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Abstract

Childhood sexual abuse (CSA) occurs at disturbingly high rates in our society and can leave long-term effects on its victims. Many individuals who seek psychiatric treatment have reported experiencing sexual abuse as children. This paper will discuss the effects of CSA while providing a narrative framework to counseling. It is intended to guide new counselors who may be searching for recommendations on how to counsel victims of CSA. In the context of narrative therapy, counselors and clients are encouraged to work collaboratively to help the client gain a sense of power by re-authoring their dominant story of abuse. The benefits using group therapy within the narrative framework is also discussed.

Keywords

Narrative Therapy, child sexual abuse, group therapy, counseling

Author Statement

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I am a Master's student of the Counseling & Guidance program at CSUSB and will graduate this June, 2017. I've always been interested in learning more about how to help survivors of CSA. I wrote this paper for a class last quarter and my professor, Shawn Patrick, noticed the potential it had to be submitted for an educational journal. I gladly took this opportunity as I've never published before. Dr. Patrick and I collaborated and she became my second author to ensure the article was in great shape for submission. I'm thrilled to have the opportunity to submit my work to an educational journal as I'm nearing the end of my studies at this university.

Narrative Approaches to Counseling Survivors of Child Sexual Abuse

Daniela Aponte, BA & Shawn Patrick, Ed. D

Sexual abuse in children is a problem that affects children of all ages, cultural backgrounds, and socioeconomic levels. Although a significant social problem, child sexual abuse (CSA) was historically denied by both the public and clinicians. It has not been until recent decades that CSA has received growing awareness as a traumatic experience in the lives of children (Miller, 2007). According to the National Center for Victims of Crime (2012), nearly one in five girls and one in twenty boys experience some form of sexual abuse throughout their lifetime. In the United States alone, childhood sexual abuse (CSA) is said to affect approximately 16% of men and 25-27% of women (Pérez-Fuentes et al., 2013). An even more staggering statistic shows that an estimated 67% of sexual assault victims involved juveniles—34% of which were younger than 12, and about 15% of victims were younger than 6 years of age (Hodges & Myers, 2010). Although the statistics reveal that CSA is a significant problem in our society, it continues to be a poorly defined problem in the United States due to reporting rates and patterns of disclosure.

With such high prevalence rates of CSA, it is likely that counselors and mental health professionals will encounter individuals who have histories of CSA. The pervasive effects can be devastating, long-term, and can lead to both physical and mental health problems. According to Maniglio (2009), “A certain number of individuals who seek psychiatric

treatment have a history of child sexual abuse [which] places a clear responsibility on mental health services” (p.656). It is important to note, however, that sexual abuse survivors oftentimes seek counseling for issues other than the abuse itself (Ratican, 2001). It is thus imperative for counselors to familiarize themselves with the symptoms and the effects of CSA in order to gain a deeper understanding of how to assist with disclosure and implement helping strategies within their counseling practice (Hall & Hall, 2011). Failure to adequately address the abuse can impede growth and limit the success of the counseling relationship (Ratican, 2001). However, new practitioners frequently list sexual abuse as a condition they feel the least prepared to address, which in turn can increase counselors’ anxieties and hesitations to approach the subject with clients (Parisien & Long, 1994). In recent years, some training programs have begun including course content related to trauma and abuse, yet information still tends to be largely conceptual in nature and lacks practical, approachable starting points for counselors who are beginning to work with survivors of sexual abuse (Kenny & Abreu, 2015).

The purpose of this manuscript is to guide new counselors when considering recommendations on how to help adult survivors of child sexual abuse. We will define child sexual abuse and its effects, propose a counseling approach incorporating narrative and group

therapy, and discuss counseling implications. Although the literature regarding counseling survivors of CSA has not identified the “best” therapeutic approach (Hodges & Myers, 2010), this paper will provide a framework that counselors may find useful when helping survivors of child sexual abuse.

Childhood Sexual Abuse (CSA)

Although child sexual abuse does not always include direct physical touch, it is important for mental health professionals to be aware of its many different forms. CSA can range from fondling to rape and can be committed by a relative or a complete stranger (Hall & Hall, 2011). CSA can be difficult to define due to the different types of duration, frequency, levels of invasiveness, and relationship to the perpetrator (Hiller et.al, 2016). Although depression has been found to be the most common symptom of child sexual abuse survivors, researchers have found that there are gender differences in the presentation of symptoms. It has been found that males tend to exhibit externalizing behaviors such as aggression and defiance while females exhibit internalizing behavior, which results in higher levels of depression and anxiety (Hiller et al., 2016). Child abuse reports within the United States indicate that females are at higher risk of sexual abuse than males—with one in four adolescent girls experiencing CSA before age eighteen (Hodges & Myers, 2010). Self-report studies of sexual abuse have found that 30 to 75 percent of female mental health patients report having been sexually abused as children (Briere & Scott, 2015). As such, it is important to pay attention

to gender differences that can take part in the symptom profiles of child sexual abuse survivors in the counseling setting.

Counseling Implications

When working with victims or survivors of CSA, helping professionals must adequately address the issues with empathy, competency, and grace. This could prove to be challenging for some counselors, however, due to the constant exposure to the client’s stories of trauma. A number of researchers have noted that counselors face many challenges when working with survivors of CSA. For example, female survivors may present with symptoms of self-mutilation, eating disorders, and antisocial behavior (Hodges & Myers, 2010), which are also complicated issues for counselors to address. As such, the daily exposure to client’s distress of experiencing CSA may become emotionally taxing on helping professionals and place them at risk of developing empathy fatigue and secondary trauma (Newell & MacNeil, 2010). It is, therefore, very important for mental health professionals to not only become aware of these potential risks, but to also be prepared to work with victims of CSA by implementing a sensitive counseling approach to treating trauma. Developing and applying a theoretical counseling approach is essential for progression in the counseling relationship

Rationale for Approach

There are many factors counselors should take into consideration when helping clients overcome the effects of sexual abuse. It is important for counselors to become aware of the various theoretical approaches that

can most effectively fit one's own perspective on human nature, treating others, existence of problems, and how people change. The counselor must also exhibit self-awareness of how their personal values can influence the professional choices made when treating clients (Williams, 2008). Developing a counseling approach that is consistent with theories that are compatible with the counselor's personal perspective is vital for the counseling relationship built with clients. The following sections will propose a counseling approach that may be beneficial to clients who have been victims of CSA. Theories such as narrative therapy and group therapy will also be discussed along with the benefits of incorporating these into an integrative counseling approach.

This approach to counseling rests on the foundation of empathy toward clients, their experiences, and their personal journey toward change. Empathy can be defined as actively attending to a client's experience through listening and expressing understanding (Ivey, Ivey & Zalaquett, 2014). Empathy becomes a cornerstone for a therapeutic relationship that encourages vulnerability as well as respect. Building a therapeutic alliance is of utmost importance and should foster a non-judgmental relationship of trust and safety in which clients are free to explore the problems that are placing limits on their life (Hall & Hall, 2011). When working with clients who have experienced CSA, it is important to consider factors of safety, cultural influences, and power

dynamics that may be present in the client's life. Research has suggested that certain client factors may impact the outcome of CSA treatment (Hiller et.al, 2016).

Counselors might be concerned with questions such as, are clients still in contact with the person who abused them? Is there imminent danger present? How are survivors of sexual abuse viewed within their culture? What was the most difficult part of this experience for the client?

Regardless of the treatment mode used, studies have revealed that therapists found it important to assess these areas in order to help decrease the client's levels of depression and anxiety (Hall & Hall, 2011). Creating a supportive environment throughout the counseling journey is very important as clients begin to explore the pervasive impact of the abuse in their lives. With empathy as a starting point, counselors can facilitate self-exploration that encourages victims of CSA to develop coping skills to enhance the client's overall quality of life.

Benefits of Narrative Therapy

As child and adult survivors suffer in distinct ways, the harmful effects can be long lasting and difficult to overcome. Feelings of shame, guilt, and fear may result in self-blame and hinder the disclosure process in counseling. Many victims of CSA delay their reporting of sexual abuse or may never tell due to the negative feelings associated with the experience. Research has shown that adult survivors, particularly men, reported personal, relational, and socio-cultural reasons for their struggles with disclosure (Sorsoli, Kia-Keating, & Grossman, 2008) and

about 55-65% of CSA survivors did not disclose as children (Collin-Vézina et al., 2015). It is for this reason that counselors must remain empathetic to the client's experience and allow clients to "recount and evaluate their experiences at their own pace" (Fontes, 2008). Responding with acceptance and reassurance can help counselors provide a respectful, non-blaming environment in which the client feels safe to disclose their painful story of abuse.

Central to the idea of recounting stories, narrative therapy is a postmodern approach that seeks to be non-blaming and places clients as the experts of their own lives and of the stories they tell (Guindon, 2011). According to this approach, our lives are multistoried and consist of different experiences that occur over time to form a main theme. Some stories take precedence over others; individuals begin to connect experiences to derive meaning and thus form a *dominant story* (Morgan, 2000). When a dominant story emphasizes negative outcomes, it becomes a *problem-saturated story* in which the individual begins to identify as the problem. Experiences of sexual abuse can infiltrate a survivor's identity narrative, forming a dominant story of shame, blame and worthlessness. These negative conclusions may lead victims to assume that they not only *did* something bad, but also that they *are* bad (Ratican, 2001). These negative feelings oftentimes result in victims gaining a sense of isolation or estrangement from others.

Narrative therapy allows clients to retell or restructure their stories in meaningful ways in order to help reconstruct their identity. This approach views the problem as separate from the person and seeks to

find individual competencies, values, and skills that can help in changing the person's relationship with the problem in their life (Morgan, 2000). For example, the stories of sexual abuse can be separated from the survivor in order to change the relationship the survivor has with the story of the abuse. When speaking of using narrative therapy for retelling stories of trauma, Merscham (2000) states, "Rather than emphasizing that the client has been a victim of a traumatic event, the client can be almost immediately seen as a survivor who wants to move forward from the traumatic experience" (p. 283). To begin the counseling process, counselors must first and foremost listen to and honor the client's experience (Guindon, 2011). It is important to explore the pivotal moments in the client's life that have led them to form their current identity. According to Hall and Hall (2011), survivors of CSA may think negatively and internalize detrimental messages about themselves. Through the use of narrative therapy, a counselor must focus on the emotional or cognitive story that has played a dominant role in the client's life. Guindon (2011) states that, "When clients are able to construct and understand the theme and plot of their unique life story, they will be able to re-author their stories in healthier, more adaptive ways" (p. 80). *Restorying* occurs when the client first learns to deconstruct the problem-saturated story in order to re-construct a more useful dominant story (Guindon, 2011).

The process of restorying a client's life is collaborative and allows the counselor to listen for exceptions or *unique outcomes* as the client begins to tell their problem-saturated story

(Merscham, 2000). Unique outcomes can be defined as “anything that the problem would not like; anything that does not fit with the dominant story” (Morgan, 2000, p. 52). Although some exploration of the origins of the problem story may take place, this approach is present and future oriented. The therapeutic process allows the counselor to explore the dominant story’s influence upon the client’s life by exploring and deconstructing its effects (Merscham, 2000). The use of narrative therapy can allow the counselor to explore such influences that have placed limits on the client’s identity.

Narrative Therapy for Survivors of CSA

Individuals who have experienced sexual abuse as children may be more likely to construct a chaotic and incoherent life narrative due to the disruption caused by the abuse (May, 2005). Narrative therapy can help counselors directly address the issues related to the effects of CSA, while helping survivors regain a sense of power and control over their lives (Sahin & McVicker, 2011). In speaking of the use of narrative therapy with survivors of sexual abuse, Sahin and McVicker (2011) stated that, “Replacing a story of victimization with one of being a survivor may allow a focus on strength, courage, and resilience of those who had overcome adversity” (p. 218). From a narrative therapy perspective, one of the first factors a counselor should be interested in is finding ways of defining the problem outside of the person by *externalizing*. An externalizing conversation with a survivor of CSA must speak of the problem as separate from the client’s

identity (Morgan, 2000).

It is important to note the broader context of an individual’s life in externalizing conversations. Some themes that may emerge in therapy for victims of CSA may be those of suffering, guilt, or powerlessness (Sahin & McVicker, 2011). Morgan (2000) cautions counselors to be careful when externalizing conversations such as these; externalizing the problem as “the suffering” “the guilt” or “the powerlessness”, for example, may contribute to the continued silence of the client’s experience with the abuse. By engaging in externalizing conversations, the individual is distanced from the problem and is able to create the space necessary in order to reflect on the impact the problem has placed on their life (Sahin & McVicker, 2011). As the problem of the abuse is spoken of as external to the individual, it is important that counselors explore the effects that the abuse has placed in their lives (Morgan, 2000). In order to examine the effects of the abuse, counselors may ask questions about the ways the abuse has affected the client’s view of themselves, relationships with others, and every-day life (Morgan, 2000). These questions can help the client identify the influence of the abuse on their lives (Sahin & McVicker, 2011). During this process of identifying the effects of the dominant story of abuse, a new space can be created for new stories and unique outcomes to emerge. The collaboration between the counselor and client throughout this process can help the client reflect on the times they have not given in to or have even resisted the effects of the abuse. This reflection directly challenges the dominant story of

abuse and reveals the unique strengths, skills, and abilities of the client (Sahin & McVicker, 2011). Note that the use of the term, “resistance”, does not refer to a victim literally fighting off a perpetrator. Rather, the experience of abuse may try to convince a victim, for example, that he deserved to be abused; a form of resisting such subversive messages could be times in the victim’s life when he thought of himself as worthy of respect. Narrative therapy thus empowers individuals by viewing the problem as existing outside of the individual and begins to empower the survivor by identifying their strengths.

Group Therapy

With group therapy, counselors can build an empathetic support system in which the client can freely explore the negative feelings and experiences that have been created by their traumatic story of abuse. Group therapy work offers individuals the opportunity to realize that they are not alone, which can help clients rebuild a sense of connection while validating their experiences (Berg, Landreth, & Fall, 2013). Research has shown that survivors of CSA who participated in group therapy have significantly lowered their sense of guilt, shame, hopelessness, and isolation. The supportive environment also allowed participants to increase their sense of empowerment and hopes for the future (Gorey, Ritcher, & Snyder, 2001). As group also becomes a safe environment for clients to form nurturing relationships, counselors can guide clients through the process of developing new or different skills and resiliencies.

A core concept of narrative therapy includes the expression of re-authored or preferred stories in a social context. Our understandings of ourselves are built on our relationships with others; when we see our stories reflected back to us, it further adds to the generation of new, more expansive identity narratives (White & Epton, 1990). The outsider witness reflecting team practice is an example of a narrative approach that embodies this concept. Outsider witness teams are composed of a group of selected significant people in the client’s life who are tasked with “witnessing” the client’s story. Witnesses are asked to listen intently to the story told and will then retell what is heard in a guided process. Retellings are not simply repetitions of the client’s words, but rather include the ways in which the story stands out to the witness, impacts the witness, and will carry into the witness’s own life. Through this retelling, the client hears their story in a new and unexpected way, thus furthering the creation of richer stories, while strengthening the client’s preferred identity (White, 2007).

Thus employing narrative therapy in a group context can provide significant benefit for survivors. Often the experience of abuse can mislead victims into believing others will not want to hear their stories. Yet the safe, nurturing environment of group can directly contradict this myth by normalizing survivor’s feelings and experiences while generating relational bonds with others. The feelings of guilt, shame, and fear contained in dominant abuse stories could be reduced with support from group members, while resiliencies and strengths can be identified and highlighted. Group therapy can stave off the isolating

effects of abuse, and survivors can establish new, meaningful relationships with a willingness to be open with others once again.

These new relationships can help reduce feelings of depression, anxiety, sexual trauma, and low self-esteem (Donaldson & Cordes-Green, 1994). Witnessing experiences can reinforce the new identities being constructed, while allowing members to generate more meaningful, enriching dominant narratives.

Conclusion

Although there is no single approach that has been proven to be the most effective when treating victims of CSA, the approach suggested in this paper can serve as a starting point for new counselors who may be seeking to set a foundation for treating clients who have experienced sexual abuse. By using empathy as the main motivator, counselors can integrate narrative therapy approaches to not only allow the client to re-author their story of abuse, but also to provide a support system amongst others who have also faced similar experiences. The main counseling goal that can be attained by combining narrative therapy with group work is encouraging client autonomy by releasing the negative feelings associated with the abuse. Under the narrative therapy

framework, counselors can guide clients to view themselves as competent in order to regain control over the influence of the effects of the abuse (Baird, 1996). Outsider witness teams can help highlight individual client strengths while significantly reducing the feelings of guilt, shame, and hopelessness by eliminating the isolating effects brought by the abuse. Group therapy can, therefore, help clients begin to establish new, meaningful relationships with a willingness to be open with others once again. These new relationships can help reduce feelings of depression, anxiety, sexual trauma, and low self-esteem.

There is much to be learned about child sexual abuse, its effects, and best mode of treatment. It is for this reason that counselors must familiarize themselves with the signs and symptoms of CSA in order to help clients in their practice. With the information gained from the proposed theoretical approach, it is imperative that counselors continue to expand their knowledge on CSA. The effects of CSA can be long-lasting and continue throughout adulthood. It is for this reason that mental health professionals must remain informed in order to provide the best service to their clients.

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