family and abuse, as well as what is or is not done pre and post-reunification. Overall, there is a profound effect on a child’s lifestyle once they have experienced sexual abuse, therapy and reunification. Lifestyle may be enhanced positively by
reforming relationships while it may not be changed at the core, especially if therapeutic work is not done long-term. Trust is not only affected by abuse, but also long-term, and is needed to be rebuilt during post-reunification as well.

**Conclusion**

Effective treatment has come a long way from the 1980s and early 1990s, with numerous options for therapy and treatment of victims. This researcher came across literature that had numerous studies on sexual abusers, sexual abuse effects, and different therapies. However, there was a significant lack of research found for the effects on a child when they are not in contact with the abuser; almost as if it is assumed that the effects are all positive. There was also a lack of statistical evidence found for successful therapy treatments. This was surprising, as this researcher originally thought there would be less information available on victims staying in contact with abusers and much more on why abusers should not be in contact with the victim. As it turns out, there appears to be an emphasis in literature on treatments for sexual abusers and understanding their motivations, but far less focus on comparing the long-term effects of treatment with those that have contact with their abuser and those who do not. With the enormous lack of research and data in this area it is difficult to clearly answer the question of how recovery can be successful for victims of sexual abuse if their abuser still remains an active part of their life and determine the exact after-effects of reunification.

**Recommendations for Further Research**

This writer strongly urges professionals to begin coming together and organizing a plan to conduct empirical research on the topic of reunification. It is certainly clear that the undertaking is incredibly challenging, but the purpose alone should be persuading law makers, social services, helping professionals and society at
large to coordinate studies on what is the most effective outcome for sexually abused children. With such a highly prevalent social problem, such as sexual abuse, multiple surveys should be conducted both long and short term with families who are reunified. If it is difficult to persuade government entities to begin these surveys, perhaps professionals involved in the American Psychological Association could create their own standardized survey. Licensed therapists and counselors who are involved in the treatment of sexual abuse could conduct this survey with families pre- and post-reunification. Once their findings were published in various journals more attention and resources may be attracted by Child Protection Services. The surveys could then be implemented statewide and/or nationally, as well as across different socio-economic sections of society. Even if the research starts on a small scale, these answers need to be found for the well-being of sexually abused children and their families.

**Summary of Project**

This research project began from personal origins but this writer quickly realized the questions not being answered in one particular family’s reunification were also unknown on a larger scale. This project’s aim was to highlight not just the issue of sexual abuse and sexual abusers, but also the importance of professionals understanding what they are really trying to achieve with their clients, whether they be the offender, the survivor or the other family members. By using a literature review it was hoped that this writer’s questions could be answered, however that was not fully accomplished. This writer found ample material for most of the sections on the project. However, the project also shed light on various holes in the available research, which exists on proven successfulness of various therapeutic processes, especially reunification. Despite the project not being able to definitively answer the
question laid out regarding reunification’s success and after-effects, it still appears that this project was needed to begin a professional-level conversation about the next steps needed to find the answers.

**Conclusion of Project**

Perhaps there are a percentage of families where reunification is successful, but this must mean that therapy and work is done indefinitely within the family, involving everyone long after the initial reunification. Every professional and family will also have varying ideas about what the term ‘successful’ means and this makes it even more difficult to know what recovery process is needed and if it is ever fully completed. Based on the available research, if reunification is to be truly successful, long-term work will have to be done by the entire family. There cannot be minimization or denial in the family, otherwise the work already undertaken will lose its effect and trust may never return, especially for the survivor. Therapists and parents need to look closely at the motivations for the sexually abused child agreeing to reunification. Everyone’s lifestyles will be altered because of not only the abuse but also the reunification and this needs to be highlighted throughout the entire process. This specifically must be addressed and consistently worked on in post-reunification phases. Whatever is or is not accomplished in therapy, as well as in the families’ daily lives, will have a profound effect upon all who are involved. It is the conclusion of this writer that recovery may be successful for survivors of sexual abuse, even in cases of reunification. With that said, it seems the chances of authentic success can only come if a very specific and extensive set of criteria is met pre- and post-reunification. And even then there are no guarantees for anyone that there will not be negative after-effects from reunification. Ultimately this author concludes that if the survivor must be constantly vigilant for the rest of their life around their treated
sexual abuser, hoping that they will always adhere to working on their issues, then life after reunification may be bittersweet.
References


