Asking About Abuse

IT'S NOT MY JOB

You may think it is up to mental health professionals to ask about child abuse and sexual assault, but the fact is that victims are more likely to open up to parents, relatives, friends, school counselors, physicians, medical staff, or spiritual leaders than to therapists. The stigma of being seen as "crazy" for talking to a mental health professional can be a major obstacle for a victim seeking assistance. Furthermore, it is people who have frequent contact with victims, such as teachers, relatives, school officials, and others, who are probably most likely to see signs of change in a victim or signs of abuse.

You may feel it's not your job to ask because you are not a sexual trauma counselor. True, it is not your job to be a trauma therapist, but you can help by asking about abuse and assault, if you suspect it, and by asking about it routinely if you have a caring or helping role in society.

IT COULD BE ANYONE

Anyone can be a victim of sexual assault and child abuse -- boys and girls, from all ethnic or racial backgrounds, all socio-economic backgrounds, all religious backgrounds, and all IQ levels. Sexual assault and other forms of abuse can occur at any age -- from infancy to old age.

DIFFICULTIES ASKING ABOUT ABUSE

Asking about abuse is a challenge. However, victims rarely volunteer information about sexual abuse spontaneously. Whether you are a parent, counselor, physician, or spiritual leader, you have to ask. Today in most medical circles, it is routine to ask about histories of family violence, sexual abuse, and other kinds of trauma. However, you may be afraid to ask about sexual abuse because you

Feel inadequate
Feel overwhelmed
Not enough time to discuss it
Not enough privacy
Afraid won't be able to handle what you are told
Have your own history of trauma and fear you may be triggered
Fear no help available and better leave the subject alone

Nevertheless, if you suspect sexual abuse, it is important to ask -- in your own way, in the right setting. Even if the victim does not disclose the first time you ask, the very fact that you brought it up, gives him or her implicit permission to talk about the subject at a later point in time. Just asking sows the seed.

WAYS OF ASKING

Minimize Your Anxiety: Before you approach the suspected victim, take some time to think about how you are going to phrase your question. You need to find an approach, and a language, with which not only the victim, but you feel comfortable. If you are highly anxious, that anxiety will be picked up on by the victim and could be misinterpreted. For example, your anxiety could be interpreted as your discomfort at asking the questions or your disgust or disapproval of victims of sexual assault.

Be Prepared. While it is normal to have some anxiety about asking personal questions such as those regarding sexual abuse, you can minimize your anxiety by planning ahead. For example, you can write down sample questions and try them out with other concerned parents or professionals.

Were you ever touched in ways that made you afraid or uncomfortable?
Did anyone ever use force or threats of force or other punishments to have sexual contact with you?

Avoid buzz words, loaded words, and overused words such as "abuse" or "rape" or "incest." Some victims redefine the event so they don't see it as abuse or rape, but simply a "negative experience" or "bad time."

Normalize the experience. For example you could say, "I ask every one I see these questions." or "There are so many children who have painful experiences with sex that I ask all my students these questions." or " Many of the children/people I see have had experiences that have hurt them a great deal. I'm wondering if you have ever had an experience where you had sex when you didn't want to. If you did, you are not alone."

You could say that you routinely ask about sexual or other forms of abuse because it is so common.

The Contiuum of Violence

Assault and abuse are part of a continuum of violence, which can begin with verbal harassment, leading to threats or other forms of intimidation, leading to the actual assault. If you suspect abuse or assault and the individual you are talking to denies assault or a use, you may want to inquire about lower levels of abuse, such as harassment, threats, economic sanctions, and

psychological intimidation.

Show concern: Preface your question with concern about the child. You may want to mention changes you have seen in him or her that concern you. Focus on the child's observable behavior and level of functioning. For example, if you are a teacher, you might say, "Susan, you used to be the first one to have your hand up when we had discussion time. Now you hardly talk at all. I'm concerned that you may be feeling sad or ill. In my years teaching I have seen many students withdraw and stop participating in class, not because they don't have something worthwhile to say, but because something happened to them that hurt them a great deal. Could this be true about you?"

Or, "I've noticed you used to do ____ and _____ but now _____. What's going on?" "What's going on " is an open ended question that allows the victim to talk about how he or she is feeling. The question "Why" may be harder for the victim to answer at this point in the interaction. One way to get a victim to disclose than an assault occurred, is to get him or her to talk about feelings first. Then he or she might reveal an assault

Don't Push. When someone is assaulted, their power over their body is taken away from them. Conseqently any form of coercion can bring forth memories of the trauma. In your inquiry, don't push the individual to talk. Your goal is establish a connection with that person and have them trust you and see you as "safe." If you "push," you may retraumatized the person and he or she may never open up to you. It's okay to say, " I'm going to ask you some questions because of my concern for you. However, I don't want to push you. If you feel pushed by what I'm asking, please say so. The last thing I want to do is pressure you."

Containing the Story:. Remember, your objective is to establish a connection with the child and bring the fact of the abuse into the open. You do NOT need to know the details. Don't ask "What did he/she do to you?" or insist on a play by play description of the assault. It may retraumatized the child.

If the begin to describe the assault in detail spontaneously, you don't want to stop him or her, because you don't want him or her to feel you don't want to listen or that you are horrified by what you are hearing. However, it's important to let the child know that he or she has the option of stopping the story whenever he or she wants.

Be sure to say, "I want to hear what happened to you. I won't be frightened by anything you say." Then give the child permission to stop or not tell all. " But if you can't finish the story or want to stop at any time, that's okay. Sometimes when people share about these things, they start feeling scared or like they're going crazy. Those are normal feelings. But if you get real scared, it's okay to stop at any time."

Other ways of showing concern are: "I'm sorry that happened to you." "You must have

been terrified." "What a horrible experience for a girl/boy to have to endure."

Show Sensitivity. Ask the child if he or she is comfortable sharing with you. Let him or her know they don't have to share any more than they want to and that the discussion can be put off to a later time. Periodically ask the child if he or she is feeling anxious/comfortable about sharing. Remember, they can share more later.

Written Material. If you are a professional or a counselor, you can use a written questionnaire, a list of trauma symptoms, brochures, posters, or some other written means of asking about sexual abuse. However, research shows that asking directly is better. In medical circles, the standard now is to ask routinely about sexual abuse.

Small Children You can ask children what happened by asking them to use dolls or asking them to draw a picture. If you feel comfortable, you can ask a child to touch the parts of his or her body (or at least point to them) where he or she was touched.

Physical Setting. It is important that you ask the questions and discuss sexual abuse in a physical space which is private, safe, and where confidentiality can be insured.

Validate the victim. Believe that the trauma occurred and that it had negative consequences. Try not to be judgmental or voyeuristic.

Don't Dismiss Physical Pain: Don't Say, "It's all in your head."

Focus on Feelings, Functioning and Behavior, not Details of the Assault. Don't ask for details of what happened. Focus on how the victim is feeling right then and what the victim has to say about how the experience affected him or her.

Ask permission. At every stage possible, ask permission. Give the child/client as much control over your interaction as possible. For example, if you are a parent, you might say, "I'm concerned about something and I"m wondering if it's okay to talk about it with you right now.

If you are a therapist, school counselor, minister, nurse, or doctor, ask the child/client for permission to contact parents or other authorities. If you are required by law to do so, you need to explain to the law to the child so you don't retraumatize the child by seeming to be coercive (a repeat of the trauma.)

Don't go beyond your training/limits. If you aren't a trauma counselor, don't try to do trauma therapy. Stay within the bounds of your knowledge training. The point is to show concern and to have information about where to get help.

Just as you need to know your limits, you need to let the victim you are talking to what your limits are.

Provide Referral. Making a referral is not easy. Ask what the victim's goals are. If you know his or her goals, your referral will be more effective in that it reflects his or her goals. It may be that your goals aren't the same as the victim's. See if there is at least one common goal and start there. Often there is less resistance to a medical exam than to a psychiatric or psychological referral.

Not everyone who is traumatized needs the services of a mental health professional. But if you feel the victim does, then you might want to suggest sources of help. While you do that, you need to acknowledge negative attitudes against seeking mental health assistance our society. The common assumption that someone is "crazy" if they talk to a counselor needs to be discussed. Remind him or her that they need not go to a mental health counselor for a long period of time. "Some people benefit from just one session. You can talk to a counselor as little or as much as ou want. The choice to continue is always yours."

If you plan to suggest counseling, be prepared with a list of helping persons or agencies. It's best if you call these sources and get the name of a specific individual the client/child can call. Giving the name of a person is much more effective than the name of a clinic. If possible and with the victim's permission, make the phone call to the referral (therapist, physician, minister) right then and there. If the child/client doesn't want the referral, indicate that you'd be willing to help out in the future.

At the very least, suggest a medical exam. Victims are less resistant to the idea of a physical exam because it doesn't imply that they are "crazy" the way a psychological referral might.

If you feel the victim needs mental health assistance but he or she refuses to see a counselor, then you can suggest seeing or talking to him or her more frequently.

Be Sure the Child Heard and Understood You. Sexual assault survivors are often very sensitive to the reactions of others. Many expect to be blamed for what happened and rejected by others. If you are cool calm and collected while talking to the child, he or she may think you are horrified or bored or don't care. On the other hand, if you are emotionally expressive either verbally or through body language, the child may think you are upset and that he or she has made you anxious or emotional because he or she has done, or was involved with, "something bad."

There are many ways to be sure the child has heard your concern. One way is to simply ask, "Do you understand that I am on your side, that I don't blame you for what happened, that I'm concerned that it affected you and want to help you?" "How do you feel about our talk today? How do you feel right now?" If the child reports feeling anxious or guilty, you could assure him or her that you don't judge him or her.

Know Thyself You need to be telling the truth to the victim when you assure him or her of your support and non-judgmental. All of us were raised in a society that tends to "blame the

victim"and even though attitudes are in the process of changing, myths about rape and sexual assault die hard. Review the handout pertaining to myths about sexual abuse and rape and see if you believe in them. If you do, don't be ashamed. It's hard to escape and overcome cultural conditioning. But you do need to be aware of your attitudes, for they could be transmitted to the victim you are trying to help.

Sexual assault creates a lot of tension, confusion, and fear in many people, which is why most people avoid the subject. If this is the case with you, you are not alone. It may help for you to think of sexual assault not as a form of sex, but as an aggressive act. Its purpose is not so much sexual gratification as the need to control and humiliate another person.

The Importance of Being Believed and Respected

The greatest fear many sexual assault survivors have is that they won't be believed. This fear is not an invalid one in that it is not uncommon for sexual abuse survivors not to be believed and to be blamed for the assault.

Another major fear is being discounted. Discounting occurs when the effects of the trauma are minimized. Examples of minimizing statements are, "It was just a little rape." "He didn't mean any harm." "Wasn't it fun to have sex with an older woman?" "That happened ten years ago. Aren't you over it yet? Why are you dwelling in the past? A smart boy/girl like you that has so much going for them shouldn't be that affected by a little touching."

Other examples of discounting are: "You're doing okay now, aren't you?" or "Come on. Be strong. Show you can handle it."

It's not uncommon for survivors to share a little bit about their trauma, to test the waters with you.

Don't Touch Unless You Ask You may have the normal impulse to touch the victim as a form of reassurance. However, don't touch unless you ask. Even if you normally touch the victim, for example, if you, as a parent, routinely hug your child, when you are talking about sexual abuse with the victim, don't touch unless you ask.

Since touching was involved with the assault, touching, even from a caring person like yourself, could easily be misinterpreted. Even an innocent handshake could be misinterepreted. Be sure to ask permission before touching.

Gender

Your sex is not as important as your sensitivity, concern, and creating a safe physical environment, However, some women are so afraid of men due to being raped by a man, they may want to talk to a woman. If they were raped by a woman, however, they may want to talk to a

man. You can ask the victim if he or she would be more comfortable talking to a member of one sex or another.

Vicarious Trauma: You may develop symptoms, such as intrusive thoughts, sleeping problems, sexual problems, from listening to accounts of sexual assault. To help yourself, get support.

RISK FACTORS FOR SEXUAL ABUSE

Vulnerability: Physical, Emotional
Presence of an addiction in victim or in parents
Step-father or other (non-parent) adult living in the home
Family history of physical or sexual abuse
Separation from family prior to age 16
Previous diagnoses of dissociative disorder, borderline personality, antisocial personality
Absence of a protective mother/parent

SIGNS OF SEXUAL ABUSE

Infants: failure to thrive, withdrawal, forgetfullness, whining/crying, clinging behavior, acute anxiety, feeding problems, times of impaired movement

Early Childhood: mastrubation, exhibitionism, sexual abuse of other children, inviting other children or adults to sex play, speech and sleeping problems, fear of opposite sex, thumb sucking, other regressive or more childlike behavior

Middle Childhood: nightmares, depression, confusion, exhibitionism, acting out (aggression), self-purification (self-denial), overachieving, alienation, eating disorders, caretaker role at home, dissociation

Adolescence: Headache, menstrual problems, urinary track infections, fear of doctors, fainting spells, suicidality, helplessness, hopelessness, self-loathing, high risk behaviors

Medical Symptoms: irritable bowel syndrome, migraine headaches, eating disorders, lower back pain, pelvic pain (chronic), painful intercourse, urinary track infections

Psychological Symptoms: addiction, out-of-body experiences, perfectionism, self-sacrifice, self-denial, self-mutilation, depression, anxiety disorders, dissociative disorders, borderline personality disorder, post-traumatic stress disorder, dangerous activities, mood swings, sexual dysfunction, distrust of others

Sleeping problems, rage reactions, memory problems, withdrawal from society, problems with concentration and memory, drop in achievement, loss of interest in social and pleasurable

activities, relationship problems, phobias, poor self-esteem, fear of anesthetia, fear of barium swallows or other medical tests involving swallowing, fears regarding medical and dental exams

dangerous activities, paranoia, poor