SEXUAL ASSAULT AND THE BODY

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About the Photos in this issue:

Our sincere thanks to Arlene Red Elk who provided the photos of the young Jingle Dancers throughout this edition of Connections. In addition to their beauty, these images are especially appropriate for this issue because the photos depict a Jingle Dance ceremony that young women participated in as the culminating event of a survivors support group sponsored by United Indians of All Tribes in Seattle.

The creation of the dress is the first part of being a dancer. Jingle Dresses, also known as Prayer Dresses, are a healing garment in some Native American Communities. Young women and their elders create scores jingles made out of snuff can lids that attach in seven rows over the dress. Some say that if you close your eyes when a jingle dancer passes, their jingles sound like falling rain.

The Jingle dance is a healing dance, a gift from the creator. On the day of the powwow, the dancers don the dresses and are led into center circle of the ceremony grounds. From that point, the dancers are “danced out” to their community. This “dancing out” is essentially a way of introducing them to the community and joining the community as whole, beautiful people. The young participants first dance for each other, and then dance for their community. After a time, elder dancers and community members will join the Jingle dancers in the circle, literally and spiritually surrounding them.

The movement of body through dance is, itself healing and transforming. In addition, the literal embrace of the community after the dance reinforces survivors in their journey to healing.
ONE SURVIVOR'S JOURNEY FROM HELL AND BACK TO HERSELF
Anonymous. A survivor’s story (please be aware that this article contains strong language)

Cognitive Accommodations to Childhood Sexual Abuse
Douglas Eby addresses the cognitive adaptations to trauma, including sexual abuse that may delimit or interfere with the ongoing cognitive developmental tasks of childhood.

When the Body is the Target
Karen Siler shares information acquired from a training she attended at Cape Cod Institute on Self Harm, Pain, and Traumatic Attachments” presented by Dr. Sharon K. Farber, Ph.D., B.C.D.

Issues of a Walking Crime Scene
Dusty Olson reminds us that there is no escaping or avoiding being in the very place that the victim was victimized, because the victim’s body is the crime scene.

Safety, Somatics and Sexual Healing
Staci Haines emphasizes self care and prescribes that support is essential to any healing process; and learning to care for one's self is a life long journey

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Renée M. Sparks

This issue explores the association between sexual assault and the body. Specifically in connection to how sexual assault impacts one’s body image. As you know, the impact of sexual abuse can take on various forms. It can have a psychological and physiological impact on survivors. Such as: addictions, depressions, anxieties, sleeping or eating disorders, associations, dissociations, low self-esteem, and various other forms including the fear of any intimacy associated with sexual activity; that actually may impact the ability to sustain long-term relationships.

However, the premise for this issue, Sexual Assault and the Body, the focal point is on the dynamics of exploring the concept of body image, self-harm and self-injurious behavior, self-esteem, cognitive adaptations to trauma, including sexual abuse that may delimit or interfere with the ongoing cognitive developmental tasks, self-care, and the path to healing.

In this unique journey towards wholeness, we must allow the survivor to define the meaning of their healing; and recognize that the survivor is in control of the healing process. Understanding the effects of sexual assault and the body and its impact on the survivor is needed to assist in developing a relevant and appropriate advocacy response.

Each survivor has a story, because each survivor is different, needs vary, and their individual experiences are uniquely their own. It is not clear to determine how people will be affected by their individual experiences of sexual abuse because there are enormous factors that interact to determine what that outcome will be.

James Baldwin once said, “Not everything faced can be changed, but nothing can be changed until it is faced.” I believe that quote is relevant and connected to this topic for victims that experience the variables of sexual assault and the body. As in the anonymous contributor’s piece, her story/steps led to a most complex journey in her life. That journey brought her to a destiny of not only liberating her spirit, but also her body. She embraced a path of her reconnect back to the core of her being in ways she never thought possible.

Most likely that would not have happened if she had not ventured to the threshold of nothing can be changed unless it is faced. Survivors of sexual abuse must not and should not face this reality alone. We must go beyond the limitations of opinions and judgment and meet survivors where they are; and respect that their unique path to reclaim life takes enormous courage.

Therefore, infused in this issue is pertinent and insightful information about “Sexual Assault and the Body” to build awareness; and to promote, and foster insight that will enhance advocacy services to survivors that embody the reality of this phenomenon. We anticipate and hope that this issue will be most helpful to you who fervently labor in the trenches of direct services in a unified effort to end sexual violence.
What is body image? It can be defined as how you see yourself; how you believe others see you, your feelings about your body, and your general feeling in reference to living inside your body. Body image involves our perception, imagination, emotions, and physical sensations of and about our bodies. It is dynamic and sensitive to changes in mood, environment, and physical experience. It is not based on fact. It is psychological in nature, and much more influenced by self-esteem than by actual physical attractiveness as judged by others. It is a learned concept. This learning occurs in the family and among peers, and is reinforced by societal and cultural expectations (Judy Lightstone).

As a country, we are obsessed with body image. Look at women, men and teen’s magazines at the supermarket checkout or turn on your TV. Images of unrealistically thin women; women in sexualized and compromising positions; and women “sold” alongside consumer products dominate our media. We commodify women when we pair them with beer bottles, cars, cigarettes, shoes, hooters and pretty much anything you can think of which can be bought and sold. Women are reduced to a consumer package of body parts. These images are so prevalent, they are considered “normal” and we often don’t think twice about them.

This creates a world where we are not only told we are a package of body parts, but that package is not quite perfect. We need to change our imperfect bodies to match an unrealistic media-created standard, and there are a million products to show us how. It comes as no surprise that many women are attempting to change their bodies in some way or another to fit this standard. The climate we live in undervalues women as whole people, whittling their worth down to physical body parts.

Given this climate, both an imbalance of power and disrespect for women as whole and equal counterparts exist. Sexual abuse is in some ways supported by a culture that accepts these norms. One out of every six American women has been victims of a rape or attempted rape in their lifetime (Prevalence, Incidence and Consequences of Violence Against Women Survey, National Institute of Justice and Centers for Disease Control and Prevention, 1998).

Many survivors of sexual abuse try to regain a sense of power over their bodies by controlling what food or liquid they allow into their body. Because they had no control over what was done to their body when they were abused, food may be the one thing they know they can be in charge of. Food may be used to repress feelings or to numb feelings. Bingeing, or eating a large amount in one sitting, such as an entire box of cookies, may bring feelings of comfort and safety.

Purging, or getting rid of by throwing up food, may also be a release of emotions by literally getting them out. Some victims believe if they can control their weight by either becoming too thin or obese, their abuser may find them unattractive and stop hurting them. For many, their control over their eating has been how they have coped with their abuse for many years. It may be difficult to give up because they are not sure they can live without it.

Survivors of sexual abuse can be amazingly resilient in their efforts to cope with their abuse. As humans, it takes a lot to squelch entirely our spirit. We will intrinsically try to

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do whatever we are able to do to survive. When we are forced to do things against our will, we come up with our own unique ways to cope with our current reality. For many, this manifests in an eating disorder. For others, they may alter their physical and external body in some way to regain a sense of control.

Some survivors of sexual abuse may employ the physical pain that comes from cutting, burning, or hitting themselves to cope with the intense emotions they may be going through. One in one hundred is a self-injurer and more females than males self injure. Cutting is the most common form of self-inflicted harm. Most do not intend to hurt themselves permanently. Some may harm themselves to feel something real—to experience pain—when they may be feeling separate from reality or have practiced numbing themselves out of abusive situations. Others may find calm and release from overwhelming emotions when they focus their pain into a physical point.

Tattooing and body piercing is another means a survivor may use to reclaim their body as their own. As body piercing and tattooing have become more widespread in America, it has become a more acceptable outlet for individuals who want to express themselves and their emotions through modifying their body. The creativity survivors of sexual abuse use to cope with their trauma is tantamount to their strength as individuals. Perhaps one day, this strength will be released not in response to abuse, but as an expression of self-love.

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Shauna has worked in sexual assault advocacy for three years between her work at KCSARC and her previous work at the Cleveland Rape Crisis Center in Cleveland, Ohio.
Deep Within

DEEP WITHIN THE CRUCIBLE OF MY SOUL
At the very core of my being
There is a living and all-powerful force
Protecting me from the evil forces
Sent to besiege and to destroy my spirit

I have been touched by tarnished hands,
Yet I've remained untouched.

I have been seen with unwanted eyes,
Yet I've remained unseen.

I have heard the sound of words
Which were destructively piercing to the ear,
Yet I only hear the essence of my beauty being expressed.

The tinge of filth has been poured upon me
Yet I've remained as fresh as a blossoming flower.

I have tasted the bitterness of abuse,
Yet my tongue continues to utter
Sweet words of praises
To the unyielding...Everlasting...All-Encompassing
God within me.

This strength prevails because
The inner eye sees not like the outer
The inner ear hears not like the outer
The inner nose smells not like the outer
And the inner mouth tastes not speaks like the outer.

I have been victimized and by many I've been despised
But in the words of Maya Angelou
I say to them, "STILL I'LL RISE."

I'll rise because there is a secret place
Deep within the crucible of my soul
A place of safety and refuge
A place tranquility and peace
A place of harmony
And a place of unconditional love!

DEEP, DEEP WITHIN THE CRUCIBLE OF MY SOUL!

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“Not everything that is faced can be changed, but nothing can be changed until it is faced.”
- James Baldwin
One Survivor’s Journey from Hell and Back to Herself

Anonymous

God, how I hated my body. God, how I hated myself. God, how I wanted to do anything to escape from this thing called a body – this ravaged piece of lying waste. You see, from a very early age, I suffered from sadistic sexual abuse, severe physical abuse, and complete and total neglect, all within a context of a family structure who thought this was normal and appropriate behavior. The sexual and physical abuse and neglect was so horrific, so unspeakable, so isolating, so gruesome, so traumatizing, that I often wondered how in the hell I became a human being. How did I pass for one, when I was treated like an animal, with nothing more than a few bones being tossed my way? But, we are called survivors for a reason my friend. We survivors possess a desire for wholeness that awes me. And don’t let anyone tell you otherwise.

Because of the severity of my abuse, I was one of the creative ones who used dissociation in its extreme as a form of escape and was eventually diagnosed with Dissociative Identity Disorder in 1988. I eventually landed in a DID treatment center for a year but found that being hospitalized only exacerbated my condition as the internal structure was set up in a way that provided me an outlet to continue “acting out.” It wasn’t until I left and began therapy in 1990 with an amazing woman, whom I credit with helping to save my life that I truly began my healing process, working to unravel and heal from the horrific abuse I endured.

By the time I got to her I was so self-destructive and suicidal. I was engaging in many different forms of self-mutilation and had done some pretty horrific and unspeakable things to myself that I was literally on the verge of dying – drugs, self-mutilation, poisoning, burning, cutting, crashing cars, drinking, splitting, running, running, running, overdoses, more overdoses, baggy clothes, hiding breasts, gorging, puking, wanting to blow my brains out, wanting to jump through a plate glass window. Anything, anything, anything to get out of this body. Why? BECAUSE MY GOD-DAMN BODY BETRAYED ME, THAT’S WHY. If it wasn’t for this body, it wouldn’t have happened right? That’s what they kept telling me. It’s your fault because we know you like it. WRONG!!!!!! Now I know it had nothing to do with me. Now I know that it was about their sick need to use me for their own perverted and twisted needs. But I didn’t at first. God, this is hard to write because I’ve come so far and hate to remember back on those days. But we can’t escape what happened; we can only heal from it. And yes, it is possible.

After 13 years of excruciating work, I was finally able to integrate all the split parts of myself and develop into the fully functioning, productive, powerful and self-assured woman that I was meant to be. Not an easy task, as I’m sure you can imagine. More like a gut-wrenching journey if you really want to know the truth. And one that I wasn’t sure I would survive. But survive I did. But there is still more work to be done. What do I mean? Sexuality! Oh shit, that!

Although I now engage with the world mostly from a centered, powerful place, healing my issues around sexuality was, and continues to be extremely difficult. In response to my abuse, I cut myself off from sex and the possibility of ever forming loving relationships, not by choice, but as something I saw as my only option. Sex and sexuality became something horrible and painful, and ANY feelings of pleasure would result in me wanting to blow my brains out or jump through a plate glass window. Anytime my therapist and I would begin

“God, how I wanted to do anything to escape from this thing called a body – this ravaged piece of lying waste.”
doing small pieces of work on sexuality, the trauma would take hold and I felt like I could
not live another second. Pleasure, sex, needing, wanting and desire was so shameful that
having any of those feelings would throw me into a dissociative state, leaving me feeling
uncontrollable, dirty, shameful, ugly and bad. However, I am now working to reclaim
this part of my life. Although I am still a long ways from complete sexual wholeness, I’m
doing it. I’m realizing that God damn it, I deserve it. I need it and I want it. If you knew
me better, you would also know that it has taken me about 15 years to even verbalize
those words out loud. But I’m saying them now.

So, has all this been worth it? Most definitely. Today, I’m a whole lot kinder and gentler
to my body. I don’t see it as a piece of shit anymore. I don’t see it as a piece of ravaged
waste. It’s not something that I keep trying to get away from anymore. I’ve even learned
to stop saying abusive things about myself and my body. And I don’t hurt it like I used
to. Well, that’s not entirely true. The last thing I need to do is to quit smoking, but I’ll get
there. And you know what? Most of the time, I’m glad I have one. And I’m even working
my way up to liking it, love handles and fat around the middle and all. What? If
you had told me 15, 10, 5 or even 2 years ago that I would be glad to have a body, that I
would like my body, I would have thought you had lost your mind. I would have thought
you were crazier than me. And most assuredly, I would have never, ever believed you.
But it’s true. This journey from hell and back to my body has allowed me to reconnect
back to the core of my being in ways I’ve never thought possible. I’ve even begun an
exercise program for God’s sake. And who would have thought? If there is anything
that will get you back into your body, it’s exercise. Through this journey, I’ve learned to
breathe when I’m feeling scared, anxious, panicked. I’ve learned to tolerate feelings and
can be assured that they won’t kill me. And most importantly, I’m thrilled that I was one
of the lucky ones who didn’t succeed in destroying my body, my mind or my soul. I’m so
glad that I’m alive.

For those of you who are reading this who work with survivors, I thank you from the
bottom of my heart. I thank you for your willingness to bear witness to our pain. I thank
you for your willingness to hear the unbearable and to hear the unspeakable. I thank you
for your patience and your complete and utter kindness. Remember, without people like
you, many of us would have no one to turn to. So know that you play a key role in our
journey back to ourselves.

For those survivors who are reading this, please don’t give up. I know it’s hard. I know
it’s painful. I know it is excruciating work. But let me tell you, it is worth it; it is possible.
You have the spirit, the guts, the power, the resolve and the fortitude within you. You’ve
made it this far, right? So keep going. Yes, there are times when I still get triggered and
lost and forget that what is happening now is really about the past. But I’m able to sort
through those triggers and get back to the present and to myself a whole lot quicker than
I was ever able to do before. Yes, there are still times when I want to throw in the towel
and forget this whole thing, but those times are few and far between. I’m not about to
quit after all this work I’ve put in. And I know that it is possible for you too. So, if you
are a survivor, all I can say is the journey back to yourself, the journey back to your body is
the greatest gift you will ever receive. Welcome home.
Cognitive Accommodations to Sexual Abuse

DOUGLAS EBY

"Nothing exaggerates the torture of childhood. People say children are happy. They forget the terrible revelations...the sudden shadows on the ceilings."

(Virginia Woolf, incest survivor)

"It is these very experiences [of rape and molestation] which have shaped the person I am now. Without these experiences, there would not have been the drive and ambition to overcome and strive for more."

(Minerva M., a survivor)

In the stories of both the famous writer Virginia Woolf (DeSalvo, 1989) and the also profoundly abused Minerva (Wood & Hatton, 1989), there can be seen the struggles to survive, to cope with what no child should have to, but millions do.

The litany of both initial and long term sexual abuse consequences is extensive and may include traumatic sexualization: shaping a child's sexuality – both feeling and attitudes – in a developmentally inappropriate and interpersonally dysfunctional manner; betrayal of trusting dependence; engendering of an enduring sense of powerlessness.

A survivor may incorporate into their self-image negative connotations such as "badness", shame, guilt, being wrongfully different/inferior; inciting behaviors associated with delinquency such as acting-out, self-mutilation and substance abuse.

There may be experiences of depression; various eating disorders; low self esteem; social alienation, sexually related problems (e.g. prostitution, frigidity, promiscuity, sexual orientation confusion, masochism, gynecological problems, feelings such as revulsion and fear associated with anything sexual); dissociative strategies including multiple personality; various gastrointestinal tract disorders such as allergies and speech problems such as stuttering (Bagley & King, 1990, Finkelhor & Browne, 1985).

There is an almost overwhelming complexity for both survivor and therapist in the aftermath of sexual trauma such as rape by a sibling: “The existence of the incest element involves...an emotional complication of the therapeutic situation. It is the hiding place for all the most secret, painful, intense, delicate, shame-faced, timorous, grotesque, immoral, and at the same time the most sacred feelings that make up the indescribable and inexplicable wealth of human relationships and give them their compelling power” (C.G. Jung, The psychology of transference, quoted in Ganzarain & Buchele, 1988).

The cognitive model developed by Aaron Beck posits an intimate interaction among four elements of experience: emotions, thoughts, behaviors and physical-biological factors. This construct helps provide explanation of why there is such a complex and convoluted symptomatology resulting from abuse, and how therapy may be efficiently oriented toward resolution or at least relief of problematic behaviors in survivors.
One of the more troubling kinds of symptoms is acting out behavior, which may be seen as "an incipient attempt to communicate unbearably painful mental contents that cannot reach consciousness, and can be discharged only as spontaneous actions" (Ganzarain & Buchele, 1988). Another factor may be lessened impulse control due to the presence of brain abnormalities, e.g., in the temporal lobes, seen more often in victims of sexual abuse (Davies, 1978-9).

But a child victimized by abuse and needing to express these pains is put in a double bind: if they choose to survive by acting out their anger in various delinquent activities, they are discounted and discredited for causing further problems, and if they attempt to hide their pain and shame under a serene exterior, they are seen as not having suffered any "real" harm.

As one woman relates, "Each increase in my guilt, shame and disgust caused an equal increase in my need to create a glossy pleasing surface. The darker the inside the brighter the outside must be to hide it" (Rush, 1980).

The "dark inside"—thought content disturbances in adult survivors, who are primarily women—may include nightmares, especially with themes of the dreamer being pursued/chased and attacked, and feeling helpless (Garfield, 1987), recurring and unsettling obsessions such as impulses to harm children, persistent phobias, illusions such as sensing an evil presence in their home or body, visual/auditory/tactile hallucinations even to the point of sensations of pressure on the skin from another (non-existent) person’s body against theirs (Bagley & King, 1990).

Women who experience distortions in their sexuality as an outcome of abuse may utilize elaborate erotic fantasies to tolerate sexual contact (Shainess, 1984). One of the aspects of sexual abuse, seen as a post-traumatic stress disorder, is a compelling need on the part of the victim/survivor to make sense of the experience, regaining a sense of mastery over the event and enhancing one’s self-esteem (Draucker, 1989).

There may be an acceptance to some degree on the part of the victim of at least some of the offender’s arguments used to justify their abusing a child, such as "It isn’t really sexual abuse; it’s sex education", or "You are such an unusually mature girl" (Berliner, 1990).

Some therapists have pointed out the danger in the survivor’s searching for meaning when there may be none: "The ability to block or interrupt thoughts of a negative event may be crucial in living with events that have, in fact, no resolution...the victims of undesirable life events are relieved of pain by making conscious attempts to block thoughts of their negative outcomes" (Silver, Boon & Stones, 1983).

To a considerable extent, the cognitive adaptations to trauma, including sexual abuse, may delimit or interfere with the ongoing cognitive developmental tasks of childhood. Concrete operational thought, the solving of problems clearly tied to physical reality, can become impossibly challenging in the face of an overwhelming adult demanding gratification of their needs at the expense of the child’s. The process of formal operational thought involves creation of rule systems through understanding the relevant interacting variables, but abuse demands secrecy and suppression, denial and avoidance of knowledge or distortion of understanding.

The development of social cognition involves differentiation of the child’s own needs and perspectives from others: within an abusive relationship, their needs and perceptions are abrogated to those of the offender’s. Perhaps one of the most critical tasks of

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development is the area of attribution style formation: concepts of adequacy and power in self and others, of control in various situations, and resultant levels of self-efficacy and achievement.

Abuse is a blatant distortion in the child’s sense of power: “I believe the sexual use of a child’s body/being is the same as the phenomenon of adult rape...To be raped, as a woman or girl-child, is to experience...an act of aggression in which [the survivor] is denied her self-determination” (Driver & Droiesen, 1989).

There can be a value to highly emotive experiences in childhood, ones which press toward clarification of values and self-concept, but sexual abuse is precipitous and overwhelming. One of the most common results of the complex mix of abuse-engendered thoughts and behaviors is depression (Kovacs & Beck, 1977), which may include self-assessment as deficient, inadequate, unworthy, physically or mentally or morally defective.

Survivors may perceive their interactions with the world in terms of defeat and failure, or deprivation, and hold presumptions that the abuse will last on and on into an unending future of suffering. Some researchers have postulated a personal mood-dispositional dimension or trait: negative affectivity, NA, an individual with high NA levels tend to be more susceptible to distress and upset, and have more negative self-concepts and self-esteem, regardless of the levels of threat and stressors in the environment (Watson & Clark, 1984).

One of the primary developmental tasks of childhood and adolescence, the definition of sexuality – of one’s sexual identity and orientation, of the meaning of sexual experience and interpersonal relationships with respect to sex – may be profoundly altered and disrupted through sexual abuse. Normal onset of secondary sexual characteristics, or menstruation, may be so mishandled by a parent as to be traumatizing: “I had for the first time my period, and I had no idea what it meant. I was so scared, but I couldn’t talk. My mother didn’t tell me. When she saw it, she just gave me a pad and said that I would always have it. I thought I was terribly sick” (Konopka, 1966).

Writer Naomi Wolf believes that “shame, silence and secrecy” linger around female sexuality. She believes a double standard persists in today’s culture that encourages girls to embrace sexuality before they’re emotionally ready and then blames them for doing so. “We need to sever the link between girls’ and women’s sexuality and the sense of shame,” she said in an interview. To experience sexual feelings for the first time as a child under healthy circumstances may be frightening; within the ongoing terror of abuse it can be additionally traumatizing: “When I was thirteen I actually had an orgasm, but at first I thought my father was trying to kill me” (Rush, 1980).

There may be no more serious result of abuse than alienation of the victim from their sexual selfhood: “Perhaps the deepest damage that sexual abuse can do to a child is to shake her trust in her own instincts, so that she becomes a stranger and an outcast to her own body” (Driver, 1989). As R.D. Laing points out, this kind of divorce of the body and the self is developed at the time of abuse as a necessary defense, but in adulthood, “the self wishes to be wedded to and embedded in the body, yet is constantly afraid to lodge in the body for fear of there being subject to attacks and dangers which it cannot escape” (Laing, 1960).

The rich inner life of imagination in the victims of sexual abuse is perhaps one of the factors leading them to be more susceptible to hypnotic induction, which can function as a powerful tool in the recovery of suppressed memories (Nash et al, 1984).

Other powerful and helpful therapeutic approaches toward the recovery of memory, self and
power include bibliotherapy (Pardeck, 1990), which may be especially apt for children, and drama therapy (MacKay, 1989).

To go beyond simply recovery of memory and experiencing feelings, to make significant improvements in depression, self-esteem and empowerment, it is necessary to effect changes in the distorted belief that the experience of abuse has helped create. Thoughts and beliefs representative of the various kinds of cognitive distortions may be used by abuse survivors, but can be restored to more healthy styles of thinking through cognitive restructuring approaches.

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“Perhaps one of the most critical tasks of development is the area of attribution style formation.”
When the Body is the Target

KAREN SILER

As workers in the sexual assault and abuse movement, we very often work with persons who participate in self-injurious behaviors as part of their coping with the trauma they have experienced. I had the opportunity to attend this year’s Cape Cod Institute training called “Self-Harm, Pain, and Traumatic Attachments” presented by Dr. Sharon K. Farber, Ph.D., B.C.D. The information presented in this article comes from things learned at that training.

Distraction from pain is a natural instinct; it is also the origin, purpose and cause of self-harming behaviors. As advocates and counselors, we have a responsibility to support and assist our clients. Often, though, we allow ourselves to be distracted by the harmful behavior. We fail to address inner issues which precipitate the behaviors. According to studies done by Dr. Farber, the most important task as a counselor seeing a client who is self-harming is to address the issues of trauma and traumatic attachments instead of focusing on the self-harming behavior.

Self-harm occurs along a continuum, from bodily damage resulting from bulimia, self-injury, self-mutilation and substance abuse to psychological damage in which the harm targets self-esteem. Self-harm related to self-esteem manifests itself in behaviors such as compulsive sex, gambling, use of growth hormones, and having unnecessary surgery.

Childhood trauma in which the child’s body was assaulted or violated sexually - combined with a lack of secure attachments - may be the common thread underlying the development of disorders such as: Borderline Personality Disorder, Post Traumatic Stress Disorder, dissociative disorders, eating disorders, and self-mutilation. Self-harm is often used by individuals to terminate episodes of dissociation and hyper-arousal. It is very physically and sensory dominated, with little or no thinking attached to the behavior.

In addressing self-harming behaviors with a client, the counselor or advocate should view the behaviors as a tool and by-product of the trauma. Let the client know that self-harm is a natural and creative way of surviving trauma, and that you as the counselor respect their efforts to survive.

Care must be taken to not disregard the tools that have worked for their survival thus far, even if these tools are dangerous. It is vital to allow them to discuss their experiences in order to begin the healing process.

It is important that the counselor or advocate avoid immediately making contracts to stop the behavior. Help the client address the issues caused by the trauma and begin the healing process to move from victim to survivor. She or he will no longer have an instinctual need for self-harm. Addressing trauma can cause a shift in the client’s thinking. By thinking about experiences in a new way that furthers the development of a positive personal identity, the client is no longer driven by past trauma. Rather, the client can live safely in the present and have a sense of a future as the trauma becomes integrated into their history.

According to Farber, when presented with a person who is harming themselves, assisting in the development of healthy attachments is a key part to working with that person. It is natural for people to seek increased attachments in the face of danger. Traumatic attachments to pain, abuse, and sometimes the abuser, occur when there are no safe or
healthy outlets for the person. Pain, abuse, and unhealthy attachments then become outlets for soothing. The person turns towards her own body to calm herself and make herself feel better when there is no one to comfort her. Physical self harm may also come about if the client is unable to verbally express feelings. In order to effectively heal from trauma and eliminate the need for self harm through counseling, a victim/survivor must have a healthy attachment to the counselor or advocate.

Most importantly, we must remember and respect that our clients have survived their trauma to this point. Now that they are reaching out for assistance they need a safe, healthy and non-judgmental environment in which to express their feelings.

Remember: people have a story to tell. It evolves over time. According to Dr. Farber, the key task of therapy is to give sorrow words and define it to make it real.

The concept of giving sorrow words is expressed eloquently in the following quote by Shakespeare:

“Give sorrow words; the grief that does not speak Whispers the o'erfraught heart and bids it break.”

-Macbeth, Act 4 Scene 4

Karen Siler is Johnson County Services' Coordinator for the Rape Victim Advocacy Program in Iowa City, Iowa. This article appeared in the Rape Victim Advocacy Program on Iowa Newsletter. Permission to reprint is granted by Karen Siler.
Most crime victims expend an enormous amount of energy attempting to avoid people, places or things that remind them of their victimization. Carjacking victims may not drive down the same streets again or drive a different type of car altogether. Home invasion victims may move to a different neighborhood. Mugging victims may avoid the business in the parking lot were they were attacked. And of course, this makes sense. Why deal with the potential triggers those situations may invoke if you don’t have to? However, what does a victim do when they are forced to take with them the scene of the crime everywhere they go, everyday, for the rest of their life. For victims of sexual abuse, their body was their crime scene and there is no way in which they can avoid being in the very place that were they were victimized.

It is no wonder then that for sexual abuse survivors, their bodies are often both the source of emotional and physical distress, and many times without them even understanding the connection between their present symptomology and their history of abuse. Many issues arise for victims around their bodies due to sexual abuse. These can include body image concerns, obesity, eating disorders, sexual dysfunction, labor and delivery complications and a host of other symptoms, to name a few. Because there are also many other causes for all of these conditions, histories of sexual abuse can be overlooked, not only by the victims, but also by their primary care providers.

Just as other crime victims have negative emotions connected to the scene of their victimization, so too do child sexual abuse victims have negative emotions associated their body. While some survivors may associate their body with the abuse, others often cannot form a positive association with it or with themselves and this sense of disconnection may manifest itself in a variety of ways. Many child sexual abuse survivors are simply uncomfortable with their bodies, particularly as it pertains to sexuality. They may worry about how others perceive their body because the message they received from a very early age was that their bodies were not something they had control over; but rather something that was used for the pleasure, needs and desires of others. And because of this, and the constant worry about how others perceive them, this may create a pervasive need to compare themselves to what the media defines as the “perfect body image.”

One of the most difficult body issues that survivors face is feelings of hatred toward their body for betraying them during their abuse. Often victims experienced a positive physical response during their abuse, resulting in feelings of guilt and shame since they believe they actively participated or enjoyed the abusive encounter. Because they carry around this sense of body betrayal, due to its biological response, survivors often feel dirty, and bad. Without understanding this phenomenon, the lack of trust and hatred survivors have for their bodies may result in a complete and total disconnection between themselves. On television, and maybe even in real life, many people have had the opportunity to see a drama in which rolls of bright yellow tape have been used to keep everyone away from a crime scene, both for the protection of the scene and for the protection of the public. Unfortunately, victim service providers don’t have the ability to separate a child abuse victim from their body, so it is essential to help survivors discover the ability to separate how they
and the physical sensations in their body. This sense of disconnection may, in turn, result in numerous dysfunctional behaviors including sexual difficulties and self-mutilating behaviors.

Sometimes adult survivors’ body issues may be more readily apparent, especially when their particular issue is one of obesity. Recent research has supported the connection between obesity and a history of child sexual abuse, in that, some child sexual abuse survivors will carry extra weight as a form of self-protection. In our society, obesity is often portrayed as the extreme opposite of sexually attractiveness. Therefore, being obese can be seen as a way of making one less sexually desirable, and in turn, less likely to be sexually victimized.

While this connection is not often conscious, or one that can’t even be articulated, we see this phenomenon developed in both adult and child victims alike. Therefore, when working with childhood sexual assault survivors who suffer from obesity, it can be extremely helpful to explore this issue by examining what point in their life weight became an issue and the context in which it occurred. Addressing the issues of fear and insecurity that resulted in needing a protective layer can be the first step in addressing what may have been a lifelong weight issue.

A history of childhood sexual abuse has also been linked to other issues such as eating disorders. However, this association is generally more convoluted and complex than it is with the issue of obesity. Both bulimia and anorexia have been statistically associated with a history of sexual abuse; however, the data has not been conclusive on this, and there is still much debate about its causes. What we do know, however, is that those who have a history of bulimia, anorexia or other eating disorders have a need for control. Child sexual abuse is the ultimate loss of control over one’s body, and the careful monitoring of food intake, exercise and diet associated with anorexia and bulimia may be an attempt by the survivor to regain control over their body. Therefore, for those who work with survivors engaging in this behavior, finding more healthy and productive means of meeting a survivor’s need for control within themselves and their surroundings may be helpful.

As previously mentioned, survivors of sexual assault sometimes face enormous issues around sexual dysfunction. When an individual is uncomfortable with their body, when they have difficulty embracing their sexuality, when they suffer from body image distortions, or when they have completely disconnected themselves from their physiological responses, it is perfectly logical that sex would not be an effortless venture. However, since survivors may not see this as a logical response to their abuse, and hence, these “symptoms” become further evidence that they are even more defective than they originally thought, adding to an even greater sense of guilt and shame. Therefore, small steps should be taken to help the survivor learn to experience levels of control over their body, to help them see their body as a healthy, sexual and a beautiful part of themselves in order to gain confidence in the body, its sensations and its ability to perform pleasurably.

There is still much more to be learned about how being a sexual abuse victim affects an individual’s relationship with their body. An exciting effort that has emerged in the field has to do with how a history of sexual abuse impacts the ability of female survivors as it pertains to childbirth, labor and delivery. This is an extremely important issue to explore since we know that survivors giving birth have a higher rate of cesarean sections than women in the general population and also have higher potentials to be triggered by the birth experience. A recent work, written by Penny Simkin and Phyllis Klaus, entitled *When Survivor’s Give Birth: Understanding and Healing the Effects of Early Childhood Trauma* outlines some of the strategies that both health care providers and advocates alike can do to minimize triggers and provide the survivor with a positive birth experience.

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Child sexual abuse is the ultimate loss of control over one’s body, and the careful monitoring of food intake, exercise and diet associated with anorexia and bulimia may be an attempt by the survivor to regain control over their body.

Dusty Olson is the Advocacy Supervisor for Providence Everett Sexual Assault Center where she has had the honor of working for the past three years. In 1996 she graduated from San Diego State University with a Master’s Degree in Psychology with an emphasis in multidisciplinary response to interpersonal violence. She has worked for the past nine years with victims of sexual and domestic violence, both as a direct service provider and a program administrator, as well as providing extensive professional community education to a wide variety of audiences around issues of abuse and assault.
Safety, Somatics and Sexual Healing

Staci Haines
EXCERPTED FROM “THE SURVIVOR’S GUIDE TO SEX: HOW TO HAVE AN EMPowered SEX Life AFTER CHILDHOOD SEXUAL ABUSE” WITH PERMISSION GRANTED BY AUTHOR.

Somebody to Lean On: Self-Care and Support
You didn’t get hurt alone, and you can’t heal alone. Support is essential to any healing process. Isolation plays a key role in childhood sexual abuse. Most children never tell what is happening to them, and many who do tell are not believed or given adequate support. Adult survivors tend to continue to live in isolation. Coming out of isolation means coming into relationships. This, in and of itself, is a part of healing sexually. Support includes both self-care and a community to be held by. Let’s start with self-care.

Self-Care
Learning to care for yourself is a lifelong journey. Your needs will change over time, and you will get better at it with practice. There are many different aspects of yourself to take care of: your body, your emotional and mental well-being, your financial life, your spiritual life, your family and relationships, your mission or meaning in life, your career, your sexuality, and your healing. Here I am going to focus on the fundamentals of self-care. Attending to these fundamentals will give you a foundation to build upon during the challenging and exciting times of healing sexually.

Eat, Drink Sleep and Be Merry
Eating well can be a challenge for many survivors. Aim for two to three good meals a day, including plenty of fruits, vegetables, and protein. Drinking at least eight glasses of water will help your body flush out toxins that are released in the process of deep emotional work. Sleep regularly, seven to ten hours a night. And include pleasure in your life. What makes you smile or laugh? What brings that sense of warmth or comfort to your body? Perhaps you enjoy petting your cat, dancing, feeling the warmth of the sun, taking a luxurious hot bath... Do something pleasurable at least once per week. Notice your enjoyment.

Let Your Body Move
Movement, including walking, biking, workouts, dancing, or running, can have a profound effect on your physical and emotional health. Movement oxygenates your body and increases your circulation. This helps in the process of healing and in relaxing. Whatever movement you choose, practice being “in” your body while you are doing it. Use this as a time to feel your breath and body sensations, rather than a time for checking out. This will assist you in being more embodied during all your activities, especially sex.

Breathe
Breathing seems obvious, but it is not. Drop your breath lower in your body so that your diaphragm and chest move when you breathe. Notice when you are holding your breath, or breathing shallowly, and breathe deeply again.

Treat Yourself with Dignity
How do you talk to yourself? Do you handle yourself with care and respect? Imagine how you would speak to a young child or a friend who is feeling afraid. You would not yell at her or tell her how stupid she is. Rather, you would be comforting, offering support and guidance. How you treat yourself internally is as important as what you do on the outside.

Give Yourself Lots of Acknowledgement
No one ever died from over-acknowledgement. Actively acknowledge yourself for your steps in healing. Notice all the risks you are taking, and give yourself support and kudos.

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"Instead of seeing the body as a carcass that we carry around, the body becomes an alive and intelligent presence. The body is not something to get away from but a source of wholeness to be returned to and embodied fully."

**Make Time for Solitude**
Solitude is also important to self-care. Make time for yourself weekly. You can use the time to write in a journal, sit quietly, do art work, meditate, or whatever else serves your purpose.

**Incorporate Spirituality in Your Life**
Many people also incorporate a spiritual practice or meditation into their lives. A spiritual practice can offer sustenance and a larger perspective to rest within. Meditation can be an excellent way to touch base with yourself, develop discipline, and learn to notice your own emotional processes. It is also a good way to learn to notice what is happening in your body, and to feel centered and at peace with yourself.

**Deal with Addictions: Alcohol, Drugs, Food, Self-Deprivation**
Many survivors have used food, alcohol, drugs, or self-deprivation as a means of coping with sexual abuse. Many also use these substances to try to deal with sex. Some survivors cannot be sexual without getting high. If you have problems with substance abuse, get help. There are numerous recovery organizations to help you overcome addiction, including innovative programs like Recovery Systems, Inc., a nutrition-based recovery program that attends to the effects of substance abuse and trauma on our physiology. Look in your local phone book for Twelve-Step programs like Alcoholics Anonymous and Overeaters Anonymous, as well as programs that employ numerous other approaches to recovery.

**Community Support**
Community support includes all those who offer you love, care, information, guidance, and acceptance along the way. Community support may include friends, partners, co-workers, counselors and therapists, online buddies, self-help groups, supportive family members, and community groups. A varied support system offers more flexibility and availability – and a backup if your best friend is not around. Be clear with your support community about the focus of your healing. People can offer better support if they know what your journey and goals entail. Let your friends know that you are healing sexually and what you may need from them. If you are uncertain at this time, you can inform them as you progress.

**Sex-Positive Support**
Because most of the information available about sex in our society is negative and incomplete, it is likely that you are going to need to search out positive input about sex and your sexuality and preferences. Everyone can benefit from sex-positive information about human sexuality, the diversity of sexual expression, human sexual anatomy, and sexual development. It is likely that your support people, including trained therapists, will also need sex-positive information. A sex-positive, non-judgmental attitude will be your most valuable asset in sexual healing.

**Somatics: Including Your Body in Healing**
My work is in somatics, an educational and transformational approach that assumes that the body, mind, and emotions are one interconnected biological system. You are not separate from your body; rather, your self is revealed in and through the body all the time. Soma is the Greek word for the living body, or thought, spirit, and body as one. Somatics recognizes an intelligence and life in the body that affects your thinking and your actions. If you change your body, or the “holding” or trauma in your body, then your thinking, your experience of the world, and your identity will also shift.
Childhood sexual abuse literally touches your body. To leave your body out of the healing process can leave out what is potentially your surest path to well-being. Many survivors stay out of their bodies and senses long after the danger has passed to avoid revisiting those stored experiences. Yet, your body is also you. It is the place in which you live and are alive. You connect and are in relationship with others from your body. You act in the world from your body. Your body is where the healing from trauma and abuse happens. Your body is where you experience sensual and sexual pleasure. To experience all these pleasures, however, you must be in your body, or “embodied.” Attending to the process of re-embodying is essential to sexual healing. I know it sounds strange, but building your tolerance for being in your body and experience physical pleasure is a central component of this healing.

Many possibilities come from looking at the body this way. Instead of seeing the body as a carcass that we carry around, the body becomes an alive and intelligent presence. The body is not something to get away from but a source of wholeness to be returned to and embodied fully. In working with and through the body, trauma can be processed and completed, and pleasure, balance, and present time can be restored. In somatics the body becomes an inherent and essential part of the change and healing process. I encourage including a body-based or somatic component to one’s healing. I have found it one of the most efficient ways to process the abuse and release triggers. As you transform on the somatic level, the trauma is literally shifted and released, and you are able to live in present time, instead of being trapped in history, rage or depression. Somatics can help align your thinking, experience, and actions, bringing a sense of internal congruence.

Staci Haines authored the ground-breaking, best-seller *The Survivor’s Guide to Sex* (Cleis 1999), a how-to book offering a somatic approach to healing from sexual trauma and developing healthy sexual and intimate relationships. She is an innovator in the field of somatics specializing in working with trauma. She is the originator of the *Somatics and Trauma* training and leads courses teaching psychologists, therapists, social leaders, and community activists in this work. Haines is also the visionary founder of Generation Five, whose mission is to end the sexual abuse of children within 5 generations. Staci has been organizing and educating in the area of sexual abuse, sex education, and mind/body healing for over 15 years. She has organized in the area of positive, domestic violence, and racial justice movements, and has extensive experience in facilitation and training. Staci has lectured at numerous institutions including Oberlin College, Smith College, UC Berkeley, and Stanford University on issues of child sexual abuse and social change, the impact and healing of trauma, and somatics as a tool for social change, as well as presented at national and international conferences.
Journey

As often as I rise to another glorious morning sunrise
And each time I come to the close of another sunset journey
It is what it is
Not perception, but life.

Each day carries its own curriculum
I know not what lesson I am to learn
But I’ve learned a thousand lessons in one.
I have answers without questions and questions without answers.

And in conclusion, there is but one answer
So the answer of the matter has put me in motion
And I got on my walking shoes
Taking a step one breath, one morning, one evening, one day at a time.

And still there’s no time to put up my walking shoes.
Because even though I’ve seen some things
There is still so much I haven’t seen.
And even though I’ve learned some things
And feel as if I’ve traveled a lifetime
There is still so much I’m yet to learn.

But, I’m learning and I’m walking
And I’m still continuing this journey
Taking it one step; one breath, one morning, one evening, one day at a time.

Harper Sied
The regular session 59th Legislature of the State of Washington opened on January 10, 2005. Over 1,500 bills were considered – of those, WCSAP tracked 207 that pertained to sexual assault survivors, community safety and victim services. This year’s session was a 90 – day, budget session – so in addition to many policy issues, the legislature also approved the budget for July 1, 2005 to June 30, 2007.

Our agenda focused on issues including funding for sexual assault services and Crime Victims Compensation, victim privacy, trafficking, sentencing, sex offender issues, mandatory reporting, and the statute of limitations.

Coalition members and staff focused a great deal of energy on two issues in particular – funding for Crime Victims Compensation and victim privacy. Legislation authorizing emergency funding for CVC was signed by the Governor. Sadly, legislation to protect graphic information about sexual assaults from being released failed to reach a House floor vote.

A summary report including more detailed information on all of the issues on our agenda, and on the other bills of interest that passed this year is available on our website at www.wcsap.org, in the Public Policy section.”

The biennial budget maintains funding for sexual assault services on par with previous years. While funding for CVC for the next two years did reinstate the full reimbursement rate for sexual assault forensic exams, unfortunately the funding was not sufficient to reinstate reimbursement rates for other services including mental health. While funding for some health services for children was restored, drops in funding to other vital services will strain victim services in Washington.

A summary report including more detailed information on all of the issues on our agenda, and on the other bills of interest that passed this year is available on our website at www.wcsap.org, in the Public Policy section. If you have any questions about these issues, or other issues not included, please contact us – we’d be happy to provide additional information!
Community Sexual Assault Programs Highlight

SafePlace in Olympia, Washington partnered with Monarch, and TESC for April during Sexual Assault Awareness. They participated in a Take Back the Night on April 14th. Other activities SafePlace participated in were PSAs and an interview on radio stations KGY and KAOS, provided literature at OFS film “The Woodsman.” In addition they provided a banner that was displayed in Lacey, Washington on College and Martin Way, they also participated in attending the Governor’s Ceremonial Signing of SAAW and they distributed Washington’s 2005 Sexual Assault Media Campaign materials through networking and community outreach.

Family Crisis Network in Newport, Washington

“We take sexual assault awareness very seriously.” When our Sexual Assault Awareness Week materials arrive each year, our staff and volunteers blanket the entire county with the newest posters. As we distribute the sexual assault media campaign materials, we take opportunity to build awareness as we talk to people in our county as we post materials about sexual assault issues from a preventive and intervention aspect.

We have done this so long that we are often greeted with, “Oh, is it time of year again?” In addition, we annually hold a candlelight vigil, and each year the general public participation has really grown.

We made the front page of our local newspaper inclusive of picture that highlighted the work that we do in regards sexual assault. Our Director and Chief Assistant have instituted protocol meetings that consist of the sheriff and other law enforcement representatives, mental health providers, school representatives, and DSHS representatives. The protocol meeting focuses on and addresses sexual assault issues by building awareness around these issues.

Support Center, Omak, Washington

Early this spring The Support Center was privileged to be part of a collaborative effort in bringing Ms. Katie Koestner, a nationally recognized presenter and sexual assault survivor who went public with her story of date-rape in 1990 to the community. She presented in three different school districts leading to an upsurge of interest in sexual violence prevention.

We have since met with groups of students in two of those districts in order to plan activities that will sustain this interest. Putting up lots of posters was the first activity in one school. For this the SAAW posters were used. For Sexual Assault Awareness week we held a candlelight vigil and were entertained by the Nespelem Eaglet Native American dancers and Okanogan Valley Folkloric Hispanic dancers and approximately 60 people attended.

On another note, The Support Center Board of Directors sent a letter to the editor that was printed in the local newspaper regarding the high incidence of child sexual abuse in our county, and the underlying conditions and attitudes that condone and even encourage this type of abuse. From July 1, 2004 through May 16, 2005, The Support Center had 39 new referrals for child sexual abuse.
All who work in this field know that this figure is an under-representation of the actual number. Nonetheless this figure is startling. From our standpoint, this is of epidemic proportions. If there were 39 new cases of meningitis or multiple sclerosis in the county citizens would be demanding something is done to stop the spread of a dread disease. We feel the same about child sexual abuse. People need to take off blinders, and pay attention to what these startling figures are telling them, and demand zero tolerance of sexual violence.

**WCSAP 2005 FULL ACCESS: Advancing Beyond Barriers to End Sexual Violence** Conference was held May 17 – 19 at the DoubleTree in Bellevue, WA. The Conference provided 36 workshops in Clinical, Advocacy, Legal, Prevention and Access Tracks.

We thank all of the attendees, presenters, our keynote speaker, contributors and staff for their participation in making this 2005 Conference a success.

2005 SAAW Proclamation Signing by Governor Gregoire

**Sexual Assault Awareness Week** was observed in Washington State April 11th - 15th, 2005. This year’s theme, “One State of Mind Can END Sexual Violence” speaks to broader communities in participating in solutions to preventing sexual violence. The purpose of our campaign is to invite individuals, communities, and organizations to take a vocal and active stand against sexual violence.
When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women
By Penny Simkin, PT, and Phyllis Klaus, CSW, MFT
Classic Day Publishing, Seattle, WA
www.pennysimkin.com

This book provides survivors and their maternity caregivers with extensive information on the prevalence and short and long-term effects of childhood sexual abuse, emphasizing its possible impact on childbearing women. Challenges in the client-caregiver relationship are thoroughly portrayed, with much practical advice for improving trust and communication abuse-related distress. Chapters on birth counseling, psychotherapy, and clinical care of survivors make this book a useful resource for survivors and all who work with them.

The Survivor's Guide to Sex: How to Have an Empowered Sex Life After Childhood Sexual Abuse
By Staci Haines, Cleiss Press, 1999
www.generationfive.org

Healing Sex: The Complete Guide to Sexual Wholeness, DVD
By Staci Haines, Produced by S.I.R. Productions
Healing Sex is a revolutionary project mixing documentary style drama with education and mind/body exercises. The film follows a diverse cast of women and men healing from past sexual abuse. We witness their path to a more pleasurable and healthy sex life as they struggle to find peace, healing, and real intimacy.
www.healingsex.org

Body Image: A Handbook of Theory, Research, & Clinical Practice – Edited by Thomas F. Cash and Thomas Pruzinsky
The Guilford Press, New York, 2004
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