

Ten Commandments When Treating Sexual Abuse

By Sheryl Overby MS LIMHP RSafe Training Program © 2020

1. Thou shalt acknowledge harm and provide hope

It is really important to honor both parts of this message at the same time to achieve healing. I believe there is no such thing as a “good” kind of sexual abuse; all forms of sexual abuse are very disturbing and harmful. Even less invasive types of sexual abuse such as “fondling” result in “Big T” trauma. However, there are 40 million people in the US who have been sexually abused and not all of them are dysfunctional, so there is hope. Many can develop “post traumatic growth” and go on to live healthy lives. They develop a new understanding of boundaries and work hard to change the generational patterns. People who have been sexually abused can see themselves as a victim, survivor, thriver, or leader. This is the message on the RSafe Wooden Token or Coin, one side says “It was a really, really bad thing” and the other side says “I/you/we will be OK”.

2. Thou shalt help the story be told

The mantra to remember is, “If you can share it, you can bear it”. So the therapist must be both gentle and diligent/persistent. The ultimate goal of therapy is to let the story be heard or shared; however the client wants to let it out. Ideally the client needs to be 100% in control of how and who knows the story. It must come out of their mind and body in order for the person to heal. For children, when the environment at home is emotionally and physically safe, then the story will organically unfold. Many clients will resist sharing the story due to the provider being uncomfortable; I ask if they want to share it in the very early stages just so they know I am OK with hearing what they have to say. About 25% want to share it right away, they have been waiting their whole lives for someone to finally ask them and encourage them to let it out.

3. Thou shalt recognize an engaged mind state VS traumatic mind state.

My goal is to help client stay in the window of tolerance during the whole session, roughly between a 4 and 7 on a 1 to 10 scale of emotional intensity. There are 4 trauma states: fight = angry, rapid speech, combative, resistant, over stimulated, unable to sleep; flight = busy, avoiding, talking about other things, OCD or manic looking; freeze = dissociate, shut down, feeling numb, cutting and self-harm, no affect, getting distracted; fawn/compliance = cooperative, praise therapist, compliment therapy effectiveness, show up super early to appointments, want to offer worksheets to friends, “do whatever it takes”. Any cognitive skills can only be learned during an “engaged mind state”, where the client is calm and open to feedback.

4. Thou shalt focus on safety for all members of the family

So this means that a therapist may or may not recommend what the individual client wants or needs in the moment if it puts children or other family members at risk. A therapist should not recommend that a client do anything that may emotionally harm someone they love or a child. Safety refers to emotional safety, physical safety and being safe from sexual harm. The most common scenario with sexual abuse cases is when adults with suspected abusive or emotionally harmful behaviors have continued access to children.

5. Thou shalt have cultural humility

Therapists must pay attention to family specific cultural values and influences. Don’t assume you know what a client’s cultural experience is, whether they are the same or different than you. Ask for details from the client so you understand if their beliefs are inter-generational, a “family motto”, a story from a loved one or based on a real life experience. With curiosity, ask about poverty influences, racial factors, neighborhood, culture, religious, education of parents, etc.

6. Thou shalt have Cognitive Flexibility

Whether it is new information about a client's story, new ways to provide treatment for sexual abuse or new ways of expressing sexuality in our culture, it's important to be open minded and informed. Lots of research is done on sexual abuse and treatment methods change accordingly. After 30 years in the field, I can honestly say no two cases have been the same, it's important to be open to new ideas. Chris Baker told me once, "Its ok to have a hypotheses about a case or client, just don't get married to it".

7. Thou shalt collaborate with other providers

We must all work to eliminate secrecy and shaming statements among providers, either about the clients or about each other. This offers an antidote to the secrecy and shame in the family. This means every therapist must "stay in their lane" and offer education and advice if requested. We can provide a good example to others in how to coordinate treatment when multiple family members are in therapy, and develop relationships with providers even if we disagree. Personally, I always try to make contact with other providers, even if they don't call me back because it's the right thing to do and it will very likely make a difference in the treatment outcome.

8. Thou shalt have smart and solid professional boundaries

Because the core of sexual abuse is a violation of personal and sexual boundaries, therapists MUST balance this with their own healthy boundaries. A smart boundary is one that is given some thought and is a good choice based on the information at the time. A solid boundary means a therapist can easily withstand the pressure from others if it is unpopular or unfamiliar. A few examples of boundaries are: releasing information, collaborating about treatment, making recommendations for court, sharing personal information with clients, ending sessions on time, collecting payment, offering to find resources and taking phone calls after work hours. Literally, every therapist needs help to maintain good boundaries, so please consult with a peer or supervisor on a regular basis. My favorite resource which outlines the ethics associated with boundaries is TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services, Chapter 2, SAMHSA website. <https://www.ncbi.nlm.nih.gov/books/NBK207194/>

9. Thou shalt have smart and solid professional boundaries

It's not a matter of IF you get secondary trauma when working with sexual abuse, it's a matter of HOW MUCH. Taking care of compassion fatigue is an ethical issue; it needs to be treated with the same diligence as confidentiality. If you need convincing, please watch the Ted Talk by Laura vanDernoot Lipsky called "Beyond the cliff".

10. Thou shalt report ALL sexual abuse incidents to the authorities

Yes, all sexual abuse must be reported, even if it is disclosed later in life, even if it is done by a child, even if it is done by a teenager, even if it done by an adult... anything that is "reasonable suspicion". Even if it means a client will refuse to continue with services. Even if it is clear that the abuse is not currently happening, since the abuser has moved or is not living in the home. The CPS hotline can make note of the report in case there is another report on another victim at a future point in time. Reporting to the hotline does not send the abuser to jail, it simply asks for someone to review the information and make a decision if the situation should move forward in the legal process. Even one more case of sexual abuse is too many. How many clients would not have experienced abused if someone in the past had reported suspicious behavior? This is a really hard thing to do sometimes, so get support from a mentor or consultant so we can all do a better job at reporting abuse.