

American Academy of Clinical Sexologist

Variations in Treating Sexual Abuse

A Dissertation Submitted to the Faculty of the American Academy of Clinical  
Sexologist in Candidacy for the Degree of Doctor of Philosophy in Clinical  
Sexology.

By

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Dissertation Approval

This dissertation, submitted by Ronald L. Shearon, has been read and approved by three faculty members of the American Academy of Clinical Sexologist at Maimonides University.

The final copies have been examined by the dissertation committee and the signatures, which appear here, verify the fact that any necessary changes have been incorporated and that the dissertation is now given final approval with reference to content, form and mechanical accuracy.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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## Dedication

I would like to dedicate my doctoral dissertation to all who have walked before me paving the way through education and a love for research within a plethora of sciences such as: the history of sex, to include many forms of sexual abuse over the years; those who have spent time with and researching sexual abuse to establish a succinct and comprehensive characterization of what sexual abuse is; to those who have spent years working with children and adults to find a therapy(s) that work for each individual that has been abused. Special thanks to those who love to teach.

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## Abstract

When first being introduced to child sexual abuse one of the major questions associated with sexual abuse, be it child or adult, literature resides within the definition itself. While those working with physical child abuse have struggled for 30 year for a manageable definition, it would be naïve to believe that this issue would be less troubling for sexual abuse students. Variations in definitions of child or adult sexual abuse or adult sexual abuse are multifaceted and have varied over time. Definitions vary to include: A state of feeling or being sexually debased (Bolton, Morris & MacEachron, 1989); variations in child sexual abuse include when an older child, a youth or an adult uses a child or youth for his or her own sexual gratification. This includes variations for each person sexually violated by a parent, parent figure, older sibling, other relative, or other significant person in the child's family life. The objective here is to identify and peruse therapeutic modalities that have designated themselves as a therapeutic vista for healing for the sexually abused. A rubric will be established each therapy's toted strengths to highlight the vacancies so the therapist can choose the therapy most suited for each Client.

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### Problem statement: definition of sexual abuse.

When first being introduced to child sexual abuse one of the major questions associated with sexual abuse, be it child or adult, literature resides within the definition itself. While those working with physical child abuse have struggled for 30 year for a manageable definition, it would be naïve to believe that this issue would be less troubling for sexual abuse students. Variations in definitions of child or adult sexual abuse or adult sexual abuse are multifaceted and have varied over time. Definitions vary to include: A state of feeling or being sexually debased (Bolton, Morris & MacEachron, 1989); child sexual abuse is when an older child, a youth or an adult uses a child or youth for his or her own sexual gratification. This includes incest. Incest with children is when the child is sexually violated by a parent, parent figure, older sibling, other relative, or other significant person in the child's family life (Barriere, 2013). Adult sexual abuse is defined by the New York State Office of Children and Family Services (2013) as: Non-consensual sexual contact of any kind. This includes, but is not limited to, forcing sexual contact with self or forcing sexual contact with a third person.

Non-Contact Child Sexual Abuse as defined by Barriere (2013) is: forced to watch sexual acts, forced to listen to sexual talk, including comments, tapes, and obscene phone calls, sexually explicit material such as videos, DVDs, magazines, photographs, etc.; can be in-person, on the computer via e-mails, and otherwise through the Internet; forced to look at sexual parts of the body--includes buttocks, anus, genital area (vulva, vagina, penis, scrotum), breasts, and

mouth; sexually intrusive questions or comments; can be verbal, on the computer, or in notes. Within the spectrum on Non-contact Child Sexual abuse is covert sexual abuse: Covert incest is exposed when the child subsists to meet the needs of the parent in an emotionally dependent relationship rather than the parent meeting the needs of the child (Adams, 1991). Covert sexual abuse typically abounds with the opposite sex child however same sex covert incestuous relationship are plentiful.

Barriere (2013) Defines Contact Child Sexual Abuse follows: being touched and fondled in sexual areas of the body, including kissing, forcing a child or youth to touch another person's sexual areas; forced oral sex--oral sex is when the mouth comes in contact with the penis, the vagina or the anus; forced intercourse--can be vaginally, anally or orally; penetration must occur; penetration can be with body parts and/or objects (the most common body parts used are the fingers, tongue and penis).

While Gil and Johnson (1993) uses the term Sexualized children to refer to children who engage in sexual behaviors that seem problematic and elicit adult concern, they believe that all children are sexual beings, and sexual development includes a gradual progression of interest, curiosity, and activity. Use of the word sexualized should not be taken to mean that Gil & Johnson believe some children are sexual and some children are not. Gil and Johnson have also tried to avoid the use of words such as normal or abnormal sexual behaviors, choosing instead to use phrases such as natural and expectable, age appropriate, or problematic sexual behaviors.

State Laws concerning sexual abuse varies from state to state and there is as much or more variation in defining sexual abuse as age becomes a contributing factor for prosecuting an individual for a sexual abuse crime. Generally all states within the boundaries of the United

States and now most nations have the age of consensual sex at eighteen years of age. However the age of sexual consent varies from state to state and nation to nation. Most states of the United States, as late as the 1880s (New York Times, 1895), had raised the minimum age of sexual consent or marriage to 10–12, whereas Delaware maintained the minimum age of 7 for sexual consent or marriage. CBC News (2008) stated The Tackling Violent Crime Act, raised the legal age of sexual consent in Canada from 14 to 16, which was the first time it has been elevated since 1892. Canadian law includes a close-in-age exception clause, some states call this the Romeo and Juliet clause, meaning 14 and 15 year-olds can have sex with someone who is less than three years to five years older.

Oklahoma law (STOKST 10, 2013) states that no one under the age of 14 can make a decision to participate in any type of sexual activity. Notwithstanding sex between a 14 year old and a 17 year old is permissible as long as it does not exceed three year differentiation counted by calendar day or 1095 days. An adolescent then becomes a sex offender if he/she continues to have a sexual relationship with someone under the age of consent, which is 16 for Oklahoma as he/she exceed three year differentiation or turns eighteen. Section 1040.13a A., (STOKST 21, 2013), states it is unlawful for any person to facilitate, encourage, offer or solicit sexual conduct with a minor, or other individual the person believes to be a minor, by use of any technology, or to engage in any communication for sexual or prurient interest with any minor, or other individual the person believes to be a minor, by use of any technology.

As the confusion over the definition of sexual abuse accelerates and grows to a sexual frenzy over the morality of mankind, a 6 year old “D” who was arrested for playing doctor with the neighbors 5 year old daughter and subsequently “D” was arrested for child sexual abuse as

the mother thought “D” had penetrated the girl in the anus with his finger (Sex Offender Issues, 2013). Whereas a three year old boy parents were fined \$2500 in Piedmont Oklahoma for urinating in his front yard (News 9, 2012).

Self-imposed sexual abuse as described by D. Merritt (personal communication, 2012) was that time when your sexual partner wants to be amours and you are not quite there with them but you go ahead and submit to satisfy your sexual partner, but then you wind up feeling slightly abused. Self-imposed sexual abuse is the male client who at 52 year old realized that that having sex with the baby setter and then having to call the Doctors office to see if a nine year old boy could get a sixteen year old girl pregnant. Here the abuse of sexuality had been laid dormant for forty-three years, now begins the journey of how the abuse has affected his life and relationships (R. Anderson, personal communication, 2011). Sexual abuse then becomes the (a) point in a person’s life when they acknowledge a cultural or personal moral boundary has been violated, be it accepted immediately or recalled from a past event.

### Hypothesis

The definition of Child Sexual abuse or sexual abuse has not yet been standardized among the helping professions or by political leaders who are writing the law so there seems to be mass confusion based on the moral conviction or education of those who are reading and or writing the law. The question then; is there only one therapy that will restore mental health and sexual health to the sexually abused person? If the definitions of sexual abuse are multifaceted then it take a multidiscipline approach to work with a person who has experienced a sexualized trauma, recently or recalled to memory, be brought to the point of a survivor through a mode of

a therapeutic intervention(s), consummating the healing process by having a functioning and fulfilling sex life with his/her partner. The number of therapy's there are available for sexual abuse are as numerous as there are definitions. The object of this dissertation is to do a comparative analysis that will include: Journal Articles, Books and literature written by therapist in the practice of treating sexually abused children and adults to objectively assess some of the major therapy's to evaluate them for wholeness, recovering from the initial stress of sexual trauma to having a happy and fulfilling sex life with a partner. By looking at the different therapies, their basic purpose, for example, how different therapies define sexual abuse; the proposed area of healing for each therapy, Is the successes of therapy best defined in short term as a resolution of sexual trauma or long term results of therapy fulfilling sex life.

### **Methodology**

In this study the objective is to identify and peruse therapeutic modalities that have designated themselves as a therapeutic vista for healing for the sexually abused individual, hopefully devoid of bias of gender, age, race or sexual orientation. A rubric will be established to accommodate each therapy's touted strengths and to highlight the vacancies that might occur within said therapies giving the therapist opportunity to choose the therapy most suited for each Clients malady's for a critical assessment and diagnosis.

## Part II

### Review of literature

History of Sex and sexual abuse

Mesopotamia 4000 BC

War, religion and the struggle to survive underlay the rich tapestry of life, in which the most misunderstood force of all is that of sex. Hugh Hefner states in *The History of Sex*, (McPherson & Peltier, 2009) "If you want to know what sex is all about in current affairs look at history and you will find the roots of anything happening today in history." Early writings of sex in Mesopotamia 3200 BC were song and poems of sexual eroticism that were written on clay tablets. One such poem could possibly describe the first orgasm; "my brother entered me 50 times; Dumb struck I moved closer to him trembling below". Lovers were often call brothers and at this time art worked depicted the female as being the gender that was oversexed. Sex was a healing force where women and men both want to be loved and desired with passion and honor. This healing force was a one that would help mankind to transcend earthly troubles and direct them to spiritual healing and have a relationship with the gods.

The ancient story of Gilgamesh and Incado Illustrates the spiritual healing power of sex; Gilgamesh was challenged with doing away with the human monster, Incado. Gilgamesh in his wisdom hired a prostitute to go to Incado and have sex with him. After seven days and seven nights of sex, sex had soothed the savage beast Incado into a passionate loving man. Indicating at this time in history it was considered an honor for your son or daughter to be a temple prostitute whereby facilitating a spiritual union with the god's and healing to the soul. In 2100 BC Mesopotamia the king had a performance clause in his marriage contract and was expected to

have sex with a priestess Inanna (Enhedunna) at least once a year to maintain success and fertility within the country (McPherson & Peltier, 2009).

Mesopotamia was a patriarchal system where men owned everything. All things were not created equal between men and women. The only people who married were the people with money and property; marriage was a performance contract and wives were paid to have children and to remain faithful so the man could have assurance that his money and property would go to his children. However the inverse was not true, the man was free to spread his seed wherever he desired and fidelity was not an issue. Sex for the Mesopotamian was not only a physical pleasure for the body but a spiritual and healing power for the soul (McPherson & Peltier, 2009).

Egypt, flourished 5000 years ago

For the Egyptians sex was also a spiritual quest and went hand-in-hand with everyday life as a healing force. So spiritual was Sex for the Egyptians that they illustrated having sex with the gods in afterlife through their art work within the pyramids and temples of worshiping of the god's. Sex for the Egyptians was a continual life force, dispensing from beginning of life until they had sex with the gods after death; sex was sensual, spiritual and a healing force that penetrated the soul. The path to eternal life could just as easily be found in the bedroom as it could be found in the temple. There were very little prohibitions about sex and there was really no word about sex in the Egyptian language that conotated a virgin. However Egyptians were very strict about faithfulness, they called infidelity, going to the neighbor's house, which was adultery, which was punishable by death or mutilation. The essence of sex for the Egyptians life was to

breed heirs. Therefore sex for the Egyptians was considered very sensuous, romantic and spiritual when contained within the spiritual prohibitions of this time period (McPherson & Peltier, 2009).

Herodotus an ancient Greek historian from the fifth century BC visited Egypt and was astounded by the Egyptians sensuality and sexuality. He reported that a man was going blind and needed the urine of a girl whom had never had sex to cure his blindness of which none was to be found. King Akhenaten father of King Tut was suspected to be the originator of fathers marrying daughters and brothers marrying sisters hypothetically leading to the myth of Oedipus (McPherson & Peltier, 2009). For the Egyptians sex created a harmonious balance between the pleasures of the flesh and the longing of the soul in afterlife.

## The Greeks

Ancient Greeks were not hung up on sex; you were basically free to do whatever you wanted to do with no judgment. However a Greek house was not complete without what was called the men's quarters where people would come to visit and would often end in an open sexuality which could be called an orgy. At this time, men often spoke that women were oversexed and insatiable. The Isle Lesbos; just off the coast of Greece in the 7th century BC was considered the island of lesbians which were noted for their abilities to perform with perfection anything that would pleasure a man. Among these was Sappho the best of all the women that was on the Isle of Lesbos, was the best of the best and was reported to have fellated all the men at the party (McPherson & Peltier, 2009). Marriage for the Greeks was also an economical arrangement specifically for the purpose of being able to identify heirs. As with

the Mesopotamians wives were to remain faithful while the men would retire to the men's quarters where sex would typically arise sometime during the evening.

It was the Greeks who began the rite of passage for young man, post pubescence but no older than 18. An older man, usually in his mid- to late-20s, would enter into a relationship-contract which was called pederasty Holmen (2010), the older male was responsible for teaching the younger male about Greek politics, military, and social gatherings to become a fully functioning member of the Greek society. It was considered an education into adulthood which was not a homosexual affair but one of love and adoration in which the young boy was not penetrated by the older man but trained into society (McPherson & Peltier, 2009).

The Hellenistic period, which began in ancient Greek history between 323 B.C. and the emergence of ancient Rome in the eighth century B.C., was a time in Greek history when the female overtook the male in popularity by the emergence of art depicting female form dominating that of the male form. Sex was talked about openly during this time period. It was during the Hellenistic period that it is thought that the woman had entered humanity by the cultural change in the art forms, to the female form as the essence of beauty (McPherson & Peltier, 2009).

#### The Roman Empire

The population of Rome was 750,000, in Rome the male was in power controlling all aspects of Rome; the male was the penetrator in all things submitting to no one. However marriage and divorce was very easy to obtain and it was said of satirist Juvenile of one married matron, that she had eight husbands in five winters, write that on her tombstone (McPherson &

Peltier, 2009). The male appeared to be the center of Roman hierarchy as a victorious General would come home with the penis of his adversary hanging from his chariot. It was common for the victor to actually eat the penis of the opposing General. History reports that Roman women were as randy as the men were. It was reported that cohorts of Julia, Caesar's daughter, were asking of her why all of her children looked like her husband. And her reply was that she did not take on new passengers unless she was carrying a full cargo (McPherson & Peltier, 2009).

The Emperor Augustus exploited the follies of Roman sexuality for political gain. Whereas following the 40 year civil war, Augustus decided to do a moral housecleaning bringing a new morality to Rome instituting new laws making adultery illegal, which including finical benefits for having one wife. Augustin later postulated that men and women were too promiscuous giving tax breaks for those who bore children for the Roman Empire and were married (McPherson & Peltier, 2009). Constantine made an alliance with the Christian Church, acknowledging the Roman empire was slipping away which would give new birth to Rome by giving a new emphasis on virginity, in which the church view was teaching, "the more you give up the closer you will be with God" (McPherson & Peltier, 2009).

## History of sexual abuse

### Castration

Castration is the oldest, most powerful, cheapest, quickest, most reliable treatment for preventing multitudes of crimes, disease, violence and unwanted pregnancies. The procedure is also best for the overall health and longevity of the male. Unfortunately, even though very little

has been published about it in the English-speaking world (Cheney, 2006). Moreover the eunuch had an important spiritual role in many early religious, Christian and medieval periods, as well as being an established political figure in the church and state affairs. Castrated men could be put into public service as palace officials (Cheney, 2006).

Because celibacy was held with high regard in Mid Evil church, it was bound to generate political and spiritual confusion. Thus castration was perceived to be both a high and low in the area of physical status. Even today, Catholic churches face major issues around sexual abuse of children by both homosexual and heterosexual priests. Invariably, celibacy as an externally imposed condition for purity, political career or spiritual recognition, creates a major contradiction, such as the incessant struggles between sexual desire and celibacy defined by the Church as the natural denial of sexual feelings, which is self-negating for the sake of morality and purity. Castration for the sake of purity is an old idea (Cheney, 2006).

Castration was initially used in the domestication of animals in the eastern and Middle Eastern region during the Mesolithic period about 8000 or 9000 years ago. The process of castration itself was relatively simple, and is still used in animal husbandry today. Shortly after the testicles descended in the newborn stallion a string of horse hair is tied tightly around the scrotum above the testicles which causes the scrotum to turn black and drop off in about three weeks' time, apparently without much discomfort to the animal. However numerous other methods of castration have been employed throughout history, such as crushing the testicles by hand or between rocks, or by cutting them off with a knife. In the early Vedic records of India the term castrated horse was written also to refer to the ox (Cheney, 2006).

Some of the earliest records of the old Kingdom of Egypt (c. 2006 BC) indicated that the seller's children or selling of oneself to pay debts was widespread. Human slaves were regarded as merely a step or two remove from the status of domesticated animals, so it seemed only natural that the consideration would be given to castrating them for similar purposes, thus making them more compliant and reliable servants, laborers or warriors (Cheney, 2006). As slaves holding only the status of domesticated animals every orifice was penetrable with little or no preference for gender.

Herodias (c. 484-425 BC) tells the story of Panionius, who castrated and traded slaves: "he sold the victims of his knife" in Ephesus and Sardis, eunuchs were highly esteemed because of their honesty, fidelity and in every aspect of life (Cheney, 2006). While in the First Millennium BC Assyrian officials regularly installed eunuchs in positions of authority because they were considered to be less vulnerable than other men to sexual blackmail and corruption. Eunuchs also guarded harems and served as escorts for royal ladies. Cyrus the Great (559 – 529 B.C); founder of the first Persian dynasty selected eunuchs for every post of personal service to him, from the doorkeepers up (Cheney, 2006).

Attractive slaves were sometimes gelded to serve as sexual toys for wealthy men and women. The Emperor Nero (54-68 A.D.) famously castrated a youth named Sporus and married him in a wedding ceremony in which the bride was garbed as an impress. The practice of removing the penis as well as the testicles of boys and young men was to make them more pleasing to homosexuals, pedophilia and other sexual deviants has continued as well into the present day. Little is heard of this practice because of its shameful and illegal status, but those who have undergone radical castration often exist in the "red light districts" of some the larger

cities around the world. In 1961 the magazine Eros reported that the "eunuch colony" of the vice quarters of Bombay, India had more than 500 eunuchs dressed in women's clothes selling their services. The Parade magazine of March 14, 1982 reported that as many as 3500 such eunuchs were working in the Bombay area as prostitutes and entertainers as recently as 1972 (Cheney, 2006).

### Eunuchs of China

In China the use of eunuch is thought to have begun as early as 2000 years BC and remained entrenched until 1924. Generally, the historians who have chronicled the history of castration and eunuchism in China were antagonistic toward the practice. It should be noted that castration was against the law on several occasions in the Chinese history, namely during the reign of Emperor Wen Ti (180 - 56 B.C.), Emperor Hsiao Wen Ti (472-499 A>D>), to as late as Emperor Pu Yi in 1923. The first mention of eunuchs in China was in 1100 BC under the Chou dynasty. Emperor Chou-Koung confirmed that castration was one of the five punishments for serious crimes in his code of ethics along with branding of the forehead, execution, and amputation of the hands or feet (Cheney, 2006).

Early writings indicate that the original "Yellow Emperor" son (2697 BC) was ordained to have four wives while over time the number of wives has changed in the Chou dynasty (1123-256 BC), and number of concubines and service to the throne was raised to 120, which each having a specific title and rank. In the Han dynasty (206 BC – 220 A.D.) the custom of keeping concubines increased over time to having several thousand, feudal lords could also have several thousand, while the governing official could have even more, one source reported that an

unprecedented 40,000 concubines were shared by emperors Ch-ang An and Lo Yang (Cheney, 2006). Who in the world would think of having only one teacup for one teapot? The number of eunuchs required to serve these women in the Imperial seraglio increased from 3000 to a reported 100,000 that served in the late Ming Dynasty 1368 to 1644 A.D. (Cheney, 2006).

Eunuchs who were castrated young have a round and plump figure, but the skin is flaccid, and he is apathetic. When they are old one could take them for old women, disguised in men's clothing. They usually have sweet, conciliatory, cheerful and versatile character (Cheney, 2006). It was only eunuchs that were allowed to handle the powerful firearms in China, which were referred to as sacred weapons. The regular Army did not have access to the firearms, and even during wartime, the eunuch took charge of all gunpowder. The fact that eunuchs were the sole keeper of the firearms demonstrated how fully they were trusted by the Chinese rulers (Cheney, 2006).

Among the Chinese, the primary requisite for eunuchs involves the emperor's early education and his later bedchamber activities. During the Ming Dynasty (1368-1644 A.D.), the eunuchs used esoteric Buddhist statues of men and women in sexual embrace to teach the young man about sex. After the monarch's marriage, the eunuch recorded each time the Emperor had nocturnal relationships with one of his consorts for later proof of conception (Cheney, 2006).

The procedure for the concubine was different. Usually, after dinner the eunuch in charge of the Imperial bedchamber would offer a silver tray of jade nameplates, which contained the names of some of the concubines, to the Emperor. If the monarch was not feeling amours, he would dismiss the eunuch. If he was interested he would turn over one of the jade

nameplates making his selection. Later the eunuch would strip the concubine, wrap her in a feather garment and carrier to the Emperor's bedchamber. After waiting a given time the eunuch would call "time is up." The eunuch would then ask the Emperor if the concubine was to bear his child if the answer was negative the eunuch would take the proper contraceptive measures if yes he would record the dates so that it would serve as a compilation of legitimacy (Cheney, 2006). The eunuch, who spent day and night at the Emperor side, often acquired considerable influence and wealth in their positions.

Ceremonial castration for prisoners of war was taken as divine revelation in much of the Yin dynasty as parts of the land were a theocracy with the King acting as the divine agent. Emperor Wu of the second Han Dynasty (25-280 A.D.) had many famous and capable men castrated as punishments so the quality of the eunuch crop increased during his reign than any other in the time of the Chinese history. In 1428, ruler Hsuan-Te turned to use eunuchs as the only agent he could trust to work a princely rebellion. An army comprised of entirely eunuchs was founded in 1622 (Cheney, 2006).

All eunuchs were thought of as pure but those under 10 years of age were termed thoroughly pure, indeed total castration-being "swept clean" was the favored approach. Those who lacked the means of high levels of education necessary to pass difficult advancement tests could choose castration as a road to wealth. When a man had himself emasculated and paid for the operation more care was generally given to him, such as opium was given for the pain and bamboo shoots were placed in the urethra to remain open for urination. Another point is that most Chinese scholars shared the conclusion that eunuchs were necessary evil, whose power had only to be controlled (Cheney, 2006).

## Eunuchs in Egypt

Carvings on certain Egyptian tombs in the third Dynasty (2686-2494 BC) depict women dancing and being guarded by men who are clearly eunuch however castration was not approved of by the Egyptians.

## Eunuch in the Persian and the Islamic world

The custom of castration can be traced through various periods of Persian history: from Babylonian and Sumerian times, about 3000-600 B.C. to Muhammad Mossadegh, which ended in 1953. Figurines of the "purified" eunuch priests from the temples, to the goddess Inanna, date back to around 3000 B.C., and have been found in Persian Gulf area. The statues and base-relief carvings on the old palace walls from the Akkadian, Samaria and Babylonian cultures clearly show how eunuchoid features that sharply differentiates from the intact men of their area (Cheney, 2006).

Eunuchs were demanded by Persian kings as part of the tribute from subjugated countries. Many were conquered, since Persian occupied most of the nation's bordering it at various times in history Assyrians were obligated to send to King Darius I (522-486 BC) 1000 silver talents, four months of food for his army and 500 castrated boys every year while Ethiopia was required to send 100 castrated purely to Persia.

As in many other countries, eunuchism in Persia raises many poor men's names to immortality, which would have otherwise been long forgotten. In the biblical book of Esther, many of the eunuchs of the Persian king Ahasuerus (Xerxes I, 486 - 465 B.C.) were honored by

having their names mentioned in the holy book. Hegia was the eunuch in charge of the Kings women (Cheney, 2006).

Cheney (2006), reports that the reason castration is forbidden by Muslims is that the Koran (Sura 2:25) promises a heaven after death where they will be "wedded to chaste virgins, they shall abide there forever." But, prohibition of practicing emasculation appears to have proceeded by sort of tactic consensus. That is, Muslims allowed Jews and Christians to produce eunuchs, "the Muslim could then acquire without contravening their law ". The method for castration of white slaves differed from that use for the blacks. Whereas the black slaves were forced to submit to a complete a barbarous amputation referred to as "leveling with the abdomen," while white slaves were operated on with a somewhat greater care retaining the ability to perform coitus (Cheney, 2006).

In Persia and Muslim countries castration has been utilized for nearly 5000 years and is still an inherited practice of Morocco and Arabia although the harem became illegal in Arabia in 1962. Clearly, in this region of the world, eunuchs have proved to be highly valued social group, saying that the benefits of eviration are almost unquestionable (Cheney, 2006).

#### Eunuch in ancient Rome

The practice of rulers using eunuchs in a variety of capacities, extending even to marriage in ancient Rome, dates back to Tarquin, or Lucius Tarquinius Superbus, 534 to 510 B.C. Tarquin, the last king of Rome before the advent of the Republic, had the young son of an exiled nobleman castrated for his sexual pleasure (Cheney, 2006). In fact, Zambrano traces the original

of the Scatinia laws of present-day Italy, whereby both the active and passive partners in homosexual relationships are punished-to Tarquin's widely reviled pedophilic practices.

The now infamous Nero featured upward of 60 eunuchs in his orgies, and eventually married one in 67 A.D. (Cheney, 2006).

According to St. Jerome (C. 347-C. 420), all of the Roman nobles engaged in sexual relationship with their crop of eunuchs, or "stable letter." These eunuchs were referred to as span dons, having only their testicles removed to retain sexual function, but not to inseminate. The Byzantine Empire's universal verdict of history was that it constitutes, without a single expectation, the most thoroughly base and despicable form that civilization has yet assumed (Cheney, 2006). There has been no other enduring civilization so absolutely destitute of all forms and elements of greatness in the history of the empire is monotonous story of the intrigues of priest's, eunuchs and women, of poisonings, of conspiracies, of uniform ingratitude, of perpetual fratricides.

Tens of thousands of eunuchs of humble origins, who had been doomed to short, hard lives of servility, had they not been castrated, were raised to the height of power, luxury and knowledge. Castration proved to be a survivor's tool for these men. The process made them trusted above other man by their rulers which made them relative invaluable to the temptations and desires of other. Eunuch's had the required qualities of trust worthiness and diligence, as well as administrative skills, and they were limited by their physical condition from ascending beyond a certain point in the government. If you count all the cohorts of the Lord Jesus, you will not find any without some eunuchs. Among the apostles, that is to say the harbingers of the word, you will find the eunuch of Candace, who brought all of Ethiopia to Christ (Cheney, 2006).

The first wife was considered most important and often had greater privileges than other wives. The children of wives were legitimate heirs, but those of the concubines and odalisques could either be recognized as legitimate or not. The Koran permits a man as many concubines "a man's delight," as he can afford while according to Solomon in Ecclesiastes 2:8, Solomon acquired wives, concubines and odalisques as he pleased. Wives were the mothers of the recognize children and keepers of the house, while concubines and odalisques were exclusively for sexual pleasure. The odalisques were all non-Muslim slaves purchased at the slave markets or presented as gifts. A Circassia or Georgian girl ages 8 to 16 was worth about 1000 to 2000 Kurush in the late 1800s 18th-century several thousand Kurush less than the price of a reliable horse (Cheney, 2006).

Historical accounts indicate that a specific regime was followed in the course of the castration process. Fluids would be withheld from the boy from shortly before the procedure to three days after, so his urge to urinate would be minimal. Tight bandages were wrapped around his upper legs and lower abdomen to reduce the pressure on to hemorrhage. A ligature would be tied tightly around his penis and scrotum as close to the body as possible the genital area would be bathed with hot pepper water or other anti-infection nostrum. The penis and testicles would be cut off close to the body as instruments would allow with a special curved knife or razor, dagger, sword, or what other kind of sharp instrument was available. After the cut was made the wound would be sometimes be cauterize with boiling oil or hot iron, salt, urine, or desert sand. A metal or wooden plug would be inserted into the urethra of the stump of the penis to prevent it from healing shot after three days the plug and bandages will be removed in

the world would've been allowed to drink water. It is estimated that one in 10 survived this treatment (Cheney, 2006).

### Clitoridectomy

Clitoridectomy or Clitorectomy' has a history that goes back to before the foundations of the Christian or the Islamic faith, at least in Africa. FGM, (2011) Female Genital Mutilation (FGM) states that circumcises is performed within certain areas of Africa for the protection and purity of the girl, circumcision by tradition locks away the girl's honor where no thief can get to the girl. Circumcising a girl is believed to help prevent dangerous thing from happening to her, where there is no respect for a girl, the girl fears the man who will rape her. Circumcisions are reportedly done to protect their children for potential marriage opportunities. In Kenya, Howeden, (1014), reports a dowry is received by the girl's father, of which wealth is measured in cattle so the girl is equated to the price of cattle which is often needed to support the family. If a girl is not circumcised she is handicapped, different from her colleagues and friends and no one will even negotiate a bride price for uncut girls. Uncut girls, sometimes referred to as "raw" as opposed to mutilated "ripe" women, can expect to be shunned by their neighbors. They are forced to walk for miles to fetch water so they don't "contaminate" pumps and wells; local midwives even refuse to deliver their "unclean" babies (Howeden, 1014). Girls who refuse to be cut and married off are "stealing" from their own families. "It is not fair since they are a source of wealth. Some who have not been circumcised leave the family without us getting the bride wealth. If a girl is not circumcised she has no control over her sexuality, she will develop an itch that could lead to sexual acting out which includes masturbation and could even leave her

husband for another man. Girls should remain a virgin until she is married, it is shameful not to be circumcised (FGM, 2011).

Many myths follow the ritual of FGM, such as: the girl will not develop breast and become a woman by developing a full figure, not like some skinny woman that follows the itch of a non-circumcised woman. Girls are also taught that if she is not circumcised the clitoris will grow and harm the baby when she acquired a husband and becomes pregnant.

During the late nineteenth and early twentieth centuries, there was one acceptable kind of female orgasm and it was clitoral; there was also only one kind of healthy sexual instinct for a woman and it was for penetrative sex with her husband (Rodriguez, 2008). When a woman functioned outside of this normality by masturbating or by not responding to her husband's affections her sexual instincts were seen as chaotic. If healthy women, then, were believed only to be sexual within the marital embrace, what better way to explain away errant behaviors of the female than by blaming the clitoris, an organ seen as quintessential to female sexual instinct (Rodriguez, 2008)? Doctors corrected a clitoris in an unhealthy state using one of four surgeries- removing smegma or adhesions between the clitoris and its hood, removing the hood (circumcision), or removing the clitoris, a clitoridectomy, in order to correct a woman's sexual instinct residing in an unhealthy state. Their approach to clitoral surgery, at least as revealed in published medical works, was a cautious one that respected the importance of clitoral stimulation for healthy sexuality while simultaneously recognizing its role as cause and symptom in cases of insanity that were tied to masturbation (Rodriguez, 2008).

A nineteenth century view of clitoridectomy and masturbation among the English-speaking peoples was attached to the Victorian Age which was synonymous with prudery,

where sexual desires were to be properly controlled with acceptable limitations necessary for procreation leaving it unthinkable for a proper woman to have sexual desire. Duffy (1963) in an 1883 medical journal declared that he did not think that one woman in a hundred entered into marriages for any type of sexual gratification. However sexual taboos and deviations were reported on medical journals; in response to a New Orleans medical journal discussing "Onanism". A French physician reported: In my opinion, neither the plague, nor war, nor smallpox, nor a crowd of similar evils, have resulted more disastrously for humans, than the habit of masturbation: it is the destroying element of civilized society (Duffy, 1963).

## Incest

Ever since the Greek historians first wrote about the customs of other nations, scholars have compared the habits of different cultures, hoping to discover meaningful regularities in human behavior. Incest is defined as sexual intercourse with persons too closely related making their marriage illegal or forbidden by cultural customs. Also the only universal trait that contemporary social scientists and historians agree has been found in every known culture is the prohibition of incest (Demaue, (1991).

Demaue (1991) states that his essay is intended to consider the evidence for the opposite hypothesis: that it is incest itself, and not the absence of incest, that has been universal for most people in most places at most times. Furthermore, the earlier in history one searches, the more evidence there is of universal incest, which would give evidence for other forms of child abuse. Two kinds of incest will be considered: direct incest, overt sexual activity

between family members other than spouse; and indirect incest, the providing of children by their parents to others in order for them to be sexually molested (Demaue (1991).

One must use the research of such scholars with extreme caution; since their possible motive is to deny the coercion involving adult's seducing lonely, unloved children. Yet the task of digging through the truly staggering amount of literature on sexuality in the past and present societies, Demause (1991) states there are over 60 journals alone with regular articles on the subject of incest. It is so overwhelming that, in order to locate the rare primary source that are available, the research cannot avoid consulting life work of pedophilia advocates (Demaue, 1991).

Research indicates that males are far more reluctant to reveal their incestual molestation (Demaue, 1991), (Bolton, Morris & MacEachron 1989), partly because it usually occurs earlier for boys than for girls and partly because victimization may be even more difficult for boys to recall than for girls.

Katherine Mayo from her book *Mother India* reported numerous testimonies that blame the little girls for their rape, claiming that early marriage was an absolute necessity, since "Cupid overtakes the girl's hart at the early age. A gross desire for sexual intercourse is eight times greater than that of the males, when there is an appetite; it is time for giving food (Demaue, 1991).

In the Oasis of Siwa, mothers regularly give their boys to older men for sexual use; both related and outside the family and fathers regularly lead their young sons to other fathers, mimicking the Asian Islamic tradition of bacaboz, where most fathers trade their sons for sexual use (Baldauf, 1990). Pederastic marriages and pederastic prostitution have been widespread in

Siwa until recently everyone is accustomed to the proposition that men normally loved boys more than they do women, saying: "they will kill each other for a boy, never for woman" (Gregersen, 1936). Muslim holy man regularly have boys available for sex, saying the ingestion of the holy man's semen is necessary for absorbing spiritual powers, sometimes even extending to formal marriage with the boy.

Sex for boys in the Middle East is said to begin in infancy and continue throughout childhood. Parents and others regularly masturbate the infant's penis in order to increase its size and strengthen it; older siblings have been observed playing with an infant's penis for hours. As the boy get older, mutual masturbation, fellatio and anal intercourse is common with the boy and older man (Bouhdiba, 1985). Demause (1991) stated that four out of five Middle Eastern women recalled having been forced into fellatio between the ages of 3 and 6 where most of the assaults were perpetrated by a brother, cousin or a parental uncle, material uncle or even the grandfather. Demause continues stating the molestation does not stop with family and often includes teachers, neighbor's sons and the porter of the house. The girl rarely complains and surrender as their loss of virginity will only bring them shame.

Men of the Asian Islamic culture according to McPherson and Peltier (2009) usually do not want to marry women with an intact clitoris, believing they will be oversexed and betray them. It is the custom in some countries on the wedding night for the husband to be the one that cuts the brides vaginal opening with a knife and have repeated intercourse to prevent it from closing again (Demause, 1991). Since genital mutilation is one of the most widespread child rearing practices in the Islamic culture, this presence alone makes incest a universal practice, despite our habit of denying it sexual motivation by terming it a rite of passage which often

involves no rite of passage and the new life often involves pain and death. I cannot be called a puberty rite because it usually occurs long before puberty (Demause, 1991).

Rheingold (1964 p.129) reported encountering surprisingly frequent cases of real incest in his patients, including a great deal of overt maternal masturbation of young children, fathers orgasmically flagellating their daughters, parents forcing children to handle the parents genitals, mothers encouraging uncles to rape their children and so on wondering why "scant attention" had been given to such material by others.

### The middle ages

Following the fall of the Roman Empire in 410 AD the European community changed dramatically signaling the beginning the Medieval Ages also known as the Middle Ages. This era developed from a blend of ancient roman beliefs and influences, the ideas and values of the Germanic people, most importantly the rise of the Christian Church. Each of these modalities brought with it a unique vision of sex and what it should be. The church found its genesis in the story of Adam the man and Adam the woman and their fall from grace in the Garden of Eden. Their belief was that before humanity was cast out of the Garden of Eden sexual intercourse was a perfect natural experience and one that was completely governed by reason, so rather than an act of passion it was more like scratching an itch.

After the fall the Church viewed men and women as animal like with insatiable sexual appetites, incapable of restraining their lustful craving. At the same time sex had been invented in the Garden of Eden Prof. Jacqueline Murray as cited in, (McPherson & Peltier, 2009) therefore it was a gift of God so it could not be completely bad. The churches own conflicting beliefs about

sex was best exemplified in the debate between marriage and celibacy. St Agustin was one of the founding fathers of the Christian Church and he had vacillated between a life of sexual indulgence and that of celibacy. St Agustin continued to waffle in his fourth century writings of sex and matrimony in which he stipulated that marriage was completely legitimate in the Christian community and was good for raising children and for that of friendship for a husband and wife (McPherson & Peltier, 2009). While within these writings St Agustin indicates that marriage is a second class status and the ones that really desire to be obedient to God would live a life of celibacy. While most people were not prepared to live a life of celibacy, men and women could have sexual intimacies within the bounds of marriage but only then for the reason of procreation. During this time period priest were allowed to marry and to have children as was carried from the Jewish tradition of priestly tribe of Israel.

Beginning in the sixth century the church began to address the carnal peccadillos of its flock by writing the books of penitential which addressed numerous sins and the penance correlating with them, of which sexual misconduct tallied the majority. The books of penitential gave exacting details of the sexual acts held within its covers; such as it is more abominable to mix with a mule than with a male, just as it is irrational to mix with a male then a female and for this you will do penance for an amount of time on holy days. The books of penitential gave exacting penance for, Homosexuality, Adultery, Fornication, Masturbation Bestiality and Nocturnal Emissions or to have sex with a Nun (McPherson & Peltier, 2009). In the eleventh century the German bishop the Bucharth of Worms wrote a penitential castigating the use of a dildo for women. Peter Damion, a member of the Clergy, Coined the term Sodomy, meaning sex between the thighs, masturbation, mutual masturbation and sex in the rear. As a growing

preoccupation of sex and with regulating sexuality, eventually lead to the creation of bureaucracy and police networks forcing sexual morality hypothetically in the Church (McPherson & Peltier, 2009).

The church and civil courts began prosecuting sexual sinners in the twelfth and thirteenth century's. The crime of sodomy, in its many forms was the most egregious sin against the church and was punishable by mutilation, disembowelment, burning at the stake, hanging and for the clergy they were put in a cage and hung in a tree where they would eventually starve to death.

By the eighth century Europe was consolidated under one religion, however there was no centralized government which brought in nomadic raiders from the north. It was at this time that the nuns of the church literally cut off their noses to be so ugly they would stay off the marauding invading Vikings (McPherson & Peltier, 2009).

It was thought that the Chastity belt was invented during the middle ages however this was a nineteenth century contraption. However this was a time in the church where property owners had a necessity to regard chastity. Chastity in the church was to extol purity and for the property owner chastity was necessary to guaranteed blood line to guarantee heirs would receive property of their father and not that of a neighbor that came to visit; whereas for royalty to keep the blood line from being contaminated (McPherson & Peltier, 2009).

With the rise of towns within the Medieval era prostitution flourished where within these communities it was consider an honest and essential profession. Prostitution was considered a safety valve as the masculine sex drive was thought to be hydraulic in nature, in that when the pressure builds up there needed to be a sexual release. At this time prostitution was condoned by the Church however it was looked upon as a necessary evil. Thomas Aquinas stated that

prostitution was likening to a sewer pipe in a castle; it was not something that you wanted to look at but was necessary not to contaminate the castle. Thomas Aquinas extended the definition of sodomy to include lesbianism and all sex acts other than vaginal intercourse. Even sex in marriage with the woman on top was considered a sin (McPherson & Peltier, 2009).

By the time of the high Middle Ages health treatises were used as educational material to maintain a natural balance within the body while prayer books were used to maintain the soul. It was written that men and women should have regular sexual intercourse to maintain the body's natural humors within the body (McPherson & Peltier, 2009). For the man it was to maintain a natural level of seaman and for the woman a level of lubrication required for sexual intercourse. These health treatises stipulated the importance of bearing children which required that both the man and the woman be orgasmic in order to bear children.

If a man was not able to perform his fatherly duties and bear children, a group of 12 women designated by the church would come to the man's home and inspect his penis to see if it was malformed or disfigured in such a manner that he could not perform his fatherly duties. If this team deemed the man was deformed the woman was free to leave the man and find another husband and have children (McPherson & Peltier, 2009).

Prior to the fall of the Eastern Church in 1453 a new movement called the Renaissance within the Italian cities that was an intellectual movement, rethinking marriage and sexuality. It was developing at this time that Men and Women should put restraints on their sexuality thus developing a high regard for marriage and the sexuality of the marriage bed. This intellectual movement brought sanctity to marriage that spread through all levels and classes of people where sexual deviation was judged by the marital standard. However this movement did not

extent into the clergy as there was sexual sin at all levels of the Church. Within the Renaissance movement prostitution was accepted as a way to wage war on the growing population of homosexuals rapidly growing in Florence (McPherson & Peltier, 2009).

It was the sexual sins of the clergy during the time of the Renaissance that spawned the protestant reformation. In 1517 Martin Luther rebelled against the church for its papal supremacy to include the sex lives of priest and nuns at all levels of the church. Luther renounced the directive of the Vatican that priests and nuns remain celibate but championed marriage as the proper setting for intimate relationships (McPherson & Peltier, 2009). For Luther sex was something that was divinely ordained in that we all have a sexual impulse to reproduce which was a gift from God that was to be expressed within the vows of marriage. The protestant reformation renounced prostitution that had originally been tolerated by the church and its hydraulic view stating that prostitution was a direct threat against marriage. Prostitutes were expected to renounce their former occupation in favor of matrimony (McPherson & Peltier, 2009).

It was during the middle ages that we developed the standard for governing countries and nations and also the governance for our sexuality. It is also thought that our current notion of romantic love originated in the Middle Ages, the idea that two people were destined for one another, the notion that deep erotic passion for one another matters and matters deeply for who we are. (Ann Marie Rasmussen as cited in, McPherson & Peltier, 2009).

## Early Marriages

The Bible according to many historians can go back as much as 4000 to 5000 years BC with the creation story, creating the earth while also creating mankind. In creating mankind God created both male and female to procreate and populate surface of the earth (Genesis 1:28) through colitis. It is possible that God in his wisdom made colitis pleasurable for both the male and female (Genesis 3:16 your desire shall be for your husband) to accomplish procreation and thus populating the surface of the earth. As Adam and Eve began to procreate there were both male and female progeny. In order to continue propagating the world they would have to unite in consanguineous marriages. As the population continued to expand, for genetic diversity, uniting as a couple or family, one would unite with a first cousin, which was popular throughout the rest of the Bible. However, according to Robin Fox, a professor of anthropology at Rutgers University, it's likely that 80 percent of all marriages in history have been between second cousins or closer (Discover, 2003). It is estimated that 10% of the world population today still marry first and second cousin (Kershaw, 2009). Over time there became a ritual for marriage of which Adams great-great- grandson Lamech married to two women Adah and Zillah giving birth to polygamy. Mesopotamia was a patriarchal system where men owned everything. All things were not created equal between men and women. The only people who married were the people with money and property; marriage was a performance contract and wives were paid to have children and to remain faithful so the man could have assurance that his money and property would go to his children. However the inverse was not true, the man was free to spread his seed wherever he desired and fidelity was not an issue. Sex for the Mesopotamian was not only a physical pleasure for the body but a spiritual and healing power for the soul (McPherson & Peltier, 2009).

There is no ritual of marriage per se that is written within the books of the Bible; however there are small excerpts of traditional Jewish marriages within the pages of the Bible that readers could systematically simulate the ritual of the Jewish marriage but also includes detailed criteria regulating what a divorce could be. Therefore marriage according to the Bible has moved from an verbal agreement stated amongst relatives, to a highly ritualized public statement declaring love and dedication to one's spouse, that has moved from a countryside practice to a place on the church property and then to move inside the church (Thatcher, 2002).

In 1750 BC Hammurabi, an early king of the Babylonian Empire, established laws for many aspects of daily life, including marriage, divorce, trade, and prices. The code's for punishments include cutting off of a finger or hand for theft, cutting out a tongue for defamation, and cutting off a man's lower lip if he kissed a married woman. The code included the law of retaliation, from which came the phrase "an eye for an eye, a tooth for a tooth" (Fagan, (1996).

At the visible upper levels of society, most marriages during the early 1900s were pragmatic, involving considerations of property and family alliance. Aristocratic families could increase their wealth through a child's marriage. Marriage was also used as a way of sealing peace between former enemies (History of Marriage, 2013).

During the early decades of the twentieth century a sexual revolution took place. Premarital intercourse became more common, and this contributed to changing ideas about marriage. This new way of marriage promised individual gratification, with couples joined together by shared love and sexual attraction, not concepts of responsibility (History of Marriage, 2013).

According to The History Channel, when the Great Depression hit the U.S., marriage rates plunged, and it became economically difficult for young people to form new households. "The marriage rate dropped almost 13 percent between 1930 and 1932 (History of Marriage, 2013). In the 1940s and 50s, women were expected to get married right out of high school and begin a family soon after. However, today, women are increasingly exploring other options for themselves. Marriage is no longer the only one.

Delaying marriage (pushing the age at marriage into the late 20s and higher) is an increasing trend in the United States today (History of Marriage, 2013). According to the U.S. Census Bureau, populations with later mean ages at first marriage tend to be more urbanized, to have higher levels of educational attainment and to use family planning within marriage. Later marriage also permits "women to complete their education build labor force skills and develop career interests that compete with childbearing within marriage" (History of Marriage, 2013).

### The Twentieth Century America

Americans have a strange amnesia about sex and sexual history in that we think that in America there were the good old days and that America had moral purity as its burgeoning foundation. When the stuffy Victorian morals were tossed aside at the turn of the nineteenth century America has been on a roller-coaster ride of repression and sin, attempting to coexist with restraint and moral excess as its neighbor (McPherson & Peltier, 2009).

Sexuality continued to transformation the social public eye at a dizzying pace thanks to twentieth century innovations such as the motion picture, the automobile, the pill and the internet. The first instrument of hypothetical degradation for women of the Twentieth Century

was the bicycle; as it was said once women got the feel they would no longer have the urge to have sex with their husbands (McPherson & Peltier, 2009). The moving picture with one of the first continuous loops was advertised as the Kiss where an older couple was kissing and talking at the same time which was considered very erotic for this period. The automobile gave young couples mobility to court outside of the house where normally they would have been in the presence of their parents. The first stag movie was produced in 1915, "A Free Ride" directed by A. Wise Guy and starring Will B. Hard, in this time period when movies and pornographic books of the time were the only sexual instructions of the time as any medical books were in limited supply.

Anthony Comstock; was born in rural America and then went on to serve as an infantry man during the Civil War. After the Civil War Comstock moved to the city where he was appalled by the immorality in the city and the sex-traders on the streets. Comstock would turn sex traders and prostitutes into the police to be arrested and prosecuted. Comstock became the self-proclaimed moralist for the United States and banned any literature or pamphlets having to do with sex or birth control (Daniels (1999 -2001). On March 3, 1873, Congress passed the new law, later known as the Comstock Act. The statute defined contraceptives as obscene and illicit, making it a federal offense to disseminate birth control through the mail or across state lines (Act of March 4th, 1909, Chapter 321, Section 211, United States Statutes at Large, vol.35, part 1, page 1088 et seq.). Promptly after the federal law was on the books, twenty-four states also enacted their own versions of Comstock laws to restrict the contraceptive trade on a state level. In Massachusetts, anyone handing out or selling contraceptives -- or information about contraceptives -- faced stiff fines and imprisonment. But by far the most restrictive state of all

was Connecticut, where the act of using birth control was even prohibited by law. Married couples could be arrested for using birth control in the privacy of their own bedrooms, and subjected to a one-year prison sentence (Daniels (1999 -2001)). For Comstock sexual immorality was anything that would incite thoughts of prurient nature.

One thing Comstock could not get control over was prostitution, which was a booming enterprise of the new Young American. People were moving to the cities for entertainment, singles were going to Coney Island to ride the Ferris-Wheel, going to dances. Men and women were leaving the security of their homes to join the workforce, along with millions of immigrants who came to America single or had left their families and were in the market for short time sexual relationships.

These moralistic laws remained unchallenged until birth-control advocate Margaret Sanger made it her mission to challenge the Comstock Act. The first successful change from the onset of the laws came from Margaret Sanger's 1916 arrest for opening the first birth control clinic in America. The case that grew out of her arrest resulted in the 1918 Crane decision, which allowed women to use birth control for therapeutic purposes.

Sexual trailblazers of this time were Havelock Ellis who was a social activist, physician and psychologist with a desire to study human sexuality. Ellis wanted to specialize in gender studies and was instrumental in writing new issues in gender studies including transgender and homosexuality. Psychiatrist Richard von Krafft-Ebing (1840–1902) and neurologist Albert Moll (1862–1939) were successful in the modernization of sexuality which was closely linked to the recognition of sexual diversity, as it was articulated in the medical–psychiatric understanding of what, at that time, was labelled as sexual perversion, Sigmund Freud postulated and formed the

psychosexual stages of the child's development into adulthood that was ground breaking psychology and is still formulated as the bible of psychoanalysis today. What these men were able to do was to take human sexuality seriously as a human need, human nature, separate from morality the church and the family. The theme of this time was "Its Sex-o'clock in America."

### Sex During WW I

One of the biggest fears of the Government was that of the military men and women contracting a venereal disease that would compromise the fighting force by having the fight force in the hospitals and not in the trenches. WWI brought on the first national sex education campaign; Motion pictures illustrating that if a woman was attracted to you enough to be interested in you sexually she was a friend of the enemy and that venereal disease was more deadly than the Kaisers bullet. Unfortunately the government took faith that its military population would remain abstinent. Seven million man-days were lost to venereal by trusting in abstinence rather than teaching about prophylactics. The American dough boy had been sent to a foreign country and culture to fight a war and was taught how to make love in new cultural, in a new language and in a new way.

When the American dough-boy returned home, complete with their new found Carnal knowledge, they returned home to the most sexual liberating decades in modern history, the "Roaring 20's", along with prohibition. Prohibition was a direct result of our puritan heritage, reported Hugh Hefner (McPherson & Peltier 2009). Hefner continues by saying: what we got out

of it was a rather lawless decade along with a lot of sexual promiscuity. If you start to break some of the laws you will more than likely continue to break more of the moral laws.

In the middle of all this was the Jazz Girl or Flapper of the twentieth century, a concept that could have evolved from German girls entering England where it is thought to originate as a sexual reaction against the over-fed, under-exercised prodigious woman, and as a compromise between pederasty and normal sex ( Graves and Hodge, 1994). Flappers' behavior was considered outlandish at the time and redefined women's roles in more than one country. In the English media they were stereotyped as pleasure-loving, reckless and prone to defy convention by initiating sexual relationships. The evolving image of flappers was of independent young women who went by night to jazz clubs, wore short dresses, they danced provocatively, smoked cigarettes and dated freely, perhaps had sex indiscriminately. They were active, sporting, rode bicycles, drove cars, and openly drank alcohol, a defiant act of this American period of Prohibition. With time, came the development of dance styles then considered shocking, such as the Charleston, the Shimmy, the Bunny Hug, and the Black Bottom. Gays and lesbians enjoyed the new freedoms of the twenties. Also facilitating America's new sexuality was the availability of the latex condom which was used for protection from venereal diseases but also for birth control so Americans could now have sex for fun and not just for procreation (McPherson & Peltier 2009).

In 1921 censorship laws began to unfold based on the perceived obscenity of the motion picture industry. The motion picture brought former postmaster general Will Hays to regulate the movie industry, came to be known as the Hays codes. According to the Hays codes married couples had to sleep in twin beds and there were no commodes in the bathrooms. There was

still a moralistic taboo about where children came from in the midst of this sexual revolution (McPherson & Peltier 2009).

On October 4, 1929 the stock market crashed which consummated everything Comstock, Hays and the New York society for the suppression of vice were attempting to do. Marriage and birth rates dropped dramatically, an indication that sexuality was almost non-existent. Gone was the lavish party of the 20's but in its place came a more strict censorship and repression with a renewed vigor of the movies as Will Hayes assistant, Joseph Breen, limited the amount of time a kiss could be posseted on the motion screen.

#### Sex during WW II

As with WWI the governing body of the United States felt that they could rely on the moral integrity of the American fighting soldier, however the sex education campaign was the same as in WWI; if a girl is interested enough in you to have sex with you she has to be affiliated with the enemy. However reluctantly they issued each military man eight condoms per month of which many were never is a place to utilize the liberal gift of the American Government (Dubuc & Maday 2010).

#### Sex on the European front

When the American soldier landed at Normandy, when the smoke began to clear he found the French women and girls more than willing to show their appreciation with sexual gratitude's of falling in love with the new American hero or for a few franc's give the GI the pleasure of using her body to dispose of the anxieties of war. France had been occupied for four

years by the Germans, so when the Americans entered the cities of France it was like going to a Palisades Park and every GI loved. The fear of possible death, it was said releases all sexual inhibition, Dr. Richard Rapson as stated in (Dubuc & Maday 2010).

The great saying for the GI was; over sexed, over fed, overpaid and over here. However it seems that the English girls were as rowdy as the oversexed GI and would stand around on the street corners in London purposefully making their availability and intent known to the hero of the time, the American GI. Sex under the arches of the rail station was so popular that it received its own special name known as the wall job, where the ladies would brace themselves against the wall while being penetrated. The popularity of the “wall job” thought to be that the British women of this time believed that you could not get pregnant is you had sex standing up (Dubuc & Maday 2010). Women said of their morality: we are not being immoral, there is a war going on.

#### Sex on the Pacific Front

December 6<sup>th</sup> 1941, William Gabrielson was the Chief of police for the city of Honolulu and in particular the red light district beginning at Hotel Street. Chief Gabrielson has a set of rules the prostituted had to abide by in order to do business on the Island. Between 1941 and 1944 there were approximately 250 registered prostitutes that paid \$1.00 per year to the Honolulu Police Department be entertainers. As entertainers they were required to report their earnings and to pay taxes on them. There were approximately fifteen hotels in the district that serviced the prostitutes and clients.

Prior to December 7, in an effort to keep the prostitutes out of sight, the Honolulu Police Department had made a set of rules for the girls to adhere to before they could get their license to work:

She may not visit Waikiki Beach.

She may not patronize any bars or better class cafes.

She may not own property or an automobile.

She may not have a steady boyfriend.

She may not marry service personnel.

She may not attend dances.

She may not ride in the front seat of a taxi cab or with a man or with a man in the back seat.

She may not wire money to the mainland.

She may not telephone the mainland without the permission of the madam.

She may not change from one house to another.

She may not be out of the brothel after 10:30 at night.

From: *The First Strange Place* by Bailey B. and Ferber D. (1994)

Prior to December 7 the financial arrangement with the prostitute was \$3.00 for ten minutes. Here to fore the patrons were typically immigrant farm workers or the girls would become very busy when the fleet would dock and the sailors would get liberty. Shortly after December 7, 1941 Hawaii came under martial law headed by Provost Marshal Frank Steer. 1942-47. Hawaii imported thousands of male civilian workers to do repair work on the base and on the island. The Island also became the last point of recreation before entering into a full blown battle

with the thoughts, was this going to be my last chance to have sex before I die? There was an addition of 30,000 soldiers, sailors and marines stationed at Pearl Harbor adding the influx of liberty from the ships loaded with sailors, soldiers and marines passing through either from the battle front going home or going to the front lines. With the influx of civilian workers and military the approximate 250 working girls were servicing approximately clients a month they decided to raise the price of their services to \$4:00 when Provost Marshal Frank Steer stepped in and told the girls they could not raise the price because the military really did not make that much money. The girls then retaliated with setting a time limit of three minutes for three dollars which held fast through the war. This became known as the three minute men throughout the pacific front with the GI.

Hawaiians of this time felt that the prostitutes on Hotel Street were a necessary evil to satisfy the strong urges of the military man keeping him away from the local girls and women.

Lt Commander Stockholm as penned by Bailey & Ferber (1994), was to keep sailors on shore leave on the right side of the line of permissible and impermissible vice which was directly related to oral sex. If a young man was to be found having a sexual release in a woman (prostitutes) mouth, buccal Coitus, he was to be dishonorably discharged as oral sex was considered to be a precursor for homosexual activity which was forbidden at this time.

The lines for personal gratification would wrap around the Hotels for blocks with white and khaki uniforms lining the streets. It is estimated that each of the girls would service about 100 clients per night totaling up to 250,000 per month that passed through Hotel Street. There were lines to have your picture taken with a native Hawaiian girl for two dollars or to shooting

the eyes out of a poster of Hitler for a dime and lies to get a tattoo. Prostitution however was governed by the military and the U.S. Government.

### Sex on the African front

George Doc Abraham was a newlywed as he entered America's first wave of soldiers to the African front on a secret mission with U.S. Army Task Force 5889, which was not to do battle with Rommel in the desert but to protect the rubber trees of the western coast of Africa belonging to Firestone Rubber co (Abraham, 2000). As this was the first time for Americans to land on African soil Task Force 5889 was a fully integrated unit with 72 white American soldiers and officers with the remaining enlisted men of African American descent. For the American soldier Africa could not have been a more foreign and dangerous place. There were mosquitos, malaria and snakes of which boredom was as bad as you could get. However the African American soldier found the local natives were more than glad to entertain them with prostitutes for the sum of 25 cents (Abraham, 2000). Jealousy struck the hearts of the local men and they were devastated because they could not compete financially for the local women with the American soldier. In consummating their anger with the American soldier they were to be found floating down the river or to find one with a spear through his chest. As the soldiers began to utilize the local girls as prostitute's malaria became a problem but most of all sexually transmitted diseases increased 1000 % and the American soldier was not available to man the designated front lines of their mission (Dubuc & Maday 2010).

The Army decided they needed to do something so they set up two compounds, basically brothels. One was called Shangri 'la and the other was called Paradise which was populated be a

few (200) of the local girls from the bush to offset the problem of venereal disease. With the army in control, the girls could be checked on a regular basis by the Army medical team in an effort to keep malaria and VD under control (Abraham, 2000). If the girls were found to have a disease they were sent to another camp called idle wild where they were given the best medical treatment the Army could provide.

The Black soldier could enter Shangri 'la or Paradise from 6pm until 10pm at which time the Military Police would blow the whistle and the men would have to evacuate the camps. Shangri 'la and Paradise remained top secret until 1980 when the Army declassified many of its documents (Abraham, 2000).

### Sex in the 60's

The sexual revolution of the 1960s and 1970's in America was typified by a dramatic shift in traditional values related to sex, and sexuality. Sex became more socially acceptable outside the strict traditional boundaries of heterosexual marriage prior to the 1920's and WWI. Traditional values typically included no sex before marriage, homosexuality was not readily accepted, racism was the norm especially in the south and women did not have equal right for work or for sexual expression. The 1960's were unique; one in which traditional values were often challenged loudly by a vocal minority.

The pill as a reliable systematic way to control unwanted pregnancy Heer & Grossbard-Shechtman (1981) and was the catalyst for sexual freedom and sequential for the beginning of noncommittal sex relationships and delaying marriage for a later time in in a woman's life when she could think about having children..

Several authors stimulated a positive sexual change and the concept of noncommittal sex; for instance Alex Comfort's (1972) *The Joy of Sex* which advised women "don't get yourself raped-i.e. don't deliberately excite a man you don't know well, unless you mean to follow through". Helen Gurley Brown, Editor of *Cosmopolitan* magazine author of the books *Sex and the Single Girl*, *Having it All*, *Sex and the Office*, were instrumental in changes in the sexual revolution and the sexual moral changes of the 60's by advertising an uncensored sex that was to give women the freedom to enjoy their sexuality in whatever fashion the instant might provide.

Writings of Rollo May (1953) illustrated how a person who did not know how to have or develop relationships outside their immediate family were among the individuals that participated in incest. At this time incest was not considered sexual abuse because it was something that happened in the family which was considered to be a private matter within the family and not to be bothered by the local law enforcement agencies. Following a chronological sequence of events Kempe H. et. al (1985) introduced the term "The Battered-Child Syndrome" which brought awareness to child abuse and how parents were abusing their own children under the unwritten law that families were a private matter that was not to be scrutinized by the law, labeling physical abuse which included incest as Child Molestation and Child Sexual Abuse. People have become hypervigilant to the point that a frenzy over the morality of mankind, a 6 year old "D" who was arrested for playing doctor with the neighbors 5 year old daughter and subsequently "D" was arrested for child sexual abuse as the mother thought "D" had penetrated the girl in the anus with his finger (Sex Offender Issues, 2013). Whereas a three year old boy parents were fined \$2500 in Piedmont Oklahoma for urinating in his front yard (News 9, 2012).

Researchers continued following the victims of physical abuse and incest recording the devastation on children now calling incest sexual abuse.

Today sex is completely out in the open and seemingly without any controls what so ever. At a continuing education seminar on trafficking the leader showed a video of an 11 year old girl had published herself on Greggs List that as sex for sale and was young; she finally got caught after working the system for several years when she was fourteen. Local 11 year old girls have been caught with their Smart phones making arrangements to meet with older men for sex drugs and money (Conversation with Client, 2013). On returning home from a semester at The American Academy of Clinical Sexologist and while listening to the news on the radio announcing that there were one hundred and fifteen new cases of syphilis in Oklahoma City. The surprised state officials immediately began to investigate the situation and the state of Oklahoma had stopped giving blood test as a premarital check for syphilis because there were no cases reported during the years it was used. The investigation discovered in finding that the school kids were checking to see whose parents would not be at home and they would all to them houses and have sex. This is not a new phenomenon as reported by Anderson M. (in conversation 2013) that the rich kids parents had bought them a house a few blocks from the high school for them to hang out after school and the drug kids had to have sex where ever they could find.

The clothing industry has been selling sexually seductive clothing to adolescent girls and they are spending billions of dollars to look sexy.

## Review of sexual abuse treatment models

### Abuse of Sexuality Model

This section, The Abuse of Sexuality Model, is an outline of: Males at Risk by Bolton, Morrison and MacEachron published in 1989 with the motto "Growing up male is easier said than done", which resounds throughout the book to make the statement that men are different and should not be left out of the therapeutic process.

Little is known about the appropriate content at each stage of sexual development for males or females. There seems to be little certainty regarding the facilitating or inhibiting factors relating to appropriate sexual development. It does seem defensible to suggest that inappropriate sexual contacts with adults or peers would interfere with and "abuse" this developing sexuality thus the abuse of sexuality model. Few males experience the transition from childhood to adult sexuality as the fluid process described by the "boys will be boys" philosophy incorporated into popular thinking. The reality is that there are several difficult tasks as male children are typically typecast to be dominant, competitive, aggressive and tough. To be a normal male is to aspire to leadership, a male is to be sexually active, knowledgeable, potent and a successful seducer (Bolton, Morrison & MacEachron, 1989).

The first task for clinicians is to eliminate some of the timeworn beliefs that may cloud his or her view of sexual development. Recent findings relative to sexual anatomy, physiologic, behavior and treatment of sexual issues have placed some "common knowledge" issues at question. The first concept currently in question is the issue of sexual arousal or better stated sexual arousal occurs only after puberty. The fact is that with the exception of ejaculation, sexual

arousal and responsiveness have been observed from infancy forward. This illustrates that it is not uncommon for pre-adolescence to attempt coitus long before the ejaculation capabilities have been developed. Here the clinician should be cautioned against the common conceptual error of equating reproductive capabilities with sexuality (Bolton, Morrison & MacEachron, 1989).

The second source of confusion confronting the clinician is that of "latency" periods and sexual development. Whereas it was thought the school-age-child was not to be at risk for sexual victimization. Scientific research shows that sexual development continues essentially unabated from infancy through adulthood. Self-stimulation of genital area begins with apparent signs of pleasure when motor coordination becomes sufficient to self-stimulate. This pattern continues with pleasurable genital stimulation coupled with increasing knowledge of body parts and reproduction and directs questions about sexual behavior. Unfortunately these direct questions are often met with incidental answers causing children to go underground causing children to keep a secret about their own sexual feeling and behavior. The point is children are aware of the erotic and sensual nature of genital stimulation although they may not discuss it with adults. Sex play, exploration, contact with peers of either gender occurs during this prepubescent time. This behavior may be considered within normal bounds as long as coercive or aggressive behavior is absent from it. At some point in pubescence physical changes cannot dismiss sexual development and partners are sought (Bolton, Morrison & MacEachron, 1989).

The third and perhaps most destructive belief regarding the developing male, is that males have a much larger sex drive than females. This seems to be founded upon the greater amount of testosterone in the male. The fact is that hormonal studies have not been completely

successful in predicting sexual behavior. Research shows that both genders share common sexual capabilities and experience continuous sexual development throughout childhood. Gender differences and changes in sexual behavior are not completely explained by biology. An equally critical variable, particularly for the clinician's assessment, seems to be the vicarious learning that has taken place within a specific socio-culture or families setting (Bolton, Morrison & MacEachron, 1989).

Differential sexual socialization of males and females traverse through society obfuscate to the dangers that types of socialization termed acceptable that often may undermine the natural development of the individuals sexuality. Stereo typically the female sexuality is equated with long-term availability to a single partner within the bounds of a committed relationship. To be successfully masculine is to be sexually potent, competitive with other males in sexual accomplishments, and dominate within sexual interactions. Failure here is loss of masculinity. These beliefs no longer serve social reality and may be significant inhibitors to the clinician's assessment of a situation.

The abuse of sexuality model: introductory assumptions

Definitions of child sexual abuse are too narrow to contain necessary clinical assessment as stipulated by parents, the law or society. The result of a narrow definition of sexual abuse especially for males is that under defined or subtle sexual abuse may have been present in the male child. The needs of the clinician are much broader and more diffuse. This is especially true for clinicians working with males who may be experiencing emotional problems that are the result of under defined and subtle sexual abuses. Sexual misuse is defined as "an experience that

interferes with, or has potential for interfering with a Childs healthy development" (Bolton, Morris & MacEachron, 1989, p. 18).

The Abuse of Sexuality Model rests upon several assumptions. First, sexuality is a constant developmental element from infancy forward. Second, developing sexuality may be either nurtured or hindered in multiple ways. Third, these hindrances to normal sexual development may reach the abusive proportions at any time prior to adulthood. As such, the abusive sexuality model describes a continuum of environments that range from the promotion of normal sexual development in males and females to which eliminates the possibility of normal development.

Table 1.1 The Abusive Sexuality Model	
<i>Developmental Environment</i>	<i>Degree of Victimization</i>
The ideal environment	Non-abusive
The predominantly nurturing environment	
The evasive environment	
The environmental vacuum	
The permissive environment	Abuse of sexuality
The negative environment	
The seductive environment	
The overtly sexual environment	Abuse of sexuality and sexual victimization

Bolton, Morris & MacEachron (1989, p. 19)

## The Abusive Sexuality Model: Environmental Characteristics

### The Ideal Environment

Here in the use of the term "ideal" refers to the general understanding that the child, whether male or female, should be provided the opportunity to learn about and experiences her own her developing sexuality within a supportive, nurturing, curiosity, understanding, and informative environment (Bolton, Morris & MacEachron, 1989).

### The Predominantly Nurturing Environment

This environment provides the child the opportunity learn of his or her sexuality in a mostly nurturing, understanding and supportive environment; however there may be some less than ideal conditions. For example, one parent may be less supportive than another, a single-parent situation may inhibit maximal opportunities for communication, or religious/moral teaching may provide some areas of conflict (Bolton, Morris & MacEachron, 1989).

### The Evasive Environment

Often seen in tandem with the environmental vacuum, the evasive environment precludes little or no accurate and useful information about sexual matters. Sexual information provided to the child tends to be in the form of myths and miss information either purpose fully or accidentally transmitted. People living in this environment may come to act out on many myths of these myths and present them to the child (Bolton, Morris & MacEachron, 1989).

## Environmental Vacuum

The child in this environmental occupies a space that is nearly devoid of information about sexual matters. Curiosity about sexuality is met with little helpful information or with evasive responses (Bolton, Morris & MacEachron, 1989).

## The Permissive Environment

Many adults adopt a completely nonrestrictive philosophy about children's exposure to sexual matters. This is considered to be misguided nurturance, while well-meaning which may evolve into permissiveness. First the child may be provided with accurate information, but it becomes available at such a level and with such frequency that it exceeds the child's developmental capacity to understand and respond to it. Second, the child may be exposed to nudity or adult sexual behaviors and absence of the recognition that this may stimulate the child. This stimulation could lead to the adoption of similar behaviors of premature experimentation (Bolton, Morris & MacEachron, 1989).

## The Negative Environment

The all-too-familiar negative approach is heavily laden with misinformation, negative attitudes, and fear tactics. The child is told that sex is bad, evil, abnormal, harmful, a sign of moral weakness, and something to be avoided. Little accurate information is provided, and attempts by the child to obtain information on are blocked or punished. The child may be

emotionally or physically punished for exploring his or her own body (Bolton, Morris & MacEachron, 1989).

### The Seductive Environments

The seductive environment provides the child with messages that an adult is interested in the child in sexual ways. While these messages may be verbal or behavioral, overt sexual contact does not usually occur. Rather the child may be exposed to see that these posing, gestures, or verbal messages. The adult may emphasize the sexual attractiveness of the child, for example, by providing the child with the suggestion that the adult would enjoy sexual activity with a child. The adult may expose his or her own body to the child in an "inadvertent" or teasing manner which may have underlines sexual purposes (Bolton, Morris & MacEachron, 1989).

### The Overtly Sexual Environment

This environment presents overtly sexualized contact between adult and child. Included here would be the activities such as attempted or successful vaginal or anal intercourse, cunnilingus, and anilingus, fellatio, genital fondling, digital penetration, clothed or unclothed touching genitals, lingering sexualized kissing or hugging, simulated intercourse, and intentional genital exposure, and direct exposure to adult sexual activity. Also included here would be the provision of sexual information for the purpose of sexual contact or sexual exploitation (Bolton, Morris & MacEachron, 1989).

The utility of the Abusive of Sexuality Model for the clinician is straightforward. The clinician must assess the developmental environment in which the child or adult progressed

before being capable of understanding any manifestations of that experience (Bolton, Morris & MacEachron, 1989).

To date however, clinical and legal thinking regarding sexuality abusive environments between adult and child is focused upon a single point along the environmental continuum, the overtly sexual environment representing a shallowness in the clinical in legal environment towards children and in particular the male child (Bolton, Morris & MacEachron, 1989).

### Definitional Shortcomings

The major "question" associated with the child sexual abuse literature rests with the definition itself. Since those working with physical child abuse have struggled for three decades for manageable definition of abuse, it would be naïve to believe that this issue would be less troubling for child sex abuse students. From the perspective of the abuse of sexuality model, sexual abuse or misuse is defined by the perpetrators or victims self- perception. If an environment was experienced as oppressive it must be accepted clinically as such. Those working in the legal areas of child sexual abuse probably do not have the "luxury" of accepting the self-report as an "operational definition," but the clinician must if a relationship is to be put together with the patient (Bolton, Morrison & MacEachron, 1989).

With the absence of uniformly defined operational definitions of sexual abuse, child advocates fear the full scope of the problem may never be known as a result. First there is a disparity as to whether non-contact offenses should be considered abusive. Secondly, consideration in using the terms sexual assault, sexual victimization, and sexual exploitation, sexual abuse, sexual misuse, child rape, childless molestation, or sexual mistreatment in the

literature without regard to behavioral descriptions . A third concern is the interpretation of the research is perpetrator specifications. Research typically defines the perpetrator as an adult male whereas sibling perpetration has been understated. Sibling sexual exploration has been viewed as somewhat a nonthreatening event that is normalized across American families. Once euphemistically termed "sex play" these events are now understood to hold the potential to be experienced as an abusive event (Bolton, Morris & MacEachron, 1989).

Defining child sex abuse requires defining the boundaries of childhood. Many states and nations currently defined the age of becoming an adult and the age of legal consent as 18 years of age. Notwithstanding the age of consent varies from 13 years of age to 21 or marriage as formal consent for sexual intercourse. Kinsey and his colleagues (1953) viewed perpetrators as those at least 15 years old, for example (as stated in Bolton, Morris & MacEachron, 1989), also specifying the sexual abusive behaviors exceeding five years age difference. But does this mask the sexual abuse between peers which must be accepted with caution if the sexual advancement was forced or unwanted.

Contact versus noncontact issues; this grabbing a continuum of behaviors from noncontact abuse for example would be nudity, disrobing, gentle exposure, and observation of the child; which would be penetration of some type. Russell (as stated in Bolton, Morris & MacEachron, 1989) the definition of defined behaviors on a (least serious) from attempted touching to very serious forced intercourse on a scale of abuse. However the clinician is cautioned against generalizing from research studies that are actually referring to different behaviors towards children from different ages.

The upper age limit for considering a victim to be a child is never lower than the approximate onset of pubescence, and most researchers accept 18 years of age as the cutoff. Second, the age of discrepancy of five years difference between perpetrator and victim seems to be gaining in popularity. But, this does mask sexual abuse between peers and must be accepted with caution, particularly if the sexual contact is forced or unwanted. Thirdly, most definitions recognize at least the majority of the contemporary forms of sexual behaviors and abuse. Fourth, the use of power, authority, force, exploitation, and coercion appear implicitly or explicitly in nearly all modern definitions of sexual abuse (Bolton, Morris & MacEachron, 1989).

#### Male Child Sexual Abuse

Socially we proclaim to protect our children from sexual abuse obfuscate to gender differences; however we tend to be more protective of female than male children. Consequently, the victimization of female children, particularly in their sexual development, may generate greater concern than a similar situation involving a male child. Victimization not only violates the male ethic of self-reliance, it raises the stigma of homosexuality. Stereotypes and socialization of males serve to keep professionals and parents from noticing potential signs of sexual abuse or victimization. An earlier study in the area of sexual victimization (Bender & Blau, 1937) suggest that males risk for sexual victimization equals that of the female, given the use of common definitions for the event. Swift (1984), for example has called for the inclusion of exhibitionism as a victimizing experience for young males in order to increase the recognition of the parallel risks for sexual victimization being faced by both male and female children, (as cited in Bolton, Morris & MacEachron, 1989).

## Male and female child sexual Victimization Similarities and Differences

In one sense, the reluctance to report frequency found in the male victim creates a "self-victimization" in which others would minimize the impact the event may have recorded upon the male child. The male victim, when faced with an inescapable need to disclose the event, may overtly minimize the impact on himself, anticipating allegations of homosexuality or working from male socialized messages demands being macho, these young male reports, I'm fine.

Considering the information available on age at victimization as an example, Russell (1984) as cited in Haugaard, Dickson, & Reppucci (1988) has described male as being older at the time of the reporting than females. Male victims are often so young that their relative youth is a striking characteristic. Of vital interest is the frequency with which males are sexually assaulted in the presence of other victims. This may occur in a "sex ring" situation or it may simply be in the course of being with siblings or playmates there is a pervasive possibility that more than a single child was affected in many cases involving male child sexual assault Burgess (1984) as cited in (Haugaard J. & Dickson Reppucci N., 1988). Finally, as the male victim gets older it does not appear that coercion does play a more frequent role (Bolton, Morris & MacEachron, 1989).

### The Father or Male Offender

According to Bolton, Morris & MacEachron (1989) 2.5% of heterosexual men surveyed reported a prepubescent sexual experience with a significant male family member. While 4.9% of men that chose a homosexual lifestyle later in life reported having a prepubescent sexual experience with a male figure in their lives. One study by reported by Bolton, Morris &

MacEachron (1989) reported that 12 of 14 males abused was by their fathers indicating that incest between fathers and sons is not rare. However it is more commonly assumed that the risk of sexual molestation is directed to the public and nonfamilial contacts for males or females.

### The Female Offender

Typically in many of the cases that do involve a female perpetrator, the event is often found (*believed*) to be a cooperative event between a male and a female adult, where both are involved in some coercive relationship with a child ,be it male or female (Bolton, Morris & MacEachron, 1989). Females who self-initiate sexual offences against children: contains both exploration and exploitation; The abusers are typically sixteen years old or younger; they are typically described as having few social skills, anxious, average to excellent students. Sexual acceptance concerns are evident with the adolescent female molester. Victims are usually male (not sibling) children under the age of six. The abusive event may only occur once and usually during babysitting.

Bolton, Morris and MacEachron, (1989) state that female sexual abusers are usually adolescents or adults, they are often described as self- injuring, depressed, verbally and physically aggressive, and show very poor overall emotional, social and academic adjustment. Severe sexual and physical abuse, usually by a family member, is the norm. Their victims may be male but are more often female between the ages of 0-10 with whom they have a relationship with, including their own children. The abuse often is a reenactment of the perpetrator own victimization.

Developmentally delayed female abusers are often married, divorced or single adults which are usually seen as isolated or not self-sufficient. About 50% of these women have prior sexual abuse histories (Bolton, Morris & MacEachron, 1989). They appear similar to the fixated or regressed criteria given pedophiles. Victims' appear to be related or non-related males between 11 to 16 years of age in which they have a self-initiated love affair (Bolton, Morris & MacEachron, 1989).

#### Sibling offenders

Some adolescents who are unclear about their sexual approach to peers or significant other may elect to begin with a more familiar reference group, in particular siblings (Bolton, Morris & MacEachron, 1989). May (1953) stipulated among the primary reason for incest was because the individual and family did not know how to establish or maintain intimate interpersonal relationships. In other cases, in which no sibling is available, a nonfamilial child may be selected as a safe mechanism of sexual introduction than a peer. These choices seem to hinge not so much upon self-esteem, as might be expected, as it does on circumstances and adolescents prior experience level. And according to Bolton, Morris & MacEachron, there are certain sibling offenders who are simply demonstrating an aggressive behavior and sexual abuse. There is some evidence that parental neglect of an individual sibling may increase the likelihood that an aggressive personality may be directed towards another sibling.

## The consequences of child sexual abuse

Experts in the field agree that child sex abuse can produce emotional behavioral problems, but disagree over the nature and severity of each violation. A variety of trite expressions such as; age and sex of the child, the type of sexual activity, and the identity of the perpetrator have been posited as elements of differently effects (Bolton, Morris & MacEachron, 1989). The clinician must remember in all reading a body of literature it can be easily criticized for methodological flaws and definitional agreement accounts of a single case study.

To legitimize sexual abuse of children, Conte (1985) notes that "there often appears to be an unspoken assumption is that if sexual abuse turns out not to produce significant long-term trauma there's nothing wrong with it", as cited in (Bolton, Morris & MacEachron, 1989 p. 72). It is the fear of acceptance of these positions by the public which encourages some professionals to offer such sweeping statements as "children never lie" or "all children are harmed by sexual contact." These statements, scientifically vulnerable due to their "every situation" assumption, are made to protect defenseless children. The clinician knows that the effect of violence of any type must by definition be negative in some way (Bolton, Morris & MacEachron, 1989 p. 72).

What seems to lead to possible psychological harm is that the nature of the sexual act is clearly inappropriate outside natural sexual development of children. In addition, the relationship with the perpetrator is exploitative in that parents or significant relative may not have been sufficiently protective within the natural sexual development model, or the overtly sexual family that cannot be trusted resulting in relationships that are confusing and inverse of what they were taught by the world at large (Bolton, Morris & MacEachron, 1989).

Very young children that were sexual abuse victims seem to receive less severe diagnoses than children victimized sexually in their preteen and adolescent years. These findings occurred despite the greater severity and more enduring nature of the victimization. Adolescents were found to present with more compelling emotional problems even with the events that were relatively recent or descriptively less severe. Being female, lack of a supportive adult, molestation by father, molestation by more than one relative, and being genitally molested were all correlated with receiving more severe diagnosis. Of particular interest to this work, male victims who have been forced to perform fellatio received less severe diagnosis than female victims who had been genitally molested (Bolton, Morris & MacEachron, 1989, p.76). Significant is that findings indicate the single most important variable in reducing trauma associated with the sexually abusive event for both sexes was availability of a support system for the child. Simply put, victims from families which demonstrate significant problems and pathology do worse than those who have supportive relationships with non-offending adults and siblings (Bolton, Morris & MacEachron, 1989).

## Sexual problems

Clinical concerns exist that the consequences of sexual victimization of the male child will center about inappropriate sexual behaviors as adults. Studies summarized by Bolton, Morris and MacEachron, (1989, p.79) in table 3.4 seem to support this concern. For example, although colored by the family disruption which may have followed disclosure of sexual abuse, the sexually abused male child in the recent study exhibited excessive masturbation activity, were overly interested in the mother's body and clothing, and were drawn to sexually explicit material. College student sexually abused as children had generally lower self-esteem in all areas. Among those males who had our victimization there was a greater likelihood of reported dissatisfaction with adult sexual experiences overall (Bolton, Morris & MacEachron, 1989).

The effects of sexual victimization on males resulted in 45% stated the sexual activity had no effect on their lives today, 22% said the sexual activity it was a positive impact on them and one third reported a negative impact on their sexuality overall. When asked about impacts upon direct sexual functioning, a majority of the homosexually assault of males reported a neutral effect 50% or 31% stating it was a negative affect with 19% reporting the event as being positive which was approximately the same for heterosexual assaults.

Sexually aggressive children who perpetrated, that had a history of severe sexual offenses which involve aggression, genital contact, fellatio and sodomy, typically reflected their own experience of abuse. Added to this was the additional discovery of a high level of parental pathology and history of parent-child problems predating the sexual abuse. The parents of the sexually offensive child were clearly more pathological than in either of the two group's sexual activity (Bolton, Morris & MacEachron, 1989, p.84)

The festering anger of betrayal that a child victim manifests seems to sponsor ongoing miscommunication throughout the child victims' environments. A specific example is the sudden loss of power and control: two foundational elements of the male socialization (Bolton, Morris & MacEachron, 1989). Powerlessness here is defined as disempowerment and refers to a consistent infringement of a child's sense of efficacy, will, and desires as a "child's territory and body space are repeatedly invaded against the child's will". Overall, it appears that the male victim may feel a greater sense of shame than the female does as a result of the additional trauma of having his masculinity undermined (Bolton, Morris & MacEachron, 1989).

#### The Paths to Recovery

Persons who have childhood sexual abuse experiences are referred to as victims. While this distinction is technique correct some Clinicians use the term survivor as males often take on the victim role (Bolton, Morris & MacEachron, 1989).

Diagnosis: While many diagnoses are conceivable, some authors suggest that the array of symptoms most often presented by abuse victims appear to parallel closely those contained within the DSM-III-R diagnostic category, Post-Traumatic Stress Disorder (PTSD). Symptoms characteristic of PTSD include re-experiencing the traumatic event, persistent avoidance of reminders of the trauma, psychic numbing, and increased arousal (sleep disturbances, hyper vigilance, exaggerated startle response, night mares). Associated features include depression, anxiety, impulsive behavior, emotional liability, and physiological symptoms (Bolton, Morris & MacEachron, 1989).

Other theorists suggest that PTSD does not accurately reflect the problems experienced by abuse victims and survivors. For example, Finkelhor (1988) (as cited in Bolton, Morris & MacEachron, 1989, p.96) indicates that PTSD does not adequately account for the vast array of symptoms; PTSD only accurately accounts for the symptoms of some abuse victims--in others the PTSD symptoms may be all together absent; and no strong theoretical formulation is provided by PTSD explaining how sexual abuse produces the symptoms. As an alternative to PTSD, Finkelhor offers his Traumagenic Dynamics Model of Child Sexual Abuse. Still others recommend a separate diagnosis to include symptom specific to sexual abuse rather than attempting to fit sexual abuse symptoms into other diagnostic categories. For example Briere (1985); Briere and Runtz (1988) (as stated in Bolton, Morris & MacEachron, 1989, p. 96) suggest Post Sexual Abuse Trauma (PSAT) to describe the long-term effects of childhood sexual abuse. PSAT incorporates the essence of Summit's (1983) Child Sexual Abuse Accommodations Syndrome model, more specifically, PSAT, which includes secrecy, helplessness', entrapment and accommodation, delayed, conflicted and unconvincing disclosure and retraction refers to the experiences and behaviors that were initially adaptive responses, accurate perceptions, or conditioned reactions to the abuse during childhood, but that elaborated and generalized over time to become "symptoms" and/or contextually inappropriate components of the victim's adult personality. It is our position (Summit,1983) that a specific diagnosis or even multiple diagnoses is less important than arriving at a thorough understanding of the survivor's emotional and behavioral dysfunctions and the connection between the abuse and the dysfunction. The label is unimportant (Bolton, Morris & MacEachron, 1989, p.97).

## The Therapist

Personal victimization experience or personal experience with child sex abuse can be beneficial in helping others but is not necessarily required. A therapist who has been sexually abused when treating victims of sex abuse may often be re-traumatized affecting their own personal lives. It is the position of Bolton, Morris and MacEachron, (1989) that the process of obtaining accurate information about the nature of child sex abuse, the problems it creates for the males, and effective treatment strategies is less important than are the end product-the knowledge itself? In other words, a therapist need not be a survivor of the abuse of sexuality in order to be an effective therapist. Male or female therapist will work well in the trauma situation and neither has preference.

## The Therapeutic Setting

Of particular importance in establishing a safe environment is recognizing that many male victims find even normally appropriate physical contact unpleasant and anxiety provoking, pats and hugs may seem to be comforting for most non-victims of sexual abuse, victims often to such acts as remembering of the sexual abuse.

Bolton, Morris and MacEachron, (1989) state the key to providing an appropriate therapeutic environment for male victims and survivors is to assume nothing and to continually evaluate the patient's comfort level with the therapeutic setting. For example, some males become uncomfortable in a room with couches rather than chairs. Closed doors may increase anxiety and some males but may be requested and others. Proximity of therapist can be

important to males with personal space issues. For others having an escape routes such as unlocked doors can be comforting.

A therapist may also have an inflated sense of therapeutic powers and believes he will/she can provide a rapid solution to years of emotional distress. Survivor and therapist must both learn to be patient. The path to recovery is seldom well flagged; rather it is more akin to a seldom traveled wilderness trail. One can hardly speed along such a trail without countless risk of missing an important component of the recovery process. While it is important for the therapist to allow the survivor to develop at a reasonable pace towards recovery, it is equally important to teach the survivors realistic expectations. In some incest cases it may take as long to recover as to acknowledge the abuse itself. Even some, one or two incidents of sex abuse episodes may produce long-term therapeutic needs.

#### Individual or Group Therapy

The advantage of group over individual therapy is allowing survivors to share their feelings and experiences as well as providing mutual support for others in the group. However an individual should not be put in a group until some of the individual needs have been satisfied, in other words don't put the individual in a group setting until he is ready.

#### Breaking the Silence

During a therapist training session discussing of a case where they male involved was an adult before entering therapy when one of the caseworkers ask claimed, "Well, why did he take

so long? Why didn't he just tell someone about the abuse when it was happening?". Another joined in with, "even if he was afraid to tell at the time, why wait 10 or 15 years to seek help?"

In the cases of long-term incest, secrecy allows the sexual abuse to continue. One word from the child and the perpetrator not only loses a sexual partner but may also suffer other losses such as family, job and freedom. Since so much is at stake for the perpetrator he/she will use whatever means necessary in order to establish a pact of secrecy with the child.

Common secrecy pacts are:

1. Threats to harm the child
2. Threats the child will be taken away from the family.
3. Threats that the relationship with the perpetrator, an important person in the child's life notwithstanding the sexual abuse, will be lost.
4. Threats of violence against other loved ones such as parents, siblings, or at.
5. Isolation from others.
6. Convincing the child that no one will believe this story and he will be punished for lying.
7. Bribery (providing favors, money, material goods for sex and secrecy).
8. Developing a "special" relationship with the child. (Bolton, Morris & MacEachron, 1989, p.102).

While all of the above applies to both male and female victims, male victims also experience additional disempowerment. The male child is expected to be strong and handle adversity without crying about it, to break the secrecy would be to "tattle" and to show signs of

weakness, a form of "crying." In addition, males who are abused by males fear being seen as a homosexual. Males who are abused by females may not discuss the trauma because they often socialized to redefine or realign feelings about sexual abuse from females to fit the cultural stereotype (Bolton, Morris & MacEachron, 1989).

The road to recovery for the male begins with acknowledging the event was sexual abuse, the male victim must first break the silence before a detailed treatment plan for abuse of sexuality can begin, regardless of when the event occurred. Once silence has been broken a kaleidoscope of feelings may erupt that will vary from positive feelings of relief to painful feelings following the acknowledgement of the trail and lost trust. According to Bolton, Morris & MacEachron, (1989), when the survivor slowly begins to understand the following two statements:

1. Breaking the silence did not produce all of the dreaded events he had been led to believe would occur.
2. He is not truly on the road to recovery (Bolton, Morris & MacEachron, 1989, p.103).

### Accepting the Experience

Many male victims may acknowledge that a sexual event occurred but are reluctant to accept the experience as abusive. To assist the male survivors Bolton, Morris and MacEachron, (1989) recommend therapist guide males into breaking the imagery bond between weakness and victimization. It is helpful to explain the powerful difference between the adult abuser and the child victim. Males do not become victims because they are not manly but because they are children without the knowledge, experience, and powers adults possess. Once empowered and

the silence broken and has accepted the experience as abusive, he is ready for the next step: assigning the responsibility for the abuse to the abuser and not to themselves (Bolton, Morris & MacEachron, 1989).

#### No Thanks for the Memories

For male victims, the road to recovery includes unlocking and identifying childhood experiences. For some males, especially male victims of incest, once a few memories are allowed to surface others burst onto the scene. Before long you may be overwhelmed with the flood of emotions, traumatic memories and so forth. It is imperative that the therapist prepare the victim or survivor first for the potential rush of unpleasant feelings, informing him in advance that many hurtful memories may emerge as he works towards recovery is the preferred approach (Bolton, Morris & MacEachron, 1989).

#### Real Men Don't Have Feelings

Regardless of the method employed by male victims to cope with feelings, in order to recover he must learn the following about feelings:

1. The cultural belief that real men don't have feelings prevents the normal and healthy ability of humans, regardless of gender to experience all sorts of emotions.
2. Having a feeling does not mean you have to act on it.
3. Having a feeling or even lots of feelings does not necessarily mean you are losing control.
4. Share your feelings by talking to someone about how you actually feel about something.
5. Earning appropriate expressions of feelings as possible, such as when to laugh, when to cry, and how to confront.

6. Acknowledge that feelings are as real for you as they are for the other guy.
7. You're very strong feelings are most likely connected to childhood abuse experiences and will less likely connected to present experiences. In this regard the male victim must learn to recognize why he is so angry, for example, before he can resolve the issues creating the anger. Other feelings such as guilt, fear, depression, and anxiety made also be more strongly connected to the childhood abuse then to the present events that must be dealt with accordingly.
8. Feelings can be normal, natural, and often wonderful part of life (Bolton, Morris & MacEachron, 1989, p.112).

#### Mourning lost childhood

Victims of childhood physical or sexual abuse lose their birthright for many of the important childhood adventures postulated as the exemplary childhood experiences. While a few individuals experience "model" childhoods, others will have childhoods with reasonable amount of those qualities deemed necessary for adopting a sense of well-being. In a child Abuse children are cheated from living a life that might be called healthy. Typical sociocultural sanctions against "normal" childhood sexual thoughts and activities create serious enough barriers to the development of a "healthy" sexual identity without introducing specific abusive events into the child. While other childhood losses occur as listed as well, Bolton, Morris and MacEachron, (1989) some of the most important losses besides abuse of sexuality include, our trust, security, self-esteem, personal boundaries, healthy social interactions, love, intimacy, control, self-confidence, and childhood playfulness.

For most male survivors, mourning the loss they seem like giving up all hope of finding love, happiness, nurturing and protection, but the opposite is actually the case. By not mourning the loss of childhood, the adult will continue to seek those unobtainable experiences rather than seek other experiences which are within reach.

### Self-image

Bolton, Morris and MacEachron, (1989) propose that the survivor of physical or sexual abuse must be guided towards an understanding of why he/she has developed a negative self-image and away from his/her erroneous belief that he/she actually has no value. Replacing faulty perceptions with accurate information is the key to this process. The faulty perception is that the physical or sexual abused victim can actually recreate a worthless person into a person of value. The truth is that while abuse does produce negative effects in the child/individual, a person's worth remains intact. The process begins by publishing a heightened awareness of the negative thoughts and a concentrated effort to replace those thoughts with positive thoughts about the self.

The next step is to guide the survivor to altering the behavioral incidents of his/her negative self-image. For example, males with a low frequency of worthwhile activities can be encouraged to increase this frequency while re-evaluating what is worthwhile. Males with a quest for perfection can be encouraged to accept imperfection as part of a learning process. Throughout the process, the male survivor will require reeducation, cognitive restructuring, thought stopping, encouragement, and patients. The successful completion of the

other steps here to fore mentioned towards recovery that facilitate the development of a positive self-image (Bolton, Morris & MacEachron, 1989).

### Relationships, Then and Now

When the child is subjected to the abusive sexuality or is exposed to a perverted example of how people interact with each other. He or she may learn that personal boundaries mean nothing to others; he may also learn that trust only brings pain. He may learn that love is contingent on providing sex. He does not learn normal age appropriate social skills. However in therapy the individual develops skills and strategies which allow him to endure or confront the abusive experience, by using learned strategies he becomes a survivor rather than just the victim (Bolton, Morris & MacEachron, 1989).

Bolton, Morris and MacEachron, (1989) stipulate that survival strategies that worked during childhood, they take their toll during adulthood. This is especially true in the area of prosocial behavior. Few survivors' develop a process an understanding of normal life skills for healthy interpersonal relationships. Relationships are typically formed upon unmet childhood needs, misconceptions about personal relationships, and other strategies developed for survival. When the survivor learns what seems to safety for a child/victim they no longer has much utility for an adult, they are left without resources. Thus interpersonal relationships tend to be unsatisfying and dysfunctional. Some examples are:

1. The rock
2. Come close, but not too close.
3. Clinging vine.

4. Sexualized.as adults they introduce sexual behavior into the relationships early and often develop a compulsive need for sexual contact.
5. Power and control. In this regard, male survivors may be emotionally and/or physically abusive and relationships. Sexually abusing a partner may also be a part of scenario.
6. Deserving-undeserving. (Bolton, Morris & MacEachron, 1989, p. 111)

For the male survivor to learn how to establish relationships they first must learn how the childhood survival strategies prevent them from doing so. As the survivor begins to work on interpersonal relationship skills, he should be advised that this current relationship may be impacted in a "negative" way. That is, current relationships based upon old survival strategies may no longer be viable once different and more acceptable skills are learned.

1. Recognize the connection between the abuse of sexuality and the misconceptions about yourself and interpersonal relationships.
2. Recognize that most of what worked for a child with them no longer works for an adult survivor.
3. Break misconceptions about relationships and learn accurate information.
4. Learn new survival techniques which will incorporate normal social skills.
5. Developed a social support system to help you learn the skills.
6. Allow yourself to explore all reasonable options for relationships.
7. Prepare significant others for possible change in your interpersonal relationships.
8. Learn to trust someone.
9. Learn trust yourself.

10. Learn to be vulnerable.
11. Explore your feelings at each step.
12. The patient. (Bolton, Morris & MacEachron, 1989, p. 112)

#### Confusion about sexuality

For most males, abuse of sexuality experiences misdirects the otherwise natural development of their sexuality. This creates confusion about sexuality beyond that which would normally be expected. Sometimes the misinformation is so severe that the victim or survivor becomes dysfunctional regarding sexual feelings and behavior. Sexual responses often become confused with anger, power and even love. Self-esteem, shame, and trust also become so intertwined with sexuality that many male survivors can neither identify their "real" feelings for understand their sexual response (Bolton, Morris & MacEachron, 1989). Some males describe being simultaneously drawn to and repelled by sexual activities. Typically because males don't understand or are aware of their sexual response and become frustrated trying to make sense of their world, Bolton, Morris and MacEachron, (1989), illustrates the goal for the therapies are to assist the development of the male/ *female survivor's* to an understanding of their sexuality. The following approaches could be helpful:

1. Explore sexuality issues openly and honestly.
2. Identify dysfunctional responses.
3. Present accurate information about the development of sexuality.
4. Identify and examine connections between the abuse of sexuality and the male survivor's confusion and dysfunctional responses.

5. Assist the survivor in breaking the connections by exploring alternative and less destructive responses.
6. Emphasize that the survivor has many options still available to him (Bolton, Morris & MacEachron, 1989, p. 115).

#### From Victim to Victimizer

One aspect is clear: not all victims become perpetrators. In fact, the majority of survivors are not offenders, and they tend to be very vocal about being categorized with perpetrators of sexual offenses (Bolton, Morris & MacEachron, 1989). Again, most survivors will have no history of deviant sexual urges towards children or rape fantasies about adults. For these cases the probability of offending appears rather low and need not become a focus in of treatment. However, for those survivors who report deviant urges or fantasies, the probability of offending increases and must become one of the major foci in the overall therapy program.

#### Confronting the Abuser

Survivors who have waited years to break the silence may feel, for a number of reasons that they need to confront their abuser. More often than not these reasons are ill-conceived and, if acted upon, could produce negative consequences for the survivor.

1. The survivor feels pressure they believe confrontation will help or is necessary for his recovery.
2. The survivor wants to harm the abuser physically.
3. Confrontation is seen as a way the survivor can prove he is a "real" man after all.

4. The survivor believes confrontation will magically transform the abuser into an understanding and caring parental figure.
5. The survivor believes confrontation is the only method to resolve his angry feelings toward the abuser.
6. The survivor believes that confrontation will be the magical cure for all his emotional problems (Bolton, Morris & MacEachron, 1989, p. 117)

Confrontation must occur from a position of emotional strength and control. In most cases, the survivor should have successfully accomplished most of the steps described in this chapter before confronting his perpetrator.

Direct Confrontation includes

- 1) Preparing the agenda
- 2) Selecting the setting
- 3) Establishing realistic expectations regarding the perpetrator's response (Bolton, Morris & MacEachron, 1989, p. 118).

Preparing the agenda

Goals must be realistic and based upon a position of emotional strength (Bolton, Morris & MacEachron, 1989, p. 118). Arguing and fighting seldom result in any benefit. Often survivors of abuse want the perpetrator to hear the truth about their abuse as seen to the victim's eyes, an actual description of their abuse their view not the perpetrators. At this time an outpouring emotions usually occurs which gives the victim a show strength and ability to survive utilized to

be successful towards working towards recovery. Role playing and practice will give the survivor the ability to show strength in front of the perpetrator.

### Selecting the setting

It is never a good idea to meet the perpetrator on his grounds.

Establishing realistic expectations regarding the perpetrator's responses:

- 1 Denial, denial, and more denial; denial may come in just about any form, but it usually ranges from total denial that "anything" ever happened to acknowledging that "something" might have happened but it must have been somebody else who did it.
- 2 Admission without remorse; when confronted, some abusers may admit that the abuse occurred but will neither assume responsibility nor express regret.
- 3 Admission with accusations; a favorite ploy by abusers when confronted is to admit that sexual activity occurred but then place the blame on the survivor.
- 4 Admission with perpetuation; incredibly, some abusers see the confrontation as an opportunity to convince the survivor that they should resume their sexual relationship. Sometimes the abuser will romanticize the abuse and suggest it can "again" be wonderful for both of them.
- 5 Admission with manipulation; while some abusers appear to express regret and remorse when confronted, they often do so to manipulate the survivor into maintaining the secret.

6 Admission with minimization; some abusers will readily admit to the sexual activities but will attempt or minimize the harmful effects (Bolton, Morris & MacEachron, 1989, p. 120-121).

### Symbolic Confrontation

While some survivors feel the only effective way of confronting their abuser is through a face-to-face encounter, other types of confrontation may serve the same purpose without the risk. For example, within therapy sessions, the survivor and therapist or other group members can roll-play a face-to-face confrontation with the perpetrator (Bolton, Morris & MacEachron, 1989). Another form of symbolic confrontation is letter writing.

### Legal Confrontation

Survivors are like most people who trust the system to do what is fair and just. However, the system seldom meets the survivor's full expectations for justice and can be abusive itself.

### Confronting Others:

In some cases of the abuse of sexuality, individuals other than the perpetrator allow the abuse to occur by not responding appropriately to the child in illicit or explicit calls for help. When this occurs the survivor often harbors deep-seated feelings of anger and resentment toward the non-protecting or neglectful person (Bolton, Morris & MacEachron, 1989).

### Confrontation by others

In some cases, significant persons in the survivor's life decide to "take matters into their own hands" and confront the perpetrator themselves. This is seldom a good idea unless the survivor is actually prepared for a confrontation himself.

#### The Path to Recovery for Male Children

While the path to recovery may be somewhat different for children from that what it is for adults, similarities do exist. The major difference occurs as a function of the length of time between the abuse and the beginning of treatment. Without disclosure and intervention, the younger male victim stands a good chance of being an adult survivor facing a more difficult path to recovery.

1. "Damaged goods" syndrome
2. Guilt
3. Fear
4. Depression
5. Low self-esteem and poor social skills (Bolton, Morris & MacEachron, 1989, p. 124)

Also identified by Porter (1986) by the following impact and treatment issues "more likely to affect intrafamily child-sexually-abuse victims"

1. Repressed Anger and Hostility
2. Impaired Ability to Trust
3. Blurred Role Boundaries and Role Confusion
4. Pseudomaturity coupled with failure to accomplish developmental tasks.
5. Self-mastery and control (Bolton, Morris & MacEachron, 1989, p. 124)

While most treatment programs for sexually abused children are designed for either gender, at least one exception is reported. Sgroi (1982) describes an overall treatment philosophy and approach he uses with young male victims of sexual assault. She recommends group and family therapy as the preferred and strongest treatment modalities. Individual therapy is thought by Sgroi to be threatening, especially if the therapist is a male in the child was molested by mail. She also recommends that the peer group be conducted by two therapists, a male and female.

These approaches appear to reflect the therapeutic focus on the sexual abuse itself (victimization) and how "each child must emulate his or her feelings about the sexual trauma in relationship to: guilt and shame; positive and negative feelings toward the perpetrator; positive and negative feelings towards the non-offending parent; feelings about the reaction of siblings; feelings about the reaction of peers and the people in the community". Page 126

#### Beliefs and Attitudes

During the normal development process, children learn about themselves, others and the world they share with others. If allowed to develop normally with the assistance of adequate amount of nurturing, most children will form a positive self-concept, learn to trust others, and discovered that the world is reasonably safe and generally predictable place to live. Bolton, Morris and MacEachron (1989) state that the early introduction of adult sexuality interferes with this process and often produces behavior and beliefs not shared with those persons. If left to grow, display system expands and produces maladaptive responses. It is the role of the therapist

that identifies and alters the child's erroneous behavior and attitudes created as a function of the abuse of sexuality. The following areas are especially vulnerable to distorted beliefs and attitudes (Bolton, Morris & MacEachron, 1989).

1. Responsibility for the Abuse
2. Trust
3. Self-image and competency (Bolton, Morris & MacEachron, 1989, p. 128).

Responsibility for the Abuse:

Young adult males need to know why some man or woman becomes sexual with children. Many factors contribute to children erroneously believing that they are responsible for the abuse. Of particular importance for male victims is the culturally transmitted belief that males are expected to protect themselves; if they do not “then they get what they deserve”. When treating young male children they need to understand that they were children and cannot be expected to protect themselves from an adult. Explanations as to why adults become sexual should be based on facts and use factual or scientific language in helping the child or adult to understand their situation and abuse.

Trust:

A way of building trust is to differentiate or teach the child how to discriminate between untrustworthy from trustworthy. By assigning responsibility to the abuser in a manner just described the child can begin to learn that some but not all of those are interested in sexual activity with children (Bolton, Morris & MacEachron, 1989, p.129).

Self-image and competency:

Bolton, Morris and MacEachron, (1989) states that sexually abused children often develop a poor self-concept and feel incompetent throughout their lives. Carr (2011) writings state that people who have been traumatized by catastrophic events, victimized and abused by others, or who become suddenly seriously ill or suddenly bereaved may question their own worth, power to control things, and the safety of the future world. Self-efficacy and a positive self-esteem can be enhanced through education in learning relationship skills, assertiveness skills and anger management.

#### Affective responses

Most sexually abused children respond with *fear, anxiety and anger*; effective treatment strategies, therefore should include techniques for reducing anxiety in general and neutralizing the queue, power to elicit the anxiety response in particular. This approach requires some form of gradual exposure of the feared situation to the child while the child learns not to be anxious. While most children respond favorably to anxiety reduction techniques afraid, *anger*, often sexually abuse children have no safe place to express their anger because they're abuser is not allowing the child to express negative feelings about sexual activities. Children should be thought the following regarding their angry feelings:

1. Their feelings are normal outcome of the abuse.
2. They are not bad because they are angry.
3. It is okay to be mad at somebody who hurts.
4. To be angry doesn't mean you have to hurt someone to feel better.
5. Learn to recognize when you're getting mad (tents, stomach upset, confused).

6. Learn constructive ways of thinking anger (symbolic confrontation with abuser, producing stories, poems, pictures, helping other children learn to protect themselves) (Bolton, Morris & MacEachron, 1989, p. 131-132).

### Behavioral responses

Sexually abuse males tend to display more inappropriate behaviors such as aggression and sexual acting out than do abuse females. If left untreated, these behaviors can develop into a serious dysfunctional pattern of "coping" the abuse experience. The following outline is a general approach:

1. Provide age-appropriate sex education.
2. Correct misconceptions and faulty beliefs when expressed by the child, and provide the appropriate information.
3. Discourage and redirect the child's inappropriate sexual interest in the therapist and others open parentheses a male child is not permitted to fondle the therapist or other children. He is not punished for the behavior but told that the behavior is unacceptable and redirected to a more acceptable means of relating).
4. The therapist focuses on and reinforces nonsexual approaches to others.
5. The child is given guidance relating to sexual urges and the appropriate expression therefore (children are not allowed to masturbate in public simply because it feels good but our counsel that masturbation in private is a more acceptable behavior).

6. Parents are trained to respond in a reinforcing manner to appropriate expressions of sexuality by the child. Parents are also trained to redirect inappropriate expressions to more appropriate behavior (Bolton, Morris & MacEachron, 1989 p.133).

### Formulating the treatment plan

The multi-remedial evaluation and treatment process

Step One: Identify the abuse of sexuality environment.

- a) The Evasive Environment
- b) The Environmental Vacuum
- c) The Permissive environment
- d) The Negative environment
- e) The Seductive environment
- f) The Overtly sexual environment

(1) Clinician should be familiar with and be able to identify elements of each of the abuse of sexuality environments and be ready to ask questions information is lacking in conversation.

Step Two: Evaluate the impact.

1. Assessment of dysfunctional areas
2. Personal victimizations issues
3. Emotional dysfunctions
4. Interpersonal relationships dysfunction

5. Sexual dysfunction
6. Deviant Sexual Response
  - a. Step two contains two elements; an assessment of dysfunctional areas plus an assessment of the relationship between dysfunctional area and the childhood sexual environment.

#### Step Three: Develop and Implement Treatment Plan

1. Establish Goals for treatment
2. Establish Priorities for Treatment
  - a. Reduce deviant sexual urges
  - b. Reduce anxiety associated with heterosocial behavior
  - c. Reduce inappropriate expressions of anger
  - d. Increase knowledge and understanding of sexuality
  - e. Education for sexual dysfunctions
3. Select Treatment Techniques for Each Goal
4. Discuss Treatment Plans with Patient
5. Implement Treatment Plan

#### Step Four: Evaluate Progress

#### Step Five: Termination

#### Step Six: Follow-up (Bolton, Morris & MacEachron, 1989 p.190)

## Trauma based Cognitive Behavioral Therapy

### Trauma Focus Cognitive Behavioral Therapy (TFCBT)

This section is an summary of the training hosted by The Medical University of South Carolina that was made possible through grant award No. 1-UD1-SM56070-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, Benjamin E. Saunders, Ph.D., Project Director and Malcolm Gordon, Ph.D., SAMHSA Project Officer.

Module One: Titled Psychoeducational is outlined in the following paragraphs:

TFCBT initiates therapy by introducing a general education about the trauma which starts by being very specific about the traumatic event, not leaving out hurtful details that may be traumatic in nature for the client to review. By reviewing the case and obtaining accurate information the clinician will have a better understanding of the traumatic event and will not give out inaccurate information that later will reinforce the conative process.

Techniques utilized for Psychoeducation begins with a general education about abuse and trauma. This includes obtaining detailed information pertinent to the traumatic events the child has experienced. Body awareness that includes sex education is an introduction to touch and how thoughts interact with the body through touch to give us a different feeling and sensations. Following Body awareness and sex education comes risk reduction, giving clear safety expectations by training in skills that will help them to reduce the risk of any future traumatization. This particular body of information is directly proportional to the child's

experience and level of knowledge. Which could include things like: What is sexual abuse? How often does a thing like this happen? And why does this type of trauma happen (MUSC, 2014)? Specific information about the traumatic event(s) should include information that is specific for the abuse, physical or sexual. This should include information about the various types of sexual abuse and why sexual abuse occurs, who perpetrates sexual abuse, how abused children may feel and or common behaviors that may precipitate after abuse, sexual or physical. This information will help clarify inappropriate information of what sexual abuse is, the prevalence of sexual abuse, and why trauma occurs. As behavioral therapy dictates, be lavish in your praise when the client gives developmentally appropriate information to the given situation or when surpassing age appropriate knowledge of the event.

Physical abuse: if physical abuse happened within the family it is important to implement therapy conducive for treating physically abused children and their families. Children that are physically abused and are residing within the family need special attention not presented in this online specifically for treating sexual abuse. Children that are not residing in the home where the abusive behavior occurred will need training to understand that the normative abusive behaviors such as berating, name calling and excessive yelling is common in abusive families and is not an indicator of their own worth as a person. For children who have witnessed violence, physical or sexual between their parents, or interfamily, it is important to educate the children to the fact the interfamily abuse is not their fault and they are not responsible for the abuse, Psychoeducational material should collaborate relevant material to the various traumatic events the child has experienced over their life span (MUSC, 2014).

Sexual education should begin by obtaining parental or caregiver permission to facilitate sex education for minor children within the traumatic event. It would be extremely useful and beneficial for both clients and caregivers to participate in the therapeutic sexual education, as it would be useful in clarifying misinformation and uncovering maladaptive beliefs the child and caregivers may have obtained from their environment or a lack of information concerning healthy sexuality. Healthy sexuality would start with body awareness, for example facts directly related to the functions of the body, sexual organs and pregnancy, along with health-related issues such as sexually transmitted diseases (as appropriate). Information should be geared towards the developmental level of the child. Basic information should be combined with exercises that provide the child with the opportunity to explore their feelings about sexuality (MUSC, 2014).

Trauma Focus Cognitive Behavioral Therapy (TFCBT) for sexual abuse suggest that psychoeducational training consist of obtaining and clarifying misinformation, uncovering maladaptive beliefs that will help normalize thoughts and beliefs about the trauma experience. TFCBT encourages talking about the trauma so much you don't want to talk about it ever again as in Post-Traumatic Stress Disorder (PTSD). Various methods of getting the client to talk is utilized in this session such as: Pretend you are a radio talk show and the Client is an expert on the family dog, playing a video game or making a cake. In this session it is recommended that the client begin to practice safe touching and healthy boundaries that could be client initiated or through education (MUSC, 2014).

Giving handouts for material covered during each session to caregivers gives acknowledgement of participation in the therapeutic process. TFCBT recommends giving

developing a Child Safety Plan utilizing "Let's Talk About taking Care of You: An Educational Book about Body Safety," by Lori Stauffer and Esther Deblinger, as homework for parents and children (MUSC, 2014).

#### Cultural Considerations:

Differing cultures throughout the world have various psychopathogenic belief systems the therapist should become aware of rather than relating to their own belief systems into the therapeutic session.

#### Parents Psychoeducational Sessions:

Explain what you are doing in detail by offering handouts for material covered during each session. Educate the parents about the specific trauma and help caregivers to understand that traumatized children have many unanswered questions that can continue throughout the therapeutic process. Be very sensitive when providing Psychoeducation about sexual abuse to those involved in the therapeutic process.

Psychoeducational script, talking to parents about sexual abuse will help them to learn how to talk to the client about the trauma without blaming or becoming negative to the client.

Continually review and reinforce skills provided to the parent and child throughout the therapeutic process. Review the Child Safety Plan so the child will know and understand the safe people in their lives (MUSC, 2014).

Module Two: Stress management: a toolkit of strategies to control their anxiety.

Controlled breathing can demonstrate to children that they can closely monitor and regulate automatic body functions and give them power over anxiety. The controlled breathing technique includes the how and when to use this tool to obtain the best results. By giving the rationale for controlled breathing the client can differentiate between controlled breathing and the breathing we do every day. The proper body position and techniques should be demonstrated and repeated by the child. The introduction of relaxing words can be interjected at this time more complete control (MUSC, 2014).

Encourage the client to practice controlled breathing at home two times a day and record the times on a log. TFCBT recommends “The Relaxation and Stress Reduction Workbook by Davis, Eschelnam, and McKay 1988” as a directory for relaxation techniques for both parents and children (MUSC, 2014).

Muscle relaxation is taught by alternately tensing and then relaxing muscle groups helping individuals to distinguish between relaxed and tense feelings. When training clients in relaxing techniques it is always best to train when the client is relaxed. Teaching muscle relaxation can be best achieved in a comfortable chair or even lying on the floor. Thought stopping is easily consummated when the client has identified an intrusive thought or multiple thoughts that render painful thoughts and body functions. Have the client close their eyes and have them think about the intrusive thought for a few seconds and then make a loud noise and say stop (MUSC, 2014).

Cultural consideration:

Research shows that individuals from Asian and Hispanic cultures may show stress in more physical symptoms such as headaches, stomach aches or nondescript aches and pains. In these situations a more direct link should be illustrated to relaxing the body. Caution should be given not to imply that somatic symptoms are not real or simply caused by a mental process (imagined) (MUSC, 2014).

Parent Session

It is stressed that the controlled breathing technique be given to parents or caregivers in order to help the dependent child experience the reduction of stress as the parent/caregiver will also experience the reduction of stress. Teach controlled breathing to parents/caregivers in the same manner that you utilized for the child (MUSC, 2014).

Module Three: Affect Expression and Modulation

Teaching children how to identify accurately and talk comfortably about a range of emotions in a non-stressful way using a variety of techniques to include, role-play, games, and drawing. Techniques that help teach affect expression and modulation include: Explain the rationale for feeling and the ability to express their emotions. Help children to identify different levels of emotional intensity and strategies for expressing emotions appropriately.

Have the child identify as many feelings by describing or role playing an emotion and then give the biological body association corresponding to a feeling. Assign homework so that children practice feelings identification and appropriate feelings expressions in the real-world.

Teach the child how to rate the intensity of an emotion. Help the child to differentiate the difference between various emotions such as being sad, following a continuum to being very mad to the point of rage (MUSC, 2014).

Teach the child how to express feelings appropriately in various situations. Through role playing the therapist can teach appropriate expression of feelings in the appropriate situation and place where their emotions and feelings will be heard by another responsible person.

#### Cultural considerations

Often bilingual children have the ability express their feelings in various ways through a different language. Therefore it is beneficial to have a person well-versed in the language to help the Client work through this stage of therapy (MUSC, 2014).

#### Parent Sessions

Many parents have difficulty understanding the emotions of their children and often misread their children. Labeling emotions and feelings children and parents through games, drawings that they can share with parents or each other will help them to identify emotions before they escalate into a hurtful situation.

Parents should reinforce the child for appropriately expressing their feelings and especially in difficult situations. If parents become overwhelmed or distraught with feelings the parents should take the time with the therapist to work on their own anxieties before continuing with this stage (MUSC, 2014).

## Clinical Considerations

Strategies to teach children affect expression and modulation skills should be modified to match the developmental measures of the child. With young children the expressions may simply be good or bad whereas additional time may be necessary for the child to articulate affect expression. A child may understand the feelings of oppression but not be able to articulate the word as a feeling.

Many children have difficulty being aware of or expressing their own feelings. In these cases it may be beneficial to give the child some space / time by discussing feeling other children may have endured. It could be beneficial in this situation to use an imaginary character from a book or make up characters that have emotions. Variations of the child's emotions such as feeling isolated or numb or they may be able to identify feelings or emotions but devoid of facial expressions. In these cases avoid actively engaging the client in an emotional experience. When the child-client has developed rapport or emotional security they can then begin to process emotions and feelings attached to the traumatic event. Under these conditions many children when asked to describe their feeling of the event will describe the event. It is important that the child learn the distinction between the event and their feelings and the ability to express them.

## Module Four: Cognitive Coping

In this module, helping children and parents with learn coping skills by: Identify and process the differences between accurate and inaccurate cognitions. Identify and process the differences between helpful and unhelpful cognitions. Identify and process the relationships among feeling, thoughts and behavior including their distinct variations and beliefs. Teach the

development of alternative thoughts that could be more helpful than their existing thoughts. Attempt to change their feelings and behavior by educating them to think in a positive mindset which can simply be thinking differently (MUSC, 2014).

Review difference between thoughts and feelings, this is especially true if the child's distinction between thoughts and feelings are clouded and not sure how they are feeling. If the client states "I don't think people like me" is a thought statement rather than a feeling statement and reviewing the Affect and Modulation section may be necessary. An easy way to do this is to generate social scenarios or narratives that are relevant to the child thereby prompting the child to identify feelings and thoughts of their own, providing the opportunity for corrective information and feedback (MUSC, 2014).

Outline the Cognitive Triangle: draw a triangle on a piece of paper with a label the corners discretely "thoughts", "Feelings", and "Behavior" giving the center of the triangle the title "event". Explain how in real life thoughts, feelings and behavior are all connected to an event and are related to each other. Give examples of hypothetical situations that will help the client to imagine himself/herself in which the client can describe the situation in various types of emotions and feelings that can then be identified as helpful or unhelpful thus edifying the client in appropriate thoughts and feelings or unappropriated thoughts and feelings that are harmful to self (MUSC, 2014).

Utilizing the cognitive triangle, have the client give an example situation in which he or she became upset by denying the reality of the event. Thoughts, feelings and behaviors that took place during the trauma should be labeled for the client to actually identify what actually took

place rather than recommend what actually happened. Each feeling/event can be illustrated on a separate sheet of paper for the client's conceptualization. After the conceptualization has described the thoughts, feelings and behaviors attached to the trauma, ask the client if there is any possibility of having different thoughts, feelings or behaviors in this situation (MUSC, 2014).

Following the cognitive triangle have the client apply these skills to real life situations. Real life here would be everyday life experiences whereas this is not a therapeutic session on paper. Be explicit in how the techniques apply to the client's situation and then review the difference between thoughts and feelings and where they come from. Individuals present the ability to learn cognitive coping skills in cross cultural groups. However in some cultural groups some creativity and perseverance can overcome many cases. Some children and even some adults struggle to differentiate thoughts and feelings and often generate more accurate thoughts as a result. If the client is really struggling think outside the box by interlacing another situation that could give the client the assertive powers necessary for mastery of this level (MUSC, 2014).

Children at ages 7 and 8 are in Piaget's concrete operational stage, where early in this stage children can readily assimilate others behavior and how it affects them but cannot tell how their actions or behavior, feelings and thoughts, affects others (Piaget, 1929). However they do have the capacity to understand what another child might be thinking. Teaching thoughts and feelings could be best accomplished by illustrating a scenario of child A and different scenario to child B and have the child talk about what the children might be feeling.

Module five: Creating the child's trauma narrative (MUSC, 2014).

The concept of the trauma narrative is to break apart unpleasant associations between thoughts, reminders, or discussions of the trauma from overwhelming negative emotions, such

as fear, horror, or helplessness. This is accomplished over several sessions by encouraging the child to expand the narrative by giving more details of what happened before, during and after the trauma well as expanding on the thoughts and feelings during the traumatic event.

Some therapists are concerned that the trauma narrative will exacerbate the traumatic event and continue to distress the client. Due to these thoughts the trauma narrative is typically introduced in the latter sessions of therapy after children have developed a mastery over thoughts and feelings through the acquisition of coping strategies and the ability to talk about the event (MUSC, 2014).

The trauma narrative will help victimized children acknowledge upsetting aspects of their traumatic experience by decreasing any unhealthy pattern of avoidance. This will be accomplished by engaging the client in therapeutic activities that will lead the client to repeat their story of the event over and over until catharsis has been realized. Educate children and families in the psychological significance of talking and writing about the about the trauma and the significance of repeating the story (MUSC, 2014).

Children are often overwhelmed when talking about the strong negative emotions related to the traumatic event. However the client and parents needs to understand that by telling their story the therapeutic functions outweigh the short-term negative emotions of the narrative to include: desensitizing the traumatic event by reducing maladaptive symptoms and behaviors, identification and correction of distorted cognitions, thus preparing for traumatic reminders (MUSC, 2014).

Parental discomfort surrounding the trauma narrative can range from unpleasant feelings that the trauma would simply go away to the reliving the traumatic event. Confronting the

details through the trauma narrative can be frightening, upsetting or discussing for parents. However avoidance helps client and parents maintain comforting but inaccurate belief that their child has been untouched by the ugly aspects of life. Here everyone involved in traumatic event needs to be educated on the benefits of catharsis through discussing the trauma experience in an accurate dialogue (MUSC, 2014).

The trauma narrative should be in a format that will best describe the client's thoughts and feelings so that it can be read or repeated such as writing or recording. If the client is too young to write the therapist can write the trauma narrative. In writing the trauma narrative prompting is ok to keep the events in sequence, that thought and feelings match as child illustrated the worst part of the traumatic event by giving their perceptions of the event.

Have the child read back the trauma narrative, this could tell if they heard or said something that was not true. Have the child-client add thoughts and feelings as the trauma narrative is read, especially as the child describes the worst part of the traumatic event. Employ cognitive processing techniques if the child-client begins to experiencing a high reactivity to the event. Praise and encourage the Child through the entire process (MUSC, 2014).

#### Module Six: Cognitive processing

The creation of the trauma narrative from the previous module is a transition point that encourages the client to retell his or her story with reduced anxiety and emotions can flow more freely which is a starting point for the exploration of how the child thinks and feels concerning the trauma and its impact themselves and those around them. At this point, as the child repeats

the trauma narrative, understanding that certain issues remain highly significant to the child that has developed. Cognitive processing helps to identify remaining issues such as: Shame and or stigmatization, feelings of responsibility (either for the trauma itself or for events that occurred subsequent to the discovery of the trauma), changes in trust of others in particular accolades given the offender or trauma and changes in perceptions about the body or personal safety. Issues brought forth in the cognitive processing section should be explored with the child in a straightforward manner. Cognitive processing helps parents and children understand the difference between accurate and inaccurate thoughts attached to the traumatic event. This will help children and parents to correct cognitive errors thereby encouraging more healthy thought processing around the child's traumatic experience teaching children to effectively challenge the child's cognitive errors (MUSC, 2014).

In reviewing the trauma narrative to plan for this session remembering the cognitive processing involves challenging thoughts and beliefs that the child may firmly believe in. The cognitive process is not a simple matter of just educating them to new thought processes but for the client to come to an awakening of their hurtful psychopathogenic beliefs. Therefore in reviewing the child's thoughts that were written down or verbalized; look for examples that may be inaccurate or unhelpful. TFCBT training suggests that you praise the helpful thoughts and feelings before challenging opposing thoughts and cognitions (MUSC, 2014).

Introduce role playing if the client exhibits unrealistic levels of emotions that that display as guilt or shame related to the trauma, taking high levels of responsibility. Therapeutic role

playing schemas such as: Best friend Role play, Now and then Role Play, Responsibility Pie and Talk Show host are suggestions given by TFCBT (MUSC, 2014).

### Cultural Considerations

Have a working knowledge of the client and family's cultural background and be familiar with values, beliefs and practices common to their culture is critical when assisting them through cognitive processing. While it should not be assumed that children and families endorse stereotypical cultural beliefs, a good working knowledge of common cultural beliefs can help guide the therapist in assessing for and identifying unhelpful thoughts related to cultural beliefs. Here the client and parents-caregiver may have differing moral values and beliefs concerning the traumatic event.

### Module Seven: Behavioral management training

Behavioral management requires that parents have a working knowledge of the therapeutic process which for this section is that many children have temporary (or sometimes long term) increases in disruptive behavior after they have been victimized. Victims of trauma often go through a period where they do not follow rules well, behave more aggressively than usual or are highly disruptive at school, home, or elsewhere. This requires that parents receive Psychoeducational training along with the children or in individual sessions (MUSC, 2014).

Psychoeducational training will typically include actively praising the children as parents believe they praise their children often, however in reality parents are more likely to criticize

children for misbehaving than for doing something good. Therapists should not assume that parents know how to use praise appropriately but review ways parents can effectively give praise as follows; and should be taught to praise specific forms of behavior not just things like good, or nice work; praise should be given as soon as possible after desired behavior occurs; parents should be consistent in their praise; parents should avoid disconcerting praise which is praise attacks with criticism; parents should use an enthusiastic tone of voice when praising children (MUSC, 2014).

Teach parents the process of active ignoring which refers to the parent or caretaker choosing not to react to certain types of undesirable behavior that their child may have. If parents are using praise and positive attention effectively in rewarding desirable behavior, then active ignoring may be especially effective in decreasing undesirable behavior. To actively ignore a child's behavior, parents are teaching the child that negative behavior will not be responded to that would develop into negative attention as a part of parenting (MUSC, 2014).

Active ignoring includes avoiding responding to during the behavior and immediately after it occurs; active ignoring includes avoiding emotional reactions such as getting into an argument with your child, avoiding eye contact and communication toward the child. Try to ignore behavior such as defiant or angry statements directed at the parent; nasty faces, eye rolling or smirking at the parents to get your attention during this time. Positive behavior during this time should be acknowledged to help the child redirect away from negative behavior. Avoid responding to the child during the behavior and immediately after it occurs (MUSC, 2014).

Timeout is designed to provide a punishment that interrupts a child's undesirable behavior by depriving the child of attention. Timeout is recommended to occur in a quiet

unstimulating room and should last for a few minutes. Timeout should be in a predictable place and the rules should be consistent as possible for the child. If a child is good for a while and asks for an early out there should be no negotiation on the time. Parents should actively ignore behavior that the child displays except for dangerous or unsafe behaviors or allows the child to escape timeout (MUSC, 2014).

In addition to praise, active ignoring, and timeout, there are several other behavioral strategies that can be effective in decreasing undesirable behavior and increasing desirable behavior. When the parent has been given all of this information, it is time to test the parent's skill level through role plays so the parents can demonstrate how to use the skills taught. In all you do emphasize the importance of being consistent.

#### Module Eight: Parent-Child's sessions

Often the parents will exhibit as much or more trauma than the child going through the actual event. In this case it will require the counseling team to make ready the parents to effectively participate in the parent-child counseling sessions. How do we know the parent is ready to participate in the parent child sessions? When the parent had the ability to actively confront their own psychopathogenic beliefs and be willing to hear their child's trauma narrative while actively supporting the child's thoughts and beliefs the parent is ready to participate in the parent child sessions (MUSC, 2014).

Assess the child to see if they are ready to read their trauma narrative to their parents. Children may have anxiety due to the parent's own psychopathogenic belief systems that has generated fear and untrustworthiness within the relationship between parent and child.

Although the therapy team introduced the concept of joint parent-child sessions during the introduction of treatment, it is useful to mention it again at this time (MUSC, 2014).

Parents have the opportunity to illustrate their comfort in hearing and talking about the trauma while modeling appropriate behavior. The child has the opportunity to share their story while experiencing a sense of pride thus alleviating feelings of shame and distress attached to the trauma. Parent and child can begin to communicate on a feeling level and lay the groundwork for therapeutic parent-child to continue after formal therapy is over. Active open communication will decrease the possibility of misunderstanding and increase the parents desire to be helpful and supportive (MUSC, 2014).

Prior to the actual parent-child session your goal is to coach the parent to make appropriate responses to the child: praising the child, asking open-ended questions, nonthreatening questions, rehearsing the trauma narrative through role playing. The most important aspect of these sessions is having the child share the trauma narrative, which serves as the launching pad for open dialogue about it (MUSC, 2014).

It is important to the joint sessions on a positive note. One very pleasant way to wrap up joint sessions is to encourage the exchange of praise. One place to start is to have parents and kids express appreciation to one another for something positive they did in the last week. These can be either specific (e.g., "Thank you for doing a great job cleaning the dishes last night") or global (e.g., "I'm so proud to be your mom"). Some preparation during individual sessions, however, is generally required so that parents and children can express praise easily and comfortably (MUSC, 2014).

## Eye Movement Desensitization & Reprocessing (EMDR)

This section is an overview of EMDR as presented in After Silence, Org.

Eye Movement Desensitization and Reprocessing (EMDR) is a therapeutic procedure developed by Dr. Francine Shapiro, in 1987. EMDR primarily works on the principle that traumatic memories that are not dealt with properly cause blockages, leading to disorders such as Posttraumatic Disorder (PTSD) and Rape Trauma Syndrome (RTS) (After Silence, 2014).

EMDR\_therapy can be used to assist rape, sexual abuse or trauma victims process their traumatic memories as they should be and develop adaptive changes in thinking. As administered by After Silence, (2014) EMDR is accomplished in an eight-phase process. The number of sessions devoted to each phase may vary on an individual needs.

### EMDR Phases for Sexual Abuse and Trauma

Phase One: The therapist takes a complete history of the patient and a treatment plan is designed. For instance, in the case of a rape victim, the therapist records the history (After Silence, 2014).

Phase Two: In this step the patients are taught relaxation and self-calming techniques (After Silence, 2014).

Phase Three: therapist begin asking the patients to illustrate with words the visual picture of the trauma with associated feelings and negative thoughts, such as "I am good for nothing," that are often encountered by the victim (After Silence, 2014). The patient is then asked to

identify positive affirmations about self, such as "I am a worthwhile person" (After Silence, 2014). This positive thought then should be rated against the negative thought on a scale of 1-7, with 1 being "Completely false" and 7 being "Completely true" (After Silence, 2014). This method helps originate a goal for treatment. The patient then combines the visual picture of the trauma with the negative conviction, which generally evoking strong feelings, which are then rated on the Subjective Unit of Disturbance (SUD) (After Silence, 2014) scale. While focusing on the combination of the traumatic image and negative thought, the patient watches the therapist move his hand in a particular pattern causing the patient's eyes to move involuntarily (After Silence, 2014). Blinking lights are sometimes substituted for hand movements; likewise hand tapping and auditory tones may be used instead of eye movements. After each set of eye movements patients are asked to clear their mind and relax. This may be recapped several times during a session (After Silence, 2014).

Phase Four: This phase of treatment involves desensitization to the negative thoughts and ideations (After Silence, 2014). The patient is instructed to focus on the visual image of the trauma, the harmful belief he/she has of self, and the bodily sensations initiated by the anxiety, while at the same time following the therapist's moving finger with their eyes (After Silence, 2014). The patient is asked to relax again and re-examine what he/she is feeling; these new images, thoughts, or sensations are the focus for the next eye movement set (After Silence, 2014). This treatment is continued until the patient can think of the original trauma without significant pain.

Phase Five: This phase mainly focuses on cognitive\_restructuring component of EMDR, or the process of learning new ways to think. The patient is asked to reflect on the trauma and positive thoughts about themselves such as "I can succeed, I am worthwhile", while completing another set of eye movement (After Silence, 2014). This step is aims at bringing the patient to the point of believing the positive affirmation about themselves (After Silence, 2014).

Phase Six: The patient is instructed to focuses on the traumatic image and the positive thought, and is once again asked to describe any atypical bodily sensations. The sensations are then targeted with another set of eye movements (After Silence, 2014). The principle behind this is that improperly stored memories are experienced through bodily sensation. EMDR is not considered complete till the patient can think of the traumatic event without experiencing any negative bodily sensations (After Silence, 2014).

Phase Seven: Within this step the therapist determines whether inappropriate memories have been adequately processed (After Silence, 2014). If it is not the case then the relaxation techniques learned in Step no. 2 are employed again (After Silence, 2014). Memory processing is believed to continue even after the session has concluded, so patients are asked to keep a journal and record dreams, intrusive thoughts, memories and emotions (After Silence, 2014).

Phase Eight: The eighth and the final step is called the reevaluation step and is repeated at the beginning of each EMDR session after the initial encounter (After Silence, 2014). The patient is asked to review the progress made in the previous session and the journal is reviewed for areas that may need further work (After Silence, 2014).

## EMDR and Sexual Violence

It has been reported that survivors of rape and sexual violence have benefited from this technique. Dr. Shapiro reported on the effectiveness of eye movement desensitization (EMD), as it was then known, for traumatic memories among 22 Vietnam veterans and rape victims (After Silence, 2014). This study compared victims who were treated with EMDR with those (the control group) who were not given this treatment. In particular, controls were given the same instructions as the treatment group but were not given the eye movements (After Silence, 2014). The controls were, therefore, required to provide imaginal descriptions of the experience and describe the body sensations they experienced and their cognitions about the event (After Silence, 2014).

According to Shapiro, the treatment group experienced a remarkable recovery, suggesting that "a single [90-minute] session" was sufficient to completely desensitize a traumatic memory and promote more adaptive and realistic cognitions (After Silence, 2014). One- and three-month follow-ups yielded no evidence of relapse. On the other hand the controls displayed no significant change in the occurrence of symptoms. However when these control groups were subsequently treated with EMDR they showed the same level of improvement as the initial treatment group (Deville, 2002) (After Silence, 2014).

## RUBRIC

In an effort to evaluate the therapies or modes of treating a person that has experienced some type of sexual abuse or trauma, a rubric was created utilizing the major components of the afore to perused modalities while assessing a strength as a value as to how much emphasis was placed on that particular criteria for each therapy. Understanding the numbers of therapies are increasing each year within the field of Therapy-Counseling and within each specialty, for example physical and sexual abuse new systems of care are being born yearly. Therefore if a modality of therapy was persuasive in a particular characteristic of treating sexual abuse they would receive a five in their evaluation as a pragmatic modality for sexual abuse. If a characteristic was not mentioned in another modality it was given a zero with gradations of 1 through 4 on variations on the amount of emphasis given to a particular character trait of a given modality of therapy.

### Value Assessment of Detailed Elements of Therapies:

Not Mentioned	0
Not Thoroughly Differentiated	1
Assumed	2
Acknowledged	3
Recommended	4
Instrumental to Therapy	5

### Rubric for Therapies.

	Abuse of Sexuality	Trauma Focused Cognitive Behavioral Therapy	Eye Movement Desensitization and Reprocessing EMDR
Multi-Remedial Evaluation	5	1	0
Multidimensional Assessment Evaluation	5	1	0
Abuse of sexuality histories	5	1	4
Assessment for specific dysfunctions	5	1	0
Abuse of Sexuality environment	5	0	0
Types and severity of dysfunction's	5	0	0
Assessment of Strengths and skills of Client & Family.	5	4	0
Personal victimization issues	5	3	0
Personal and Family History	5	0	0
Multidimensional assessment of personality characteristics	5	0	0
Assessment of anxiety, anger and depression	5	0	0
Assessment of interpersonal dysfunctions	5	3	0
Assessment of sexual dysfunctions	5	0	2
Individual guidelines for children and adults, males and females	5	1	0
Permission obtained for education and treatment of minor children.	2	4	0
Develop a child safety plan	3	4	0
Acknowledge cultural differences	3	3	0
Stress management techniques	3	5	5

Affect Expression and Modulation	4	5	5
Cognitive Coping	4	5	0
Creating a trauma narrative	4	5	5
Cognitive Processing	4	5	5.
Behavioral management training	4	5	5
Parent-Child sessions	3	5	0
Assessment of Deviant Sexual Responses	5	0	0
Confronting the Offender	5	0	0
Post Sexual Abuse Trauma (PSAT)	5	0	0
Desensitization to negative thoughts	1	5	5
Recognition of body sensations in relation to feelings	0	5	5
Total	130	71	41
Standard Deviation	4.48	2.34	1.41

## PART IV

### RESULTS

#### Eye Movement Desensitization and Reprocessing (EMDR)

This therapeutic technique developed by Dr. Francine Shapiro, in 1987. EMDR mainly works on the principle that traumatic memories that are not processed properly cause blockages, leading to emotional disorders. As presented in the After Silence. Org model EMDR can be useful for victims processing memories properly to develop changes in thinking, The After silence model is programed as an eight step outlined process that is customized to the individual's needs.

In the beginning phase a complete history of the client is taken to prepare a treatment plan. However it is not stipulated how extensive or complete is; as is postulated in the Abuse of sexuality model with numerous test and evaluations and TFCBT does not thoroughly differentiate the use of a history. In phase two of the After Silence model clients is educated on the techniques of self-calming or self-soothing reinforcing intra character strengths that the client are in charge of their bodies, thoughts and feelings. Self-soothing or self-calming techniques are fortified in both Trauma Focused Cognitive Behavioral Therapy (TFCBT) and Abuse of Sexuality models. However the Abuse of Sexuality model gives this authority to the therapist and the techniques they endorse, such as EMDR or TFCBT.

Phase three appears to be the work-horse of EMDR where negative visual images and thoughts of the trauma are brought to mind at which time the therapist requests positive images and thoughts the Client desires to be. While focusing on both negative and positive thoughts the

EMDR therapist begins the hand movement that processes the reprogramming of the neuropathways and healing of the trauma begins. This characteristic of therapy is not available in any other type or modality of therapy. TFCBT however does utilize as their key focal point what they call the “Trauma Narrative” in which the client repeats the trauma narrative until they have processed all emotions attached to the trauma.

Phase four of the After Silence model utilizes body sensations that are attached to negative emotions as a result of the trauma are utilized as key point in desensitization of healing the negatively created self. TFCBT utilizes a process of desensitization through repeating the trauma narrative that could be similar to flooding in that you simply get tired of reliving emotions of the event. TFCBT also references the terms body sensations as body awareness for developing clear safety expectations and boundaries. Here the Abuse of Sexuality model gives this segment to the therapist to choose what modality of therapy is best for the client. Phase five is based on cognitive restructuring by implementing new ways to think and rehearsing positive affirmations. Cognitive restructuring for TFCBT is identifying and processing the difference between accurate and inaccurate thoughts, information and actions, actions and thoughts that are helpful and those that are not helpful while the Abuse of Sexuality model gives this segment to the therapist to choose what modality of therapy is best for the client.

Phase six is a repeat of phase four in remodulating body sensations to recognize a feeling or an emotion that should be reprocessed. Step Seven is an evaluation section to check the progress of the client as memory processing is believed to continue even after therapy. Step eight is a reevaluation that occurs at the beginning of each therapy session.

EMDR is a unique therapy in that thought patterns are given a different channel w to eradicate negative feeling of self. After Silence Org, have organized critical steps in the recovery process that would accommodate not only sexual abuse but other type's trauma. Steps Four, Five and Six are unique only to EMDR within this comparative analysis.

### Trauma Focus Cognitive Behavioral Therapy (TFCBT)

TFCBT is divided into eight modules that are not representative of the number of sessions that might be required for each session. In Module One titled Psychoeducational the key focus is on general education about abuse, sexual abuse and trauma; how it related to the individual which is then extended to the family. For children who have witnessed violence, physical or sexual between their parents, or interfamily, TFCBT acknowledged the importance of educate the children to the fact the interfamily abuse is not their fault and they are not responsible for the abuse. Abuse of sexuality model leaves this section up to the therapist and the mode of therapy they choose; EMDR indicates the importance of rechanneling the thought through therapy.

Mentioned only in TFCBT sexual education should begin by obtaining parental or caregiver permission to facilitate any type of therapy for anyone under the age of 18. Healthy sex education would start with body awareness; as Gil & Johnson, (1993) research shows that humans are sexual creatures from conception which continues throughout the life span. Education on sexually transmitted diseases should be encouraged if not a requirement for everyone that comes in contact with a sexually active person; a person who has been sexually abused or raped.

Obtaining and clarifying misinformation or cognitive coping as stated in TFCBT is regulated through EMDR as an element of the therapeutic process and delineated to the therapist in the Abuse of Sexuality model. Psychoeducational scripting, talking to parents about sexual abuse is solely an element of TFCBT and could be considered a component of family therapy. This is accomplished by teaching the parents and children assertiveness skills and by rehearsing confrontation.

**Stress management**, as set forth in module two, is controlled breathing/ Muscle relaxation. Here TFCBT recommends “The Relaxation and Stress Reduction Workbook by Davis, Eschelnam, and McKay 1988” as a directory for relaxation techniques for both parents and children. EMDR as stipulated by After Silence org reinforces self-soothing and relaxations skills in phase two of their therapeutic model.

**Affect Expression and Modulation:** Teaching children how to identify accurately and talk comfortably about a range of emotions in a non-stressful way using a variety of techniques to include, role-play, games, and drawing is the central focus of TFCU module three. Affect Expression and Modulation is referred to the therapeutic mode chosen by the therapist in the Abuse of Sexuality model, where EMDR of the After Silence. org model teaches the client to think positive thoughts about themselves during phase four.

**Cognitive Coping** in TFCBT module four is Identify and process the differences between helpful and unhelpful cognitions. Identify and process the relationships among feeling, thoughts and behavior including their distinct variations and beliefs. After Silence .org uses the EMDR process to satisfy the process of cognitive coping while the Abuse of sexuality model gives this over to the therapist to choose the method best for the client.

Creating the child's trauma narrative in TFCBT module five integrates the concept of the trauma narrative is to break apart unpleasant associations between thoughts, reminders, or discussions of the trauma from overwhelming negative emotions, such as fear, horror, or helplessness. The trauma narrative is typically introduced in latter sessions of therapy after children have developed a mastery over thoughts and feelings through the acquisition of coping strategies and the ability to talk about the event. Mastery over negative feeling is accomplished in phase four of the EMDR process of desensitizing and reprocessing of neural channels.

While TFCBT module six, cognitive processing, involves retelling the trauma narrative in an effort to discover any traumatic memories or accolades given the event or perpetrator. Here EMDR utilizes cognitive reprocessing in a repetitive nature until all negative thoughts are gone. Again the Abuse of sexuality model gives this over to the therapist to choose the method best for the client.

Behavioral management training, TFCBT, module seven, requires that parents receive Psychoeducational training along with the children or in individual sessions. Behavioral Management training is teaching the parents how to react to the child and how to properly discipline the child without breaking their self-esteem. Behavioral management is not mentioned in the EMDR modality of therapy and is highly reinforced throughout the Abuse of Sexuality modality of therapy.

Module Eight: Called Parent-Child's sessions is more for the parents as often the parents will exhibit as much or more trauma than do the children. Treating the parent is not mentioned in the EMDR modality of therapy and is highly reinforced throughout the Abuse of Sexuality modality of therapy.

## The Abuse of Sexuality

The Abuse of Sexuality model of therapy utilizes a multi-remedial evaluation and treatment process throughout which is unique to the modalities used for this comparative analyses. Step one is identifying the abuse of sexuality environment, indicating that the Abuse of sexuality places a lot of emphasis on the environment and sexual history of the child or adult that has been sexually abused as set forth in the abuse of sexuality environments mentioned earlier. Clinician should be familiar with and be able to identify elements of each of the abuse of sexuality environments and be ready to ask questions information is lacking in conversation.

The Abuse of sexuality model step two includes many variations of psychological evaluating the intensity or impact on the client to create an assessment foundational in develop a treatment plan best suited for the client which includes:

- Abuse of sexuality environments

- Personal Victimization issues

- Personal and family history

- Personality Characteristics

- Emotional Dysfunctions

- Interpersonal dysfunctions

- Sexual Dysfunctions

- Deviant sexual responses

(Bolton, Morris & MacEachron, 1989 p.190)

Step two contains two elements; an assessment of dysfunctional areas and an assessment of the relationship between dysfunctional area and the childhood sexual environment. These steps are unique to the Abuse of sexuality model and not mentioned in either TFCBT or EMDR models.

Step Three of the Abuse of Sexuality model is to Develop and Implement Treatment Plan which includes: Establish Goals for treatment and Establish Priorities for Treatment. The technique for treating each goal is selected in this phase. This gives the therapist the freedom to choose which technique that is best for the client thus the multi-modal emphasis of the Abuse of Sexuality model which could be an advantage over other modalities.

The Abuse of sexuality recommends evaluating the progress on a regular basis as does EMDR and TFCBT checking to see if remedial processing or therapy is needed. Termination and follow up is elevated in all three therapeutic modalities.

Considering this is a comparative analysis of substantial models of therapy for those who have been sexually abused or have experienced some type of physical or sexual trauma; the Abuse of Sexuality, Trauma Focused Cognitive Behavioral Therapy and Eye Movement Desensitization Reprocessing are viable therapies for trauma. Unique characteristics of each therapy were registered and giving a strength value based on the intensity and prevalence of each attribute. Character traits for each therapy were tallied giving a total of 29 divisions to compare for each specialty. If therapeutic models had overlapping traits each therapy would receive the same value score such as 5. If there was not an overlapping trait then the therapeutic model would receive a zero with values of two to four given for overlapping traits depending on the intensity given by the therapeutic model.

The EMDR model of trauma therapy received a total score of 41 out of a possible 174 with a standard deviation of 1.41. TFCBT model of trauma therapy received a total score of 71 out of a possible 174 with a standard deviation of 2.38. The Abuse of Sexuality model received a total score of 130 out of a possible 174 with a standard deviation of 4.48.

The Abuse of Sexuality model realized more characteristics in dealing with a sexual trauma and then to bring the client to a position of having a satisfactory life after sexual trauma. Notwithstanding the Abuse of Sexuality gave authority of choice to the residing therapist as to which therapeutic trauma components they would use. Both EMDR and TFCBT have received high honors as being evidenced based therapies for trauma based clients.

The question for this dissertation was; is there only one therapy that will restore mental health and sexual health to the sexually abused person? By scrutinizing several therapeutic models we can see that to restore a person's emotional health and then grow to have a functional sexual life must be accommodated by a multifaceted therapeutic model.

## DISCUSSION

Childhood sexuality is generally discussed as a single entity. However the sexual developmental lines within children is a continual developing process from conception until the time we die. Gil and Johnson (1993) present a greater possibility for assessment of problems that occur in children by dividing the sexual development process into seven divisions: biological, sensual-erotic, behavioral, gender, cognitive, relationship and socialization.

Writings of Rollo May (1953) illustrated how a person who did not know how to have or develop relationships outside their immediate family were among the individuals that participated in incest. At this time, the 50's and early 60's, incest was not considered sexual abuse because it was something that happened in the family which was considered to be a private matter within the family and not to be bothered by the local law enforcement agencies. Following a chronological sequence of events Kempe, *et. al* (1985) introduced the term "The Battered-Child Syndrome" which brought awareness to child abuse and how parents were abusing their own children under the unwritten law that families were a private matter that was not to be scrutinized by the law, labeling physical abuse which included incest as Child Molestation and Child Sexual Abuse. People have become hyper vigilant to the point that a frenzy over the morality of mankind, a 6 year old "D" who was arrested for playing doctor with the neighbors 5 year old daughter and subsequently "D" was arrested for child sexual abuse as the mother thought "D" had penetrated the girl in the anus with his finger (Sex Offender Issues, 2013). Whereas a three year old boy parents were fined \$2500 in Piedmont Oklahoma for the child urinating in his front yard (News 9, 2012).

Sgroi (1982), states that if children's genitalia become the center of focus of another's attention, children begin to organize their lives around their own genitalia. As Yates states, (as cited in Sgroi, 1982) "The Child's genitals may function as a central, organizing principle in their development. Some children begin to confuse all touch with sexual touch, as defined in the abuse of sexuality model. When another person is using them as a sexual object, children may feel highly aroused sexually. Differences exist between children in the sensations they feel when being touched. Some post pubertal children report sexual arousal while being molested including vaginal lubrication, sexual pleasure, and orgasm (Gil & Johnson, 1993). These feelings, which are more emotional than genital, are similar to those many females strive for in a sexual relationship. Erections, lubrication, and pelvic thrusting occur in infants that are internal experiences that are reflexive in nature (Gil & Johnson, 1993).

It was also found that sexual abuse itself does not occur in isolation, but is associated with greater levels of family distress and fewer educational and financial resources. The greater the amount of nudity in the home, the higher the mean frequency of sexual behaviors in both samples (Gil & Johnson, 1993).

The literature and research shows that children that transcend the normal vista of sexual development such as stated in *The Abuse of Sexuality and Sexualized Children* produce varying amounts of trauma or a lifelong prevalence of sexual difficulties that correlates to various criteria such as age of trauma and the intensity of the event. Whereas with the young male that was sexually abused may take years to realize the abuse depending on the abuse of sexuality environment model as illustrated by the case of Bradley that follows.

Bradley reported that he suddenly realized that realized that he was a product of sexual abuse at the age of 54. Recalling the traumatic event enacted when he was nine years old, having to call the doctor's office to see if a nine year old boy could get a sixteen year old girl pregnant. Bradley never reported the event as he thought it was just one of those life events that happen. Bradley did report that the sexual event was very exciting and felt good. At the time the only thing embarrassing was the fact of having to call the doctors to ask if a nine year old could get a sixteen year old girl pregnant.

Looking back Bradley recalled that during pubescence his mother constantly belittling him as a male; when at 54 through therapy he realized he had been prepared by mother to be the surrogate husband through covert incest actions where mother could spew her venomous anger for her husband onto the child instilling into Bradley a feeling of incestuous castration and emasculation. Over the years ascending adulthood Bradly had several tumultuous relationships and marriages ending in divorce or separation ascertaining that an emotional relationship with a woman would just bring pain.

When ask about his sexual relationship with women in particular; the question, who was the person in the relationship that would introduce sex play or start sex? He reluctantly indicated that it was basically the woman that had to initiate sexual activity. Over time Bradley gradually began to make a connection between the sixteen year old baby sitter coming to him for sexual exploration, pleasure or whatever her motive was and his relationship with other women. Mother debased Bradley through covert incest and emasculation leaving him hurt, the baby sitter left Bradly used and hurt. Today through Interpersonal Therapy and EMDR, Bradley is able to initiate sexual activity with his wife and regain some feelings of masculinity.

Cases of males and females could be cited that have received various degrees of sexual abuse. The reality is that all cases are traumatic and not all cases have a lifelong prevalence subjugating the victim's life. Therapy for the reported victim should be adjusted to the client's needs if available. A person who feels sexually debased needs therapy for feelings of sexual debasement, while a person who was raped could use the trauma therapy.

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