

### **Asking Why: Confronting Childhood Sexual Abuse**

“But it says here that you told the forensic interviewer that the bandana you ‘claim’ he stuffed in your mouth was blue. Now you say it was black.”

“I did?”

“Yes, you did. So which was it, Emily? Was it blue or was it black?”

“It was black, I think.”

“Okay so you ‘think’ it was black now. Can you tell the court which house you were living in when you ‘claim’ this first happened to you?”

“Um... I don’t remember for sure, I think it was on Hamilton.”

“And on what date did this first happen?”

“I think I was seven or eight.”

“That’s not a date, is it, Emily?”

“I guess not.”

“You must answer ‘yes’ or ‘no’.”

“No, it’s not a date.”

I left the courtroom with Emily’s words ringing in my ears, and the image of her head hung low to her chest imprinted on my heart. The prosecutor had prepped her for her testimony a couple of hours prior. Then I sat with her outside the courtroom for two hours, right down the hall from where her perpetrator sat. I gave her colored markers and paper to draw. I read her books and magazines and encouraged her that all she had to do was tell the truth; that everything would be fine. Everything is *not* fine, though. And that is why I am crying in my car, all the way home.

Emily is a 9 year old client at my internship placement this year. She is the oldest of three children. She is a survivor of childhood maltreatment, having experienced neglect, and physical, emotional, and sexual abuse and also witnessing domestic violence. She lives with her grandmother; her mother and father lost custody of her a few years ago as a result of the neglect and physical and emotional violence she and her younger siblings suffered. After moving in with her grandparents, Emily thought she was safe. Until she was sexually abused by her grandfather. For a long time, Emily said nothing about the abuse. She was afraid that if she said anything she would be taken away again, and then where would she go? But one day, out of fear that her grandfather might also hurt her little sister, Emily got the courage to tell her grandmother what was going on. Her grandmother believed her, and did everything “right”; she called the police, got her husband to leave the home, and pressed charges. She took Emily to a child advocacy center in order to have them conduct a forensic interview, which is a way of asking children in a developmentally sensitive manner about their abuse, with the goal of obtaining the child’s statement in an unbiased and objective manner that will support fair decision making in court (State of Michigan DHS, n.d.). She got Emily into therapy, and met with Emily’s therapist regularly in order to learn how to parent a child who has been traumatized. She brought Emily to court to testify; she testified herself. But in the end, the charges were dismissed. Emily was considered not credible as a witness. She cannot remember whether the bandana he used to stifle her cries was blue or black. She cannot remember specific dates or times. She cannot remember for sure which house they were living in when the abuse happened (they have moved a lot for economic reasons). There is no physical evidence linking her testimony to the crime. There is only her word against his, and he blames it all on her drug-abusing father who lost custody of her, and maintains his innocence. The charges are dropped; he is let go.

Now I must try to help my young client pick up the pieces and move forward. I will tell her that I believe her, that what he did was wrong, that it is not her fault, and that no matter what, she and I are going to work on helping her process her trauma in order to help her feel better. But when she asks me *why* this happened, why the judge did not sentence her grandfather, and why grown-ups do this to children, what can I say?

Why indeed does this happen? This is a question that gnaws at my soul. This is not my “first time around the block” witnessing the disclosure of trauma. My first career was working as a health professional; in the course of doing that work many women disclosed their history of abuse to me. I have subsequently worked on research focused on abuse and its enduring effects like posttraumatic stress and depression. And I have had this visceral reaction before to witnessing another’s pain. It is something known as “vicarious” or “secondary” traumatization, also referred to as “compassion fatigue.” It has been suggested that vicarious traumatization can be an integral part of working therapeutically with infants and young children who have been traumatized (Osofsky, 2009), and that social workers who do trauma work are vulnerable, particularly for those who have a history of sexual trauma themselves (Cunningham, 2003).

I knew that this work would be hard. But I chose this therapy internship because so much of my experience to date has been working with adults who are looking back on their childhood maltreatment and trying to sort things out from that distal position; I wanted to have the chance to see what effect intervening in a more immediate way has on the lives of children. I certainly have gotten the chance to do that and have felt honored to work with these young clients. I’ve witnessed their pain, yes, but also their natural resiliency, their break-through moments, and their steady progress toward healing. I’ve had bad days, for sure, where my heart is just broken by what I hear, and what I see in my clients, and I have shed a few tears along the way. But I’ve felt

nothing like I felt that day driving home from court. So I wonder why this particular form of witnessing hurts so much.

I have heard Emily's trauma story before. She and I are working together to process these memories, using a trauma-focused cognitive behavioral therapy that involves writing her personal trauma narrative. I have heard all the horrific details, and some have brought tears to my eyes. But it took the courtroom situation to reduce me to sobs, and what I became aware of is the utter *helplessness* I feel. It seems to me that "the system" has just re-traumatized my client. It is the realization that Emily's case is one of so many, that experiences such as the one she went through are "routine" and "regular." Sure, I am angry that the lawyer was badgering my client. I am angry that my client had to sit in the same hallway for two hours with her abuser. I am angry that even though she already told her story in a meticulous forensic interview, she is still compelled to appear in court. It is not that I feel that the accused should not have a right to a fair trial: I do believe in the rule of law. It is rather the sheer enormity of the problem of child maltreatment that overwhelms me and evokes this sense of hopelessness. It is the regular frequency of it. It is the elephant in our collective living room.

A worldwide meta-analysis shows that 19.7% of women, and 7.9% of men have experienced some form of sexual abuse by the age of 18 (Pereda, Guilera, Forns, & Gómez-Benito, 2009). Of course, this represents only what we know, since many incidents of abuse are never reported (MacMillan, Jamieson, & Walsh, 2003). And contrary to what we used to tell children, it is not strangers who children need fear; most sexual offenses are committed by family members or acquaintances of children (Tjaden & Thoennes, 2006). This was the case with Emily, in what she experienced with her grandfather. These abuses can lead to many long-term adverse physical health, mental health, and social problems for children. They carry a

tremendous economic burden to society as well. Recent estimates show that new substantiated cases of fatal and nonfatal child maltreatment in the United States in 2008 alone cost \$124 billion (Fang, Brown, Florence, & Mercy, in press). It should be understood that this is a *gendered* problem. While women do commit offences against children, the vast majority of abusers are male (Dube, et al., 2005; Wheatlin & Barnett, 2009).

The statistics show the enormity of the problem, but they do not answer Emily's question of *why* this happens. This is the sticking point for me and the reason for my recent distress. Why are women and children victimized at such alarming rates? Has it always been this way? Will it ever change? Is such victimization the logical result of living in a patriarchal society? Does this establish the pretext by which the woman's body and soul remains dominated by those with the power and control? Is this something encoded in our DNA, an endless reenactment of predator and prey?

One of our core values as social workers is social justice. We are guided to pursue social change *particularly with and on behalf of vulnerable and oppressed individuals and groups of people* (NASW, 2009). To me, the central issue is: can we pursue social change that involves framing the "vulnerable and oppressed" as half the species? Nelson Mandela once said, "There can be no keener revelation of a society's soul than the way in which it treats its children." By that standard, where do we find ourselves as a people? Are we a species that aspires to a consciousness as moral beings?

Being in the courtroom that day, seeing the officious, repetitive tenor of it all, made me question everything. It made me wonder about our priorities. All of our collective energy and resources, from the Child Protective Services worker who takes the very first call, to the police officers who arrest the perpetrators, to the lawyers and judges and juries who process the cases,

to the prison staff who house the convicted, to the nurses and physicians who examine and treat the physical wounds, to the therapists who listen and encourage and treat the psychological wounds: all of it, every bit of it, is responsive. None of it focused on prevention. I can't help but feel as if we are all trying to avoid the structural remedy that would bring about a preventative culture, as this would necessitate the rejection of the culture that normalizes the cycle of victimhood.

Clearly, pursuing social change in this area is indeed “big”... and exceedingly complex. Social work, with the wide-spread adoption of an ecological model (Bronfenbrenner, 1979) as a unifying paradigm, recognizes at the outset that people live in complex, nested levels of environmental influences. There are implications that stem from child maltreatment that can be examined across all levels, from the micro level of the deeply personal experience, often found in the child sexual assault survivor, to the macro level of resource allocation dedicated to the problem. However, it has been suggested that the ecological model may be better at *describing* the problem than *explaining* it. That is to say, it does not “deal with or explain power relationships” (Mullaly, 2007, p. 49). So although we may, for instance, be able to show that the problem is exacerbated by socioeconomic conditions and influenced by psychosocial functioning of the family, we do not find the larger answer to Emily's enduring question of *why*.

Finally, addressing this question of *why* has led to a profound change in my own perspective. I have been dancing around this question for years. I have been dedicated to understanding trauma and its effects. I have struggled to fill in the blanks by educating myself. For a time, I was of the belief that by coming to a fuller understanding of how one or another neurobiological or genetic alterations perpetuates the cycle of violence, or how this or that sociodemographic factor constitutes more or less risk, the answer of ‘why?’ will be revealed.

I've considered that it could be the patriarchy, nature, nurture, fate, chance or the devil himself. What I conclude is that it is likely all of the above and it is likely more, and it is likely something not yet considered. I conclude that it is not my job to know. That it may be unknowable.

But that doesn't deter me from working for change. What occurs to me at the most fundamental level is that I can't produce this kind of change alone. Not even in the microcosm of the therapy room. That is why I need to process the vicarious traumatization I experience in confidence with a supervisor trained in providing collegial support and expert, competent advice. I need to find the balance in my life that allows me to devote myself not only to my clients and my research but also to my self-care (Harrison & Westwood, 2009). This includes making time for family and spiritual nurturance, exercise, hobbies and fun activities. I need to recognize my own personal limitations. I need to accept that I may need therapy myself to help me better handle my own personal journey with trauma that is evoked in my work. If I intend to stay focused in this work over the longer term, supporting myself through vicarious traumatization is a necessary practice that will have to be continually cultivated.

I am not alone on this journey at the mezzo- and macro-levels, either. There are many others who are working toward change. I take heart in the rise of the child advocacy center movement that is bringing together law enforcement, criminal justice, child protective service, medical and mental health professionals across the United States and elsewhere. This movement is focusing on forming coordinated teams to better serve victimized children and their families (NCA, n.d). I am thankful that such programs are provided free for many clients through the 1984 Victims of Crime Act (VOCA; see OJP, n.d.).

Research can point us in the right direction of change by calling for interdisciplinary efforts to continue to reveal the injustices, and to discover frameworks for promoting healthy

sexual development in children (McKee et al., 2010). It can implore us to continue to look at all sources of gender bias in diagnosing and treating children (Abell & Duphin, 2009), invite us to explore *intersectionality* and *standpoint theories* as important lenses through which to view the problem of gendered violence (Damant et al., 2008; van Wormer, 2009). It can suggest re-framing the problem within a public health model that calls for better allocation of resources to primary interventions (Janus, 2009). Research can help develop interventions that work, like partnering with parents to teach children personal safety skills (Wurtele & Kenny, 2010), improving maternal adjustment to parenting (Farris, Bert, Nicholson, Glass, & Borkowski, 2012), and addressing challenges of implementing evidence-based programs for child maltreatment prevention (Toth & Manly, 2011).

Better interventions and better research is necessary, but not sufficient. We need to continue to press for change at the political and social frontiers by addressing barriers to social workers participating in the political process (Rocha, Poe, & Thomas, 2010), and encouraging social workers to “go back to their roots” of social justice, and not be content with the status quo.

Delving into the question *why* has shown me that not only am I not alone, but there is some evidence that things may actually be getting a little better. Rates of substantiated child maltreatment may in fact be going down, with modest declines in the period 2006-2010 resulting in rates the lowest they have been since 1990 (DHHS, 2011). Although the numbers are still large, and rates of neglect have not declined in the same manner, it is a change in the right direction. Another encouraging fact I learned is that vicarious traumatization may have some positive effects as well as deleterious ones; some exposure to clients’ trauma appears to promote empathy and growth for social workers (Ben-Porat & Itzhaky, 2009; Brockhouse, Msetfi, Cohen, & Joseph, 2011). This makes sense to me because I know that I have grown from knowing

Emily and being exposed to her pain; I have learned so much from her about trauma, resiliency, and the importance of standing in your truth, no matter how hard.

So how do I answer Emily's question? I give her my most honest answer: *I do not know*. I tell her I wish I did, and that I am going to continue to ask the question. I tell her that even though people hurt each other, they can help each other, too. Studies have shown that a child who has been maltreated can be resilient in the face of trauma, if they have the right support (Henderson, 2012; Hoge, Austin, & Pollack, 2007). This support can come in the form of just one adult who listens, comforts, and believes in the child. It can be a family member, a teacher, a relative, a minister...or a therapist.

My internship ends this spring, and I will have to say good-bye to Emily. I will never know whether, when she looks back on her childhood, she will think of me at all, or, if she does if she will see me as one of those supportive adults who listened to her and comforted her and believed in her. I hope she does. But I do know that as I move forward in my career I will think of her, and her courage, and her pain, and her unanswerable question, *why?*

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