

Talking About Sexual Abuse: The Value of Short-Term Groups for Women Survivors

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ABSTRACT. Many women who are adult survivors of childhood sexual abuse suffer long-lasting and devastating consequences. Some of the lasting effects are low self-esteem, depression, a sense of guilt and shame, feelings of isolation and loneliness, and unsatisfying personal relationships. Talking about the abuse with other women survivors can have a substantial therapeutic impact. This article describes the value of short-term groups as a means to help heal the scars of childhood sexual abuse, particularly incest.

IN THE UNITED STATES TODAY, sexual abuse is not really a taboo; talking about it is. Whereas sexual abuse at any age and in any form is extraordinarily traumatic, numerous studies have shown that the younger the age at which the abuse occurs and the more violent it is, the more pernicious are the effects on the survivor (Gomes-Schwartz, Horowitz, & Cardarell, 1990; Herman, 1981). Survivors abused at a very early age are likely to be silent for the longest time. Statistics show that anywhere from 1/3 to 1/2 of all the women in the United States will be sexually abused sometime in their lifetimes (Russell, 1986). Statistics also show that 16% of adult American women will experience incest before the age of 18 (Jackson, Calhoun, Amick, Maddever, & Habif, 1990). Despite these statistics, our society prohibits women from talking about what has been done to them.

The term *sexual abuse* applies to both rape (assault by a nonfamily member) and incest (assault by a family member or close relative), with the broadest definition of sexual abuse being any kind of unwanted sexual contact. Sexual abuse of a child may take the form of fondling, masturbation, exhibitionism, or intercourse that occurs between a child

and someone in a position of power or authority who is at least five years older than the child. (Greenwald, Leitenberg, Cado, & Tarran, 1990; Knight, 1990). Some experts consider anyone under the age of fifteen a child (Russell, 1986).

There is some disagreement in the sexual abuse literature about the perniciousness and pervasiveness of the effects of childhood sexual abuse. The survivors themselves, however, do not disagree about the effects: They are devastating. Group treatment can help survivors heal the effects of this devastation.

Survivors of incest generally feel a tremendous sense of isolation and alienation. They have not been encouraged to talk to each other. Belonging to a group that enhances survivors' communication with each other and focuses specifically on healing the scars of sexual abuse can not only lessen feelings of isolation and alienation but also foster a sense of empowerment, connection, and trust.

Psychological Effects of Sexual Abuse

Researchers disagree about the psychological impact of childhood sexual abuse. Some studies report that "abuse itself makes little difference among those who have experienced good parenting" (Parker & Parker, 1991, p. 184). Others report findings that abused women do not experience more sexual dysfunction as adults than do those who were not abused (Tsai, Feldman-Summers, & Edgar, 1979).

Most research studies and clinical observations, however, report that depression, feelings of worthlessness, a sense of guilt and shame, anxiety, and, in many cases, a lower sense of self-esteem are problems that many women who have suffered sexual assault experience (Gordy, 1983; Jackson et al, 1990; Yassen & Glass, 1984). There are many variables that will affect measures of psychological functioning: the victim's age when the abuse occurred, as well as her age at the time of the study; her economic and vocational status; and any decision to seek treatment. Although it is true that abuse at a younger age is more injurious, it is also true that children who are questioned about abuse soon after it occurs are likely to minimize its psychological effects. They are especially unlikely to self-report depression (Shapiro, Leifer, Martone, & Kassem, 1990). This may be because of a sense of guardedness and an ability to deny and block out the experience.

Most women who were abused as children internalize the blame for the abuse, and this internalization of blame often leads to guilt, shame, and some degree of depression and feelings of worthlessness.

Cultural, Social, and Economic Factors

The psychological or developmental explanation for the internalization of blame is that young girls are incapable of seeing that what happened to them is not their fault and that they did not cause it. The cultural explanation is that girls are taught to internalize blame and not to express anger: "Most women have not even been able to touch this anger, except to drive it inward like a rusted nail" (Rich, 1979, p. 309). In discussing spouse abuse, Wodarski states that the "basis for maintaining silence is a shared belief in a patriarchal society that seems to cut across all socioeconomic, religious, and racial planes" (Wodarski, 1987, p. 172). This statement is also true for childhood sexual abuse.

Of all the forms of sexual abuse, father-daughter incest is the most traumatic (Gomes-Schwartz, Horowitz, & Cardarell, 1990; Herman, 1981), for one of the most cherished beliefs in our patriarchal society is that fathers and father figures are our chief protectors. An incest survivor has had to give up this belief and to deal with the fact that not only was she not protected by her parents or older siblings, she was actually violated by one or more of them. The deep betrayal that survivors of childhood sexual abuse experience can lead to a sense of loneliness, isolation, and alienation. There is no group to which they feel they belong. Even girls who might be considered in the mainstream of society by virtue of class, race, and education feel alienated. Those who are also discriminated against because of class or race feel doubly alienated and isolated.

Socially, these feelings of alienation may have kept the survivors from joining groups or teams. They often find it difficult to develop meaningful friendships or relationships because of feelings of isolation.

Group Therapy

L.C. Marsh, perhaps one of the first group workers in the United States, was known for his motto: "By the crowd they have been broken, by the crowd they shall be healed" (Gazda, 1982, p. 9). Marsh was an Episcopal minister who ran groups in mental hospitals in the 1920s. Karl Marx provided some conceptual underpinnings for group work in *Das Kapital*. He argued: "A dozen persons when working together will in their collective working day of 144 hours produce far more than 12 isolated men, each working 12 hours, or than one man who works 12 days in succession." (Moreno, 1956, p. 11).

A group provides a forum in which clients can use each other as well as

the leader to heal themselves. Shulman (1992) describes an "all-in-the-same-boat" phenomenon, in which the process of sharing feelings with others and realizing that other people feel the same way, provides a sense of relief and makes people feel less frightened and not so alone.

The mutual aid model, developed by Schwartz (1961), is particularly effective in working with sexual abuse survivors. Creating an atmosphere in which the group members need each other is the core of the task of the leader. Fostering a sense of connection could also be considered the essence of the emerging feminist theory of Baker-Miller (1993). The group leader can spark a feeling of connection among the members, as well as offer a vision of recovery and of hope.

Baker-Miller and her colleagues at the Stone Center in Wellesley, Massachusetts, contend that for women, self-knowledge and self-acceptance develop largely by interacting with others in a positive way. This conceptualization is an extension of the Social Learning Theory that sees human behavior as a continuous reciprocal interaction between cognitive, behavioral, and environmental factors (Bandura, 1977). According to proponents of the Social Learning Theory, people learn by observing other people's behavior as well as from direct experience, and that behavior is structured through positive and negative reinforcement. Baker-Miller believes it is the task of the therapist to become the positive role model and forge the connection.

Moreno contends that encounter, in which two or more people experience and understand each other, is the core of group process (Gazda, 1982). It is not just the meeting and the sharing of experiences, but the actual experiencing or the comprehending of the other that allows change or healing to take place. It is this kind of supportive encounter that victims of abuse have an opportunity to experience in small group work.

The main reason why a group is so effective in helping to heal survivors of sexual abuse is that the participants are allowed and encouraged to talk to each other about what they have not been allowed to articulate—namely, what happened to them. Each time women speak to each other about their experiences, they put more distance between themselves and the pain, and the more they continue to talk, the less victimized they feel (Bass and Davis, 1988). Talking about incest and other forms of sexual abuse is the real taboo that must be broken. Girls who have been abused, particularly incest survivors, are carefully taught by their aggressors and by other adults in positions of authority not to mention their abuse. And they don't. They seal themselves off from other people and, however much they may appear to be a part of the world, they are lonely and isolated.

The Healing Process for Members of Short-Term Groups

The vignettes presented here are primarily taken from two 6-month groups that I ran with a co-leader.

One group member, Amy, related that there were two people she was told she could trust completely—her father and her parish priest. Because her father had been sexually abusing her since she was 4 years old, she confided in her priest when a stranger came into her school and forced her to touch his genitals. She talked to her priest, in what she thought was confidence, but he told her father, who accused her of making the incident up or having a bad dream.

Amy dealt with this double sense of betrayal and violation by those to whom she turned for protection by spending hours in her room, staring at her flowered wall paper and imagining herself disappearing behind the daisies and irises. For many years, her only source of comfort and of feeling of being in control was to make herself disappear among the flowers on the wallpaper.

Carol recounted that she had been sexually abused as a child, had told some people, and had talked about it in individual therapy. Yet, she continued to feel that it was her fault and that she was a bad person. About 20 years after the abuse, she was called for jury duty and during the selection process was asked if she had ever been the victim of any crime. "Yes, a crime was committed against me," she told the lawyer and the judge. "I was raped." The judge was obviously so stunned that a woman would say this out loud that he called her to his bench and asked her in a whisper to repeat what she had said. This was the first time she had stated that a crime had been committed against her, and it was the first time that she believed that it had been.

With Carol and the others in the group, talking about abuse was extremely important, but it is not enough. When clients recognize that someone else can stand to hear—or in fact shares—an experience they think is unbearable and intolerable, their process of healing and changing their self-image and self-esteem begins. In a group, other members as well as the leader can help members shed their sense of isolation and alienation and their feeling that they "don't deserve to be listened to." Group members can also actively encourage and help each other to change negative self-images and to replace them with positive ones (Trimpey, 1989).

Shifting the Blame

A feminist or woman-centered approach to working with sexual abuse survivors is critical because their whole world is telling them that they are

bad or masochistic or blameworthy, and they need to be permitted to realize that what happened to them was really not their fault. Incest survivors have difficulty putting their personal victimization into the larger context of the mores of a patriarchal society that shows more sensitivity to the perpetrators than to the victims and that either denies anything happened or does not take what happened very seriously. In one group, for example, three women had been abused by their fathers or step-fathers, one of whom was a prominent professor at an Ivy League school and the other two were ministers. Staff at the clinic where the professor's daughter had gone for help was reluctant to prosecute her father because his school sponsored the clinic. The message that the perpetrator deserves more protection was driven home to this young girl and her mother, who probably did the best that she could by sending her daughter away to boarding school the next year.

The authors of the famous Kinsey Report of the 1950s were horrified at many of the sexual practices they uncovered in the United States, but they were not particularly alarmed by incest. A member of the Kinsey team, discussing incest, stated: "It is difficult to understand why a child, except for its cultural conditioning, should be disturbed at having its genitalia touched, or disturbed at seeing the genitalia of other persons, or disturbed at even more specific sexual contacts" (Kinsey, 1953, p. 121). What is the incest survivor to do who grows up in an environment that either blames her or trivializes the tragedy of which she is the unwitting and usually inarticulate victim? It is nearly impossible for her to learn how to take care of herself, for she has not learned how to distinguish an insult from an act of abuse.

Rebecca started off the fourth group session by describing how, when she was 6, her 13-year-old brother started sexually assaulting her in a very violent way. She felt from that moment on that she had lost her childhood and any sense of joy. These sexual assaults continued for 7 years while she was being overprotected by her parents in many other ways—not allowed to go outside by herself, and not allowed to ride a bike because it was too dangerous. She grew up with no sense of what is really dangerous and what is not. All she knew was that she felt unprotected and not valued. When, in one session, another group member, Ann, described being fed drugs by her mother's lover so he could sexually abuse her, Rebecca was truly horrified, much more so than by her own horrifying experiences.

The group was able to help Ann and Rebecca accept that what had happened to each of them was equally abusive and that neither of them had been at fault. Ann then related how she had taken a summer job working with young kids and how spending time with 4-, 5-, and 6-year-

olds had helped her to internalize how young they were and “What little babies they are!” Her visualizing how young and defenseless small children are was curative for Rebecca. Everyone else in the group was helped by her description.

Stages of the Group

Beginning

It is often surprising how quickly a group of women who have felt isolated for many years can bond with each other. Their relief at being able to talk about feelings in connection with sexual abuse is great, and group members feel very close to each other after having shared such vulnerable feelings. It is particularly important for the leader to be emotionally available to the members during this stage. Sometimes, however, this initial bonding gets shaken when someone expresses anger or feels too exposed. For instance, Ann almost did not return to the group after the first session because she felt the group was angry at her for implying that her own abuse was less harmful than someone else's. Occasionally, someone does drop out of the group, and if that does occur, it usually happens very early on. A person may leave because she is not able to tolerate the intensity of the exposure and the resulting closeness she feels. During this time of bonding, members may miss a session or two if they are feeling too vulnerable.

It is helpful if the leader calls a group member who has cancelled a session or who is going through a difficult time with feelings of depression or with problems in a relationship or at work. Encouraging members to reach out to each other is also empowering during this initial stage of emergent trust.

At a recent conference entitled “Learning From Women,” Jean Baker-Miller spoke of the importance of the therapist's ability to empathize with clients (Baker-Miller, 1993). It is especially important for a group leader to connect emotionally with the group members who, as survivors of sexual abuse, tend to feel that no one else can possibly understand them or share their pain. Baker-Miller (1993) believes it is the therapist's responsibility to let the client know she, the client, has an impact on the therapist. This is what lets the client experience a longing for connection and risk making herself vulnerable. Baker-Miller also points out that therapists feel enhanced when they realize they have made an impact on clients. Such interaction can create a sense of mutual empowerment.

Goal Setting

The third or fourth session is a good time for the therapist to introduce the idea of establishing the individual goals that each member most wants to achieve by the end of group. These goals could seem small: Teresa, who had been assaulted as a child on the staircase landing of her apartment building, wanted to be able to walk down stairs rather than take the elevator; Grace, who had been told she was being raped because she was provocative, wanted to feel comfortable tucking in her shirt. Other specific goals set by group members have involved sleeping with the light off, sleeping without a knife under the pillow, taking a vacation, writing a letter to an abuser or to an unprotective mother, stopping a behavior pattern of bingeing and purging, and sustaining a friendship with another woman.

Ann, who was abused by her mother's lover starting at age 12 and who had spent the next 20 years being the family caretaker of her seven siblings, wanted to learn how to say no. This she did. She also wanted to stop wishing that she had "put a gun to her head." She was able to achieve these goals as she learned to value herself enough to reject others' demands.

By urging clients to have a specific goal that they want to achieve, the therapist helps to foster a task-oriented atmosphere. A time-limited group is valuable for creating the members' sense of urgency to work on specific goals. In almost every case, the members achieved their goals by the end of the group.

Middle Phase

During this phase, ongoing issues and themes are discussed: low self-esteem, guilt, shame, feelings of isolation and alienation, extreme anxiety, difficulty in developing satisfying sexual relationships and friendships, being unable to finish things such as school or training programs, and generally not living up to one's potential.

It is especially important that members trust each other at this stage, even if their trust is tenuous, for this phase comprises the major portion of the program and is the segment when most of the work gets done. It is critical that members be able to support each other as they bring up painful issues. Supported by each other and the leader, group members can take risks both in group and in the outside world and try out new behaviors in old settings and situations.

One of the suggested tasks for the leader to introduce after the first two months is the writing of a letter to the abuser or to someone else who

was not protective (Bass & Davis, 1988). Many women write to their abusive fathers, stepfathers, grandfathers, uncles, or brothers, telling them how angry and hurt they are and how their lives are still being affected by the sexual abuse. What is a startling response to this task is how often group members write first to their mothers, expressing their rage for not protecting them—and then never get to writing to their abusers. Their being angry at an unprotective mother is not surprising, but their being able to express feelings of rage and hurt only at their mothers, rather than at the assailant or perpetrator, is bewildering, at first. This response is no longer bewildering once the leader recognizes that this is exactly what survivors of sexual abuse are taught by a patriarchal society—to protect the perpetrators and blame the mothers. As one author points out: In our society, everything that is female is denigrated, and everything that is male is exalted (McIntyre, 1981). It is less risky to express anger at mothers because they are less powerful and not so likely to take revenge or disappear altogether.

The recent ruling in several states to extend the statute of limitations, which allows survivors to sue for damages many years after the abuse, may well have far-reaching influence. If it is possible that a woman as an adult survivor might be believed and actually have the power to prosecute her childhood abuser, more women will dare, one hopes, to get angry at the person who actually assaulted them.

Termination

Most of the work on goals takes place during the middle phase of sessions, and members find it is hard to face ending the group when they feel they are accomplishing so much. The last month of group can be difficult. Abby, who started off the first session saying she did not know how she was going to get through 24 sessions of this group and who spent the first 5 months counting down the weeks, said she was astonished to realize how sad she was that the group was ending. Others, who form attachments more easily, often get angry at the leader for ending and try to bargain for a few more months or weeks. It is often tempting to extend a group that is working well, but the contract stipulated that the group would end in six months. The terms of the contract exist for a good reason: Knowledge that there is a time limit acts as an important catalyst to change. It is particularly important to stick to this agreement with women who have already experienced too many broken contracts.

Ideally, what happens in the last stage of a group is grieving. To some extent, group members grieve the loss of the group, but more important, they grieve their lost childhoods. If members can allow themselves truly

to mourn the loss of their childhoods as they would have liked them to have been, and if they can achieve acceptance of what happened to them, they will begin to feel much better about themselves, and their lives will change. This is obviously not an easy task, and the more support people feel from each other and from the leader, the better they will be able to accomplish it.

In the last few sessions, it is important to talk over the goals achieved and other accomplishments. Thus, for example, not only was Sarah able to sleep without a knife under her pillow, she also was able to dream differently. For years she had had dreams of being chased, of not being able to scream when she was scared, and of drowning. As her group was coming to an end, she reported a dream in which she was being chased by two men. As usual, she was running and running and was about to try to get in her front door, when suddenly she stopped, turned around, and yelled at them to go away. And they did.

Jane's explicit goal had been to wear a dress she'd always felt too uncomfortable to put on. She wore the dress, asked for a promotion at work, and wrote a letter of protest to the editor of a New York newspaper that had run a story about how racism was the primary factor in the Central Park jogger case. She eloquently pointed out that women of all colors live in danger of being assaulted in the same way as that jogger and that sexism, not racism, is the real issue involved in most rapes. Several of the other group members signed the letter.

Not every group member will achieve all her goals as dramatically as Jane did, but for most people, just being in the group will help lessen their feelings of isolation and alienation. Most feel better about themselves by the end of the group. They are more self-accepting, and their relationships improve. Those who are in abusive relationships that do not improve find the courage to leave them. Many group members become more assertive; for many, their physical health improves. Even the women who feel that their only accomplishment is to have stayed in the group to the very end realize that they no longer feel so guilty or shameful and that their anger is not driven so strongly inward. They have accomplished a daunting task: They have learned to talk about what happened to them.

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