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Trust betrayed: Counseling girls who have been sexually abused by educators

Courtney Paige Boyd
James Madison University

Trust Betrayed: Counseling Girls Who Have Been Sexually Abused by Educators

Courtney Paige Boyd

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Abstract

Educator sexual abuse is rarely discussed, although literature shows that it occurs at an alarming rate. This paper discusses the literature that does exist about educator sexual abuse, as well as the prevalence of this type of sexual abuse. Aspects of the trauma are discussed including grooming, blaming the victim, and the guilt and denial associated with the abuse. The paper concludes with recommendations for counselors who are working with girls who have experienced educator sexual abuse. Inner child work, guided imagery, and trauma-focused cognitive behavior therapy are referenced.

Prevalence of Problem

Though there is extensive research on sexual abuse as a whole, the research on educator sexual abuse is minimal. Yet, the prevalence of this type of abuse is staggering. Walz (2010) notes, "About 400 teachers are charged with having sexual relations with their students each year in the United States. These are people that students not only see on a regular school day but also chat with outside of class" (para. 2). What can be so hurtful and traumatizing are the broken trust, love that the victim believed to be there, and the complete abuse of power. Several themes play into sexual abuse committed by a teacher, including grooming, self-blame, denial, and ultimately the long-term personal and relational effects. In this paper, I will refer to the survivor of the abuse as "she/her" and the perpetrator as "he/him." However, it is common knowledge that survivors of this type of abuse can potentially be both men and women. For instance, at the time of this writing, Penn State is in the news after the arrest of Jerry Sandusky, assistant head coach of Penn State's football team. Sandusky, founder of the Second Mile charity that helped at-risk youth, has been charged with 40 counts of sex crimes against boys from Second Mile ranging in age from 8-15 (Smith & Sterling, 2011).

According the American Psychological Association (2010), 60% of sexual abusers are known to the child but are not family members or other types of acquaintances. This means that six out of ten children who are abused experience abuse by someone older than them and the perpetrators are most likely in a position of power. Recognizing how prevalent this type of abuse, as well as how childhood sexual abuse affects the survivor, are critical in helping a survivor heal. Kupelain (2006) adds, "According to a major 2004 study commissioned by the U.S. Department of Education –

the most in-depth investigation to date – nearly 10 percent of U.S. public school students have been targeted with unwanted sexual attention by school employees" (under Worse than Catholic Clergy sex scandal?, para. 2).

Shakeshaft (2003) reports about educator sexual misconduct and states, "…educator sexual abuse has three components: (1) any behavior by an adult (2) directed at a student (3) that is intended to sexually arouse or titillate the adult or the child. The behavior can include physical, verbal or visual acts" (p.10). In her research, Shakeshaft noted that educator sexual abuse arouses the same sense of shame and guilt that victims of incest experience. Finkelhor, et al. (1985) elaborate further describing the teacher-student relationship as a "pseudo parental relationship has been sexualized" (p. 14). Again, it is essential to realize the plaguing effects this type of abuse can have on the victim. With an abuser in a position of authority, the lines are blurred as to what exactly the relationship is and it is often hard for the victim to determine whether what occurred was actually abuse, especially when there are no consequences for the educator. A survivor of educator sexual abuse elaborates:

> I thought I was the luckiest girl in the world! To be noticed and admired by the teacher I'd had a crush on ever since the very first day I sat in his class. It was one thing to flirt with a teacher who was twice your age. But to have him flirt BACK, well, that meant I must have been quite the prize (S.E.A.S.M.E., 2011).

Often, survivors feel wanted and loved. The feeling of being attractive to an older, wiser adult can be enticing and often blind children to the idea that what is occurring is abuse. Shakeshaft (2003) notes that in a study of 225 teachers in New York who were having

sexual relationships with students, none were reported to the authorities and only 35 of the teachers suffered any type of negative consequence. It can be obvious how self-blame develops in the victim when the school system does not feel it necessary to punish educators that abuse. Sadly, many educators are caught abusing only to be quietly asked to resign and leave the school. Pittsburgh Post-Gazette writer Twedt (1999) called this habit "passing the trash." Not wanting to draw negative attention to a school district, administrators quietly dismiss the abuser often with a letter of recommendation. The abuser moves on to another district where he (in most cases, it is "he") abuses again and the cycle continues.

Seeking therapy can be traumatic for sexual assault survivors. Starzynski, Townsend, and Long (2009) note, "…women who blamed their own past behavior for the assault were less likely to disclose to mental health sources" (p. 634). Messages received from peers and from society can also lead victims to blame themselves for what occurred. In responding to a relationship between a teacher and 13-year-old student in Florida, a judge found the teacher not guilty, stating, ""I really don't see the harm that was done here, and certainly society doesn't need to be worried. I do not believe she is a sexual predator. It's just something between two people that clicked beyond the teacher-student relationship" (Kupelian, 2006). Such attitudes on the part of the public and legal system only reinforce self-blame in victims. Therapy can be helpful in working through emotions of invalidation and hurt, but it can sometimes take time to recognize the wounds. Another survivor explains her journey to counseling:

> It wasn't until my second marriage broke up in 1994 that I realized I had problems and needed therapy. I'd never forgotten my being molested, but I

> had no idea that that was the cause of my depression and relationship problems. In fact I told my therapist, "I was molested by my band director but we don't need to talk about that because it was so long ago" (S.E.A.S.M.E., 2011).

The lasting effects of this type abuse can not only affect the survivor, but also all of those people who engage in close relationships with the survivor. It is important to recognize the effects of the abuse on the survivor before the abuse affects the survivor's relationships.

A prominent reaction to sexual abuse that many do not anticipate is grief. Finkelhor, et al. state, "A number of the effects noted in victims seem reasonably to be connected with the experience of betrayal that they have suffered, in the form of grief reactions and depression over the loss of a trusted figure" (p. 536). Many view sexual abuse as a violent, scary interaction and especially with educator sexual abuse; this is often not the case. Julie, a survivor, tells her story:

> One day he sat beside me on the piano bench, so I thought he would leave me alone, but he put his hand on my knee, then under my skirt. When I put my legs together, he stopped, but didn't say anything. I just gave in then. I knew what he was doing was really wrong, and yet there was some pleasure in being touched; so I felt even more shame (S.E.A.S.M.E., 2011).

As described in the survivor stories above, the abuse often occurs through manipulation, love, and trust. Along with victim's sense of loss of the perpetrator, Bass and Davis (2008) speak of another loss, "You must mourn your lost innocence, your belief that it's

safe to trust." (p. 137) The stages of grief range from denial, anger, bargaining, depression, and acceptance. Recognizing these reactions and validating the survivor in her emotion can be a turning point in recovery and healing.

Ineffective coping strategies can often lead to revictimization. Filipas and Ullman (2006) found that women who were sexually abused as children and who coped in maladaptive ways such as abusing alcohol, acting out sexually or aggressively, and withdrawing socially were twice as likely to be revictimized than survivors who practiced appropriate coping skills. Appropriate coping skills were described as talking to a therapist or getting help from a friend by sharing her story. Processing and finding effective ways to cope is an essential way to regain confidence, control, and a positive life outlook.

While the research does not often focus on specific educator sexual abuse, it is obvious that it is a prevalent problem. It would be helpful for clinicians who have clients with this type of history to know the extensive effects the abuse can have, along with ways to assist the client in beginning the journey to healing. Through the upcoming chapters, counselors will learn about the process of educator sexual abuse as well as techniques that can be effective when working with this population. Abuse of power that leads to sexual abuse occurs at various levels, ages, and genders. However, this paper will specifically focus on underage girls who are abused by adult male teachers. This paper should be beneficial for counselor working with young girls who are presenting after the abuse occurs, whether they are court-mandated or seeking therapy voluntarily. Personal accounts have been included and an interview with Sally, a survivor of educator sexual abuse.

Aspects of Trauma

Grooming

Grooming is often present in teacher-student relationships. The idea of grooming derives from the idea that the child is slowly coaxed into the abuse, often not even realizing that the abuse of power is occurring. Patterson and Austin (2008) explain:

> The process of sexual grooming involves finding a vulnerable student and engaging in increasingly persistent boundary invasion behaviors. The invasions reveal which students may be taken advantage of, and also get particular students used to growing encroachment of personal space and personal lives (p. 19).

Similar to a dog being groomed, initially, the attention may feel awkward and uncomfortable. As time progresses, the attention and infiltration of the child's life becomes more and more comfortable and sometimes, enjoyable. What is so difficult about grooming is the victim being oblivious to it occurring. Many victims are thrilled that someone is paying attention to them. Parents divorcing, struggles at home, a lack of self-esteem, and the desire for a support system are all variables that can make a young girl blind to the progressing relationship. As the survivor in Chapter One made obvious, often, the offender is someone to whom she can talk, confide, and trust. By the time the relationship begins to become inappropriate, the child knows nothing else of the relationship. What seems normal and comfortable is actually the process of grooming that has taken place. Table 1 represents common grooming strategies used by sex offenders:

Table 1

Sex Offender Grooming Strategies

Targeting
• Vulnerable (e.g., low self-confidence, low self-esteem)
• Less parental oversight
• Socially isolated or emotionally needy

Strategies:
• Caretaking (e.g., babysitting, teaching, tutoring)
• Form "special relationship"
• Become welcome in home/gain trust of parents
• Gifts, games, special times
• Isolate
• Seize on feelings of being unloved/unappreciated
• Emotional bonding and trust building
• Desensitize to sex (e.g., talking, pictures, pornographic videos)
• Use pretense ("teaching," "exploring," "closeness")
• Exploit victim's natural sexual curiosity or uncertainty

Maintenance:
• Bribes, gifts to ensure continued compliance
• Threaten dire consequences to ensure secrecy
• Threaten to blame victim
• Threaten loss of "loving" relationship

Source: Elliot, Browne, & Kilcoyne (1995).

Common strategies used in the grooming process include caretaking, gaining trust with parents, seizing on feelings of being unloved, desensitization to sex, and exploiting the victim's natural sexual curiosity and uncertainty (Elliot, Brown, and Kilcoyne, 1995). The victim often sees these gestures as love and appreciation. When a girl is an early teen, discussions of sex can be very exciting. At a time when discussing and thinking about sex is frowned upon, the groomer is allowing the forbidden to occur. Knoll discusses the ways groomers desensitize sex:

> Once a trusting or special relationship is created, the offender may carefully test the victim's reaction to sex. This may be done by bringing up sexual matters in discussion, leaving sexually oriented materials out where the victim can see them, and by subtly increasing sexual touching. In this

> way, the offender attempts to "normalize" sex and desensitize the victim (p. 374).

This desensitization usually happens slowly. It can be exciting to have these types of discussions with someone older and knowledgeable. It creates a "secret" between the victim and offender that no one else knows. It usually does not take long for that secret to develop into something more.

A girl most likely to fall victim to grooming is one who is insecure and lacking a complete support system. The offender often threatens the loss of the relationship if the victim tells anyone. "In such cases, the victim may be reticent to give up what he or she views as a 'loving' relationship" (Knoll, 2010, p. 375). For a child in need of such intense support, being quiet may be her only option. Sally tells her story:

> My parents were in the middle of a divorce. My siblings were all at college and there were many nights that I came home to an empty house while my mom worked. I was lonely, I was probably depressed, and then all of the sudden this cute teacher started paying a lot of attention to me. Every guy in school wanted to be him and every girl wanted to be with him. Initially our conversations were about my parent's divorce and other struggles going on… but over the course of a year, it turned slowly into sexual emails where he told me he loved me, phone calls, text messages, until one day he showed up on my doorstep when he knew my mom wouldn't be home (personal communication).

Blaming the Victim

Cooper (2009) conducted an interview with a therapist and his client, Joshua, who had sexually abused his daughter. While this is not specific educator-student relationship, it hits home with the abuse of power that is often experienced by the victim. At one point, Cooper asks about the control variable that takes place in sexually abusing children. Joshua responds:

> When I abused my daughter… I convinced myself that I had less control than anybody in the world. I made it seem like she had more control than me because I was always asking her if she wanted to be doing that, if she liked this or if she liked that. She had the control, in my mind, at the time (p. 95).

It is obvious through this quote how survivors often take on the blame themselves. Not only do the survivors believe they were in control, but in a convoluted way, many abusers believe that the survivor is in control as well. By asking the survivor what she wanted, the abuser is planting a seed in the survivor's mind that she is in control of the situation. What is not discussed is what would happen if the child had said no. Bodies often betray survivors by experiencing physical, pleasurable reactions to the abuse. Often, the survivor goes on to believe, "If my body liked it, then I must have liked it."

The myth of rape and sexual assault are factors in what often keeps survivors quiet and in a state of secrecy. John Foubert (2010) discussed the most common rape myth being that if the victim didn't fight or scream, it must not have been rape. Especially prevalent victims who have been abused by authority figures, fighting the abuser may not have been an option. The victim may have even enjoyed the attention at the time. Not understanding the appropriate boundaries necessary in a power relationship,

many victims fault themselves for not having the wisdom and insight to remove themselves from the situation. As counselors, is it essential to recognize this faulty logic in survivors of abuse where power was involved.

Parents can often react negatively to reports of sexual abuse. Sometimes, it is easier for the parent to blame the child or deny the abuse occurred at all, rather than face reality. Sally discusses her experience of her mother finding out about the abuse:

> My mom picked me up from school and said we had to go to the police station. I immediately started crying because I knew that our [the teacher and mine's] relationship had been discovered. My mom started to cry and asked me what the hell I was thinking. She told me I was an idiot for getting involved with a 30 year-old. I wanted so badly to tell her that I was too scared to confess, to admit what had happened (personal communication).

Many parents know the perpetrators who hurt their child. Parents may also find it easier to blame the child or blame themselves for allowing the child to be in a vulnerable situation. Cohen, Mannarino, Berliner, and Deblinger (2000) discuss the importance of therapist in helping the parents to understand their role in the trauma by explaining, "It is important… to help the parents realistically assess the appropriate responsibility for the child's traumatic event and to accept self-responsibility only to the degree that it is realistically warranted... when parents do blame the child, this can be a significant barrier to the child's optimal functioning" (p. 1214). Placing blame on the child can only further traumatize the child and make them feel they are responsible for their pain.

The abuser often also attempts to blame the child. By sexualizing the victim, the perpetrator conveys to her that because she is irresistible and seductive and so, the abuser had no other choice than to pursue them. Summit (1983) states, "In reality, though, the child partner is most often neither sexually attractive nor seductive in any conventional sense" (p.182).

The lasting effects of feeling to blame for the abuse can be devastating. Helping a child to understand that the abuse is not her fault is essential in helping her to heal.

Summit (1983) discusses a phenomenon called The Child Sexual Abuse Accommodation Syndrome:

> The syndrome is composed of five categories, of which two define basic childhood vulnerability and three are sequentially contingent on sexual assault: (1) secrecy, (2) helplessness, (3) entrapment and accommodation, (4) delayed, unconvincing disclosure, and (5) retraction. The accommodation syndrome is proposed as a simple and logical model for use by clinicians to improve understanding and acceptance of the child's position in the complex and controversial dynamics of sexual victimization (p. 177).

Much of the grooming process is based around secrecy and the excitement of sharing a secret with a "trust-worthy" adult. The secret provides veiled safety in knowing that if no one discovers the truth, the victim will be safe. When children are met with unbelieving adults, it often causes the child to retract their claim. This can further engrain the idea that the child is to blame. If she had not confessed, everyone's life would be easier.

Guilt is a normal reaction for children and adolescents who have been sexually abused. Especially when the abuser is a trusted individual, children may feel guilty for enjoying the sexual encounters. However, Bass and Davis (2008) write, "Every child needs attention. Every child needs affection. If these were not offered in a healthy, nonsexual ways, children will take them in whatever ways they can, because they are essential needs" (p.122). Attention and affection are enjoyable at any age, but such a crucial part of the development of self-worth. Understanding that the child may have enjoyed or even sought out the attention is important in realizing the guilt that will be associated with that. Amber, a survivor of educator sexual abuse discusses her special relationship with her ninth grade teacher:

> I was freshman in high school. He was my resource teacher. I will call him Mr. N. He made me feel so special. I was having family problems and I would talk to him about my problems. I would go after school and before school to talk to him. I thought he was the best thing that ever happened to me (S.E.A.S.M.E., 2011).

Part of the grooming process involves forming a special relationship with the student. By doing this, it is planting a seed in the child that they have a say in what happens; they are in control. This works to the great advantage of the educator. If the child feels they are to blame, they are less likely to report the abuse.

Counselor Recommendations

It is important for counselors to recognize the various issues and concerns of clients when helping them to heal from abuse by an educator or other authority figure. Understanding how this type of abuse differs from stranger rape and other types of

trauma can be essential in validating and understanding the client. Various interventions are discussed that may be helpful. It is important to recognize the needs of the client and be flexible with interventions, altering them as needed so that the interventions can fully support the client.

Frequently, survivors are unaware of the lasting effects of their abuse. In Levenkron's *Stolen Tomorrows* (2007), he presents seventeen case studies of women who have been sexually abused and sought therapy. Of the seventeen clients, only two came to therapy with their abuse as the presenting concern. Levenkron writes, "Instead, they sought treatment for behavioral or emotional issues related to the sexual abuse, but not for the abuse itself. Most of the patients… failed to connect their terrible memories with the problems that brought them to therapy" (p. 24). Similarly, developing a relationship with a therapist can often trigger emotions from the past abuse. Levenkron writes, "Because the relationship allows the patient to develop emotional vulnerability, therapy provides an open window to change, as well as potential to improve the patient's expectations of the kinds of relationship she could have with others" (p. 211). Corrective emotional experiences can be powerful in helping clients understand different relational patterns.

It is essential for counselors to understand the varying degrees of trauma that can occur from educator sexual abuse. By understanding the literature and research, appropriate interventions can be used to assist the client in healing. Counselors who are unaware of the differences between stranger rape, for example, and sexual abuse committed by someone in a trusted position, may make a client feel invalidated and stupid for having feelings of guilt, loss, and remorse.

Rape Trauma Syndrome and Post Traumatic Stress Disorder

Brugess and Holmstrom (1974) studied 146 patients who had been admitted to an emergency room for rape. Through the study, they were able to recognize a coping strategy that the women all experienced. Named Rape Trauma Syndrome, Bruguss and Holmstrom described a two-phase reaction that the victims experienced. The acute phase occurred from several hours after the attack to several weeks. Victims in this stage experienced two emotional styles; expressed and controlled. Those with expressed emotions were seen to cry openly and express anger and fear. Those with controlled emotions went to great lengths to hide their emotions to appear less vulnerable and appeared to be calm in the presence of others. As the victims processed the abuse, they proceed into the reorganization phase. Victims often changed their residency and phone numbers as a way of hiding themselves. Nightmares were often experienced along with exaggerated fears of crowds, being alone, and sexual trouble. Since the study in 1974, psychologists have found that Post-Traumatic Stress Disorder (PTSD) better accounts for these symptoms.

Dissociation from trauma is often a starting point of PTSD. Bass and Davis (2008) explain, "Dissociation is an extremely effective survival mechanism, shielding us from the full impact of traumatic events. But the trauma itself is not process or healed. In most cases, it is stored, not as usual memory that fades and distorts over time, but as a nonverbal body memory which is much harder to identify and process through thinking and talking" (p. 243). Dissociation is so common because it works. Survivors of rape want things to go back to normal as quickly as possible. Often, survivors are unable to discuss the event due to the secrecy that surrounds the abuse. Putting a safe distance

between oneself and the trauma succeeds in making life a little easier. However, this is a double-edged sword; dealing with the trauma immediately is painful and often overwhelming, but dissociating from it only delays the pain and suffering.

Symptoms of PTSD mirror Rape Trauma Syndrome. Flashbacks, nightmares, depression, explosions of rage, intrusive thoughts, mental confusion and insomnia are often present (Bass & Davis, 2008). These symptoms can last from months to years depending on when the survivor is willing and able to process the abuse. In the case of sexual assault by an authority figure, some of these symptoms can be intensified. Confusion is often present surrounding whether the survivor has the right to be upset and whether what she experienced truly was abuse. Severe trust issues may arise surrounding people in a position of authority. To deal with the effects of PTSD, there are several routes a therapist can take including doing inner child work.

Inner Child Work

Inner child works involves addressing the wounded child that lives within each person. Harvey Jackins writes, "The person… in the grip of old distress says things that are not pertinent, does things that don't work, fails to cope with the situation, and endures terrible feelings that have nothing to do with the present" (p. 6). The idea of inner child work comes from the notion that each of us has an inner child that is hurting and seeks resolution of past wrongdoings. Experiencing trauma in childhood often causes survivors to stunt their developmental growth to the age that the trauma occurred. Bradshaw (1992) explains, "Reclaiming your inner child involves going back through your developmental stages and finishing your unfinished business" (p. 56).

Fischer discussed obstacles that can affect how a person heals. These mental blocks include negative thoughts about self and memories of facial expressions or images in people that produced feelings of shame that is now recognized in current relationships. (as cited in Whitfield, 1989, p. 52) Sally discusses her experience with inner child work in her personal therapy:

> My therapist had me bring in pictures of myself at the age the abuse occurred. For years, I told myself that if I had just said no, nothing would have happened; if I hadn't been so stupid and trusting, none of the abuse would have occurred. What I didn't realize was that I was looking back at the situation at my current age. I didn't take into account the lack of maturity, confidence, and self-worth I was experiencing at the age of the abuse. I brought pictures of 12 year-old me into therapy and my therapist asked me describe the person in the pictures. After I described 12 year old me, she asked if that same person could have known the significance of what was occurring. I immediately started crying and all I was able to say was, "She was so innocent. She had no idea." Something clicked when looking at those pictures. I wasn't to blame (personal communication).

Whitfield (1989) discussed ways to heal the pain experienced by the child within. The path to healing includes recognizing lingering physical and emotional needs that are not being met. Once these needs have been identified, it is important to practice having the needs met with safe, supportive people. An example may be practicing the ability of opening up emotionally to others. It is also important to identify, re-experience, and grieve the pain from our unresolved losses or trauma when surrounded by safe and

supportive people. Core issues will be recognized that need to be addressed by re-experiencing and grieving past trauma. By working through these issues, the path to healing becomes less threatening. *Healing the Child Within* by Charles L. Whitfield is an excellent resource that helps to explain the idea of inner child work and offers recommendations on how to heal.

Guided Imagery

The Academy for Guided Imagery (2011) defines guided imagery:

> The term 'guided imagery' refers to a wide variety of techniques, including simple visualization and direct suggestion using imagery, metaphor and story-telling, dream interpretation… where elements of the unconscious are invited to appear as images that can communicate with the conscious mind (n.p.).

The Academy of Guided Imagery further explains that guided imagery can be used in a variety of settings and can be used to teach relaxation, stress reducing techniques to alleviate depression and anxiety, and resolve conflict. Therapy with clients who have experienced sexual assault can be overwhelming and guided imagery can provide a relaxation that may not otherwise be achieved.

Razi Shachar (2010) documented the therapy she did with a thirty-year-old woman named Gali who had been sexually assaulted by her brother as a teenager. Through her work with Gali, Shachar started to understand the many layers that the abuse affected Gali's life. Gali reported feeling overwhelmed with memories and emotions related to the abuse. Shachar found that teaching Gali relaxation techniques were helpful

in assisting Gali work through the trauma. Shachar guided Gali through a guided imagery that created a safe place to which Gali could escape:

> The time was Saturday afternoon. The place was their bedroom. She was resting on their bed. Amir [her husband] was fast asleep beside her. Their little girl Tal was also sleeping wrapped up in the curve her body made. Twilight beams were coming from outside. Sometimes, she would hear distant voices of children from the street. She felt safe, calm, and loved (p. 37).

When therapy became too intense or when Gali was at home and flooded with memories, over time, she was able to learn how to get to her safe place without the assistance of her therapist. It was Gali's form of self-soothing.

Figure 1 shows a guided imagery therapy model:

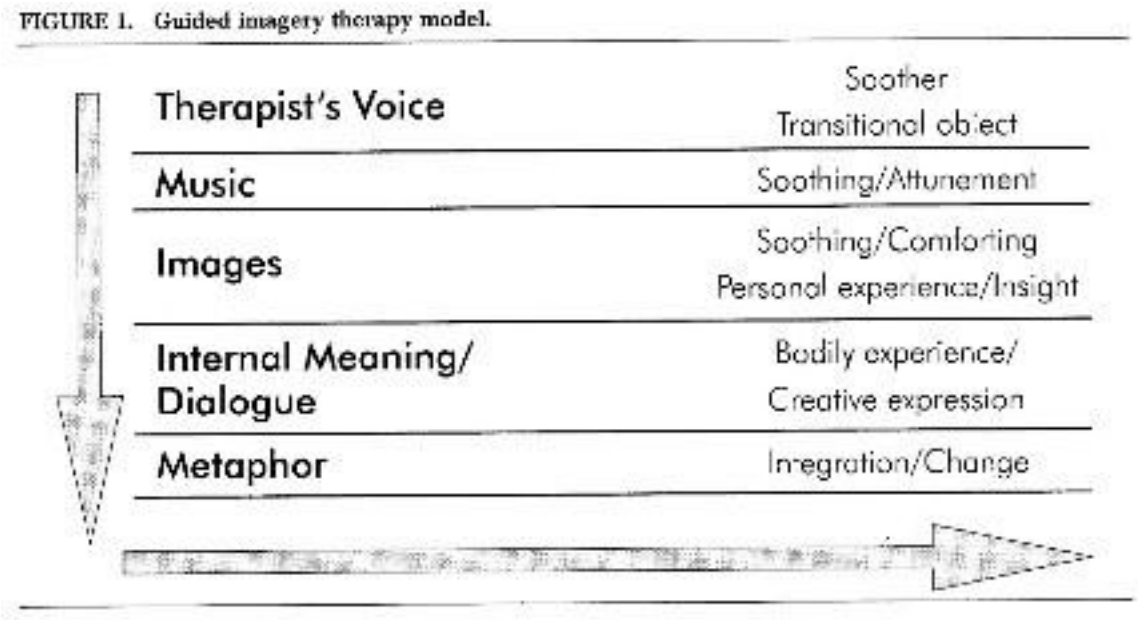

Figure 1. Guided imagery therapy model. This model explains the layers of assisting a client to self-soothe in times of overwhelming emotion.

The model exhibits the layers that are involved in promoting a self-soothing state in the client. Reading the model downward shows the additional layers that can be added to enhance the self-soothing state. However, not all layers are necessary for each client. Esplen and Garfinkel (1997) explain:

> For example, an unknown soothing voice suggesting comforting images can result in the experience of a calm state. However, the addition of a familiar therapist's voice significantly enhances the effect, and the imagery tape or exercise may function as a transitional object. Similarly, the further addition of soothing music can complement the other components, such as voice and images, in promoting a calming state (n.p.).

However, it is important when working with individuals who have been sexually involved with a teacher or other power figure to ease them into the idea of guided imagery. Many clients may feel scared or apprehensive to lose control or to be "hypnotized." A psychoeducational approach may be beneficial in order to explain to the client exactly what will be taking place. Providing an atmosphere where the client can be honest and open about their concerns is key. Guided imagery practices can be learned through professional workshops, books, or the internet. As an example, see Appendix A for guided imagery script that addresses self-esteem.

Trauma-Focused Cognitive Behavioral Therapy (CBT)

When treating children or adolescents who have experienced trauma, it is sometimes useful to use a cognitive approach. Cohen, Mannarino, Berliner, and Deblinger (2000) state, "Of all interventions used to treat trauma-related symptoms in

children, cognitive behavioral interventions have received the most empirical evaluation" (p.1203). Concrete interventions can help children and teens process the trauma and potential lasting effects.

According to Cohen et al. (2000), in addressing parents reactions to their child's trauma, trauma-focused CBT encourages parents to be open and honest about their thoughts and feelings regarding the traumatic event. The writers explain the reasoning behind this up-front approach:

> It is important to have an opportunity to share emotions that may be socially undesirable (like anger at the child or love for the offender in cases of sexual abuse.) During this stage of therapy, the therapist is encouraged to express acceptance while exploring thoughts and beliefs that may underlie the parents' emotional reactions. Once the parents have made significant progress in their individual work with the therapist, joint sessions may be used for the child to talk directly to the parents about the traumatic event and for the child to see that the parents can tolerate this, encourage it, and respond supportively to the child without experiencing excessively upsetting emotions (p. 1214).

Having the child understand the parent or caretakers ability to handle the emotions of the trauma allows the door of support to be opened. It can model to the child that it is safe to talk about emotions and that expressing these emotions is healthy and helpful in healing. Another approach is to use worksheets that have concrete questions and tasks can help a child work through their trauma. Appendix B has two worksheets that were adapted from a Trauma-Focused Cognitive Behavior Therapy workshop.

Appendix A

Guided Imagery Script Focusing on Improving Self-Esteem

Find a comfortable position sitting or lying down. Notice how you are feeling right now... physically and mentally.

Take a deep breath in through your nose, and release the breath through your mouth.

Take another breath, and allow your breathing to relax you as you exhale fully.

Breathe in gently... and as you breathe out, let the air carry the tension out of your body.

Continue to breathe slowly and gently as you begin to focus on relaxing your body.

Notice where your body is tense. Focus your attention on one of these areas. As you breathe, picture that part of your body becoming slightly more relaxed than it was before. With each breath, that part of your body becomes a little more relaxed.

Imagine what the relaxation feels like..... tingly.... soft.... gentle....calm....loose....free... and let that feeling of relaxation grow.

Scan your body for any areas of tension, and for each area, let the relaxation soften the muscles as they give up their hold. Let the feeling of relaxation grow....spreading calm throughout your body.

Breathe in relaxation..... and breathe out tension..... breathe in calm.... and let all the tension go as you exhale....

Continue to breathe slowly, and gently, deepening your state of relaxation more and more with each breath. Deeper and deeper. More and more relaxed. Calm. At peace.

Now begin to create a picture in your mind. Imagine a place where you feel completely at ease. This might be a favorite place you have been, or somewhere you have seen, or it might be completely imaginary. It's up to you. Picture this place where you feel happy and calm.

Create the details about this place in your mind. Visualize the sights.... sounds.... and smells... of your place. Imagine how you feel physically. You are comfortable, enjoying the pleasant temperature..... enjoying being still and relaxing or doing whatever enjoyable activities you participate in here.....

Enjoy the way you feel in this safe place.

You feel calm and safe here. At peace with yourself.

Remain in your peaceful place while you meditate calmly and build your self-esteem.

Imagine that all of the following affirmations are true for you, right now in this moment, and enjoy the self-esteem relaxation you experience. Repeat each affirmation in your mind, or out loud, with conviction. Use your imagination to fully believe each self-esteem relaxation affirmation.

The self-esteem relaxation affirmations begin now.

I am at peace with myself.

I appreciate who I am.

I value myself as a person.

All people have value, and I am a valuable human being.

I deserve to relax.

I deserve to be happy.

I embrace my happy feelings, and enjoy being content.

I imagine and believe that all of these affirmations are true for me, right now in this moment, and enjoy the self-esteem relaxation I am experiencing.

When my mood is low, I accept my emotions and recognize that the low mood will pass, and I will be happy again. I look forward to the good times. My future is bright and positive.

I look forward to the future, and I enjoy the present.

I look fondly upon many memories from my past.

I forgive myself for my mistakes. All people make mistakes. I used to feel regret about some of my mistakes because I am a good person and want to do the best that I can, and now, I am still a good person and I release the feelings of regret because I have learned and moved on. I forgive myself for errors I have made, because I have felt bad about

them long enough. I have suffered enough, and now it is time to be free. By freeing myself from past mistakes, I can move on and do good things. I forgive myself.

I imagine and believe that all of these affirmations are true for me, right now in this moment, and enjoy the self-esteem relaxation I am experiencing.

I feel good about who I am today.

I accept the person that I am. I accept my flaws, and accept my strengths.

I view my shortcomings as strengths not yet developed, rather than as weaknesses.

I eagerly develop new strengths.

I imagine and believe that all of these affirmations are true for me, right now in this moment, and enjoy the self-esteem relaxation I am experiencing.

I approach challenges with strength.

I do the best that I can at the time. I give 100% effort when I am able and when I choose to put full effort toward the things that are important. I accept my imperfections and the imperfections in what I do. My efforts are good enough, and they're okay.

I do not have to be perfect to be okay as a person.

I am a human being with flaws. I enjoy being who I am, and love myself as I am.

I nurture the child within me.

I feel secure in who I am, and do not need to compare myself to others.

All of the strengths I have ever had are present in me today. I still have the same positive character, even if not all of my strengths are shown right now. I have all of those strengths of character, and will use those strengths again.

I imagine and believe that all of these affirmations are true for me, right now in this moment, and enjoy the self-esteem relaxation I am experiencing.

I accept myself.

I care for myself.

I take time for myself, and enjoy it. I deserve time for myself, and I feel good about taking this time regularly.

I handle difficulties with grace.

I allow myself to experience and express emotions, both negative and positive.

I accept myself.

I am perfectly alright just the way I am.

I accept myself.

I am a valuable human being.

I accept myself.

I feel confident.

I accept myself.

I feel secure.

I accept myself.

I accept myself.

Think again about your peaceful place. Picture yourself enjoying this environment. Acknowledge the feelings you are experiencing after repeating the self-esteem relaxation affirmations. Accept any positive or negative feelings you are having. Allow yourself to feel calm and at peace.

Now it is time to leave your special place. Know that you can return here in your imagination any time to relax, feel calm and relaxed, and feel comfortable and safe. Take with you the feelings of acceptance of yourself, and belief in the self-esteem relaxation affirmations. Continue to feel positive and accepting of yourself. Hold onto this secure feeling of self-esteem as you return to your day.

In a moment I will count to 3. If you choose to sleep, you can drift into a relaxing and pleasant sleep on the count of 3. If you wish to become fully awake, you can increase your alertness and become energized and fully alert on the count of 3.

One... take a deep, cleansing breath in... and exhale slowly.

Two... take another deep breath.... and exhale...

Three.... you are feeling calm, confident, and refreshed.

2011 http://www.innerhealthstudio.com/self-esteem-relaxation.html (retrieved October 10, 2011)

Appendix B

Worksheets to Assist Client in Processing Trauma

YOUR THOUGHTS AND FEELINGS ABOUT THE UPSETTING/CONFUSING EVENT(S)

Remember how we learned that our thoughts are important? Your thoughts related to the trauma affect how you feel. These thoughts can help you feel better more quickly, or they can keep you feeling upset. Let's look at some of your thoughts related to the trauma. Below is a list of questions and thoughts that kids often have after an upsetting/confusing event. You and your therapist can choose which questions you will discuss, and you can add your own questions or thoughts at the end of the list. Then, for each question, you can write down the answer that is most helpful.

1. Why did this happen to me?

2. Who is responsible for the upsetting/confusing event(s)?

3. How will the upsetting/confusing event(s) affect me in the future?

4. How have the upsetting/confusing events affected my family?

5. Since the event(s), my view of the world has changed in these ways:

6. Since the event(s), my view of myself has changed in these ways:

7. Since coming to therapy, I have learned these things about myself:

8. Coming to therapy has changed me and my family in these ways:

7. If I had a friend that went through a similar upsetting/confusing event, I would give him or her this advice:

9. If my friend thought that talking about the upsetting/confusing event would be too hard, I would tell him or her:

10.

11.

12.

PRINCIPLES OF HEALTHY SEXUAL BEHAVIOR HANDOUT--TEEN

Instructions: Read each statement and check whether or not you personally believe it is right. Then write the 3 best reasons why you think so.

1) There must be clear permission from the other person. Do you personally believe this is right? ( ) yes ( ) no. Why?

a)_____

b)_____

c)_____

2) The two people should be close in age. Do you personally believe this is right? ( ) yes ( ) no. Why?

a)_____

b)_____

c)_____

3) Sexual behavior should occur in private. Do you personally believe this is right? ( ) yes ( ) no. Why?

a)_____

b)_____

c)_____

4) Sexual behavior should not involve family members, like brothers or sisters. Do you personally believe this is right? ( ) yes ( ) no. Why?

a)_____

b)_____

c)_____

5) Sex should be between two people who have a special kind of close relationship. Do you personally believe this is right? ( ) yes ( ) no. Why?

a)_____

b)_____

c)_____

6) Sex should be something freely given, not exchanged for money or gifts.
Do you personally believe this is right? ( ) yes ( ) no. Why?
a)_____

b)_____

c)_____

7) Before engaging in sexual behavior, appropriate precautions should be taken to avoid STDs and unintended pregnancy. Do you personally believe this is right? ( ) yes ( ) no. Why?
a)_____

b)_____

c)_____

8) Children shouldn't be involved in sex. Do you personally believe this is right?
( ) yes ( ) no. Why?
a)_____

b)_____

c)_____

References

Bass, E., & Davis, L. (2008). *The courage to heal: A guide for women survivors of child sexual abuse 20th anniversary edition* (4 ed.). New York, NY: Collins Living.

Blaming the victim – Again. (2008). *New Oxford Review, 75*(6), 22-25.

Bradshaw, J. (1992). *Homecoming: Reclaiming and championing your inner child*. New York, NY: Bantam.

Burgess, A. W., & Holmstrom, L. L. (1974). Rape trauma syndrome. *American Journal of Psychiatry, 131*, 981-986.

Child sexual abuse: What parents should know. (n.d.). *American Psychological Association (n.d.)*. Retrieved October 25, 2010, from http://www.apa.org/pi/families/resources/child-sexual-abuse.aspx.

Cooper, S. (2009). Power, control, and beyond: An interview with Tod Augusta-Scott and a client who perpetrated sexual abuse. *Journal of Systemic Therapies, 28*(2), 89-100.

Davis, L. (1991). *Allies in healing: When the person you love was sexually abused as a child* (1st ed.). Brattleboro, VT: Harper Paperbacks.

Elliot, M., Browne, K., & Kilcoyne, J. (1995). Child sexual abuse prevention: What offenders tell us. *Child Abuse & Neglect, 19*(5), 579-594.

Esplen, M. J. & Garfinkel, P. E. (1997). Guided imagery treatment to promote self-soothing in bulima nervose: A theoretical rationale. *Journal of Psychothearpy Practice and Research, 7*, 102-118.

Filipas, H., & Ullman, S. (2006). Child sexual abuse, coping responses, self-blame, posttraumatic stress disorder, and adult sexual revictimization. *Journal of Interpersonal Violence, 21*(5), 652-672.

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry, 55*, 530-541.

Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. (2005). The victimization of children and youth: A comprehensive overview. *Child Maltreatment, 10*, 5-25.

Foubert, J. (2010). *The women's program.* New York, NY: Routledge Publishers.

Hall, K. (2008). Childhood sexual abuse and adult sexual problems: A new view of assessment and treatment. *Feminism & Psychology, 18*(4), 546-556. doi:10.1177/0959353508095536.

Knoll, J. (2010). Teacher sexual misconduct: Grooming patterns and female offenders. *Journal of Child Sexual Abuse, 19*(4), 371-386. doi:10.1080/10538712.2010.495047.

Kupelian, D. (2006, March 22). What's behind today's epidemic of teacher-student sex? *A Free Press for a Free People*. Retrieved November 4, 2010, from http://www.wnd.com/news/article.asp?ARTICLE_ID=49389.

Levenkron, S., & Levenkron, A. (2007). *Stolen tomorrows: Understanding and treating women's childhood sexual abuse*. New York: W. W. Norton.

Liang, B., Williams, L., & Siegel, J. (2006). Relational outcomes of childhood sexual trauma in female survivors: A longitudinal study. *Journal of Interpersonal Violence, 21*(1), 42-57.

Lorentzen, E., Nilsen, H., & Traeen, B. (2008). Will it never end? The narratives of incest victims on the termination of sexual abuse. *Journal of Sex Research*, *45*(2), 164-174.

Moulden, H., Firestone, P., Kingston, D., & Wexler, A. (2010). A description of sexual offending committed by Canadian teachers. *Journal of Child Sexual Abuse*, *19*(4), 403-418. doi:10.1080/10538712.2010.495046.

Murtagh, M. (2010). The appropriate attribution technique (AAT): A new treatment technique for adult survivors of sexual abuse. *North American Journal of Psychology*, *12*(2), 313-334.

Patterson, M., & Austin, D. (2008). Stop the grooming. *American School Board Journal*, *195*(12), 18.

Sahl, D., & Keene, J. (2010, February). The sexual double standard and gender differences in predictors of perceptions of adult-teen sexual relationships. *Sex Roles*, *62*, 264-277.

S.E.S.A.M.E. - Stop Educator Sexual Abuse, Misconduct and Exploitation. (n.d.). *S.E.S.A.M.E. - Stop Educator Sexual Abuse, Misconduct and Exploitation*. Retrieved November 4, 2010, from http://sesamenet.org/survivor.html

Shachar, R. (2010). Combining relaxation and guided imagery with narrative practices in therapy with an incest survivor. *The International Journal of Narrative Therapy and Community Work*, 33-55.

Shakeshaft, C. (2003). Educator sexual abuse. *Hofstra Horizons*, 10-13.

Smith, M. & Sterling, J. (2011, November 15). Lawyer for Penn State officials blast move to delay hearing. *CNN*. Retrieved from www.cnn.com.

Starzynski, L., Ullman, S., & Long, L. (2009). What factors predict women's disclosure of sexual assault to mental health professionals? *Journal of Community Psychology*, *35*(5), 619-638.

Twedt, S. (1999, October 31). Dirty secrets: Bad teacher came with a letter of recommendation. *Post-Gazette.com*. Retrieved October 31, 2010, from http://www.post-gazette.com/regionstate/1999103.

Walz, R. (2010). *Experts offer counsel on appropriate teacher-student relationships*. Retrieved from http://www.abc4.com/content/about_4/links_numbers/story/Experts-offer-counsel-on-appropriate-teacher/R6fhaiNM702GiiDEWOoazQ.cspx.

What is Guided Imagery? (n.d.) *The Academy of Guided Imagery*. Retreived on October 24, 2011, from http://acadgi.com/whatisguidedimagery/index.html.

White, J., Harden, B., & Buske, J. (2010, July 25). Kevin Ricks' career as teacher, tutor shows pattern of abuse that goes back decades. *The Washington Post*, pp. 15-21.

Whitfield, C. (1989). *Healing the child within*. Deerfield Beach: Health Communications.