

SEXUAL ABUSE VICTIM

BEHAVIORAL DEFINITIONS

1. Vague memories of inappropriate childhood sexual contact that can be corroborated by significant others.
2. Self-report of being sexually abused with clear, detailed memories.
3. Inability to recall years of childhood.
4. Extreme difficulty becoming intimate with others.
5. Inability to enjoy sexual contact with a desired partner.
6. Unexplainable feelings of anger, rage, or fear when coming into contact with a close family relative.
7. Pervasive pattern of promiscuity or the sexualization of relationships.

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LONG-TERM GOALS

1. Resolve the issue of being sexually abused with an increased capacity for intimacy in relationships.
2. Begin the healing process from sexual abuse with resultant enjoyment of appropriate sexual contact.
3. Work successfully through the issues related to being sexually abused with consequent understanding and control of feelings.
4. Recognize and accept the sexual abuse without inappropriate sexualization of relationships.
5. Establish whether sexual abuse occurred.

6. Begin the process of moving away from being a victim of sexual abuse and toward becoming a survivor of sexual abuse.

SHORT-TERM OBJECTIVES

1. Tell the story of the nature, frequency, and duration of the abuse. (1, 2, 3)

2. Disclose any emotional problems resulting from the sexual abuse. (4)

THERAPEUTIC INTERVENTIONS

1. Actively build the level of trust with the client in individual sessions through consistent eye contact, unconditional positive regard, and warm acceptance to help increase his/her ability to identify and express feelings.
2. Gently explore the client's sexual abuse experience without pressing early for unnecessary details.
3. Ask the client to draw a diagram of the house in which he/she was raised, complete with where everyone slept.
4. Assess the client for psychological problems secondary to the sexual abuse; if the client's experiences with sexual abuse are currently manifesting as a clinical syndrome (e.g., PTSD, depression), conduct or refer to an evidence-based intervention for the disorder (see, for example, PTSD or Unipolar Depression chapters in this *Planner*).

3. Disclose any history of substance use that may contribute to and complicate the treatment of sexual abuse. (5)
4. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (6, 7, 8, 9)
5. Arrange for a substance abuse evaluation and refer the client for treatment if the evaluation recommends it (see the Substance Use chapter in this *Planner*).
6. Assess the client's level of insight (syntonic versus dystonic) toward the "presenting problems" (e.g., demonstrates good insight into the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the "problem described" and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the "problem described," is not concerned, and has no motivation to change).
7. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
8. Assess for any issues of age, gender, or culture that could help explain the client's currently defined "problem behavior" and factors that could offer a better understanding of the client's behavior.
9. Assess for the severity of the level of impairment to the

- client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).
5. Identify a support system of key individuals who will be encouraging and helpful in aiding the process of resolving the issue. (10, 11)
 6. Verbalize an increased knowledge of sexual abuse and its effects. (12, 13)
 7. Identify and express the feelings connected to the abuse. (14, 15)
 10. Help the client identify those individuals who would be compassionate and encourage him/her to enlist their support.
 11. Encourage the client to attend a support group for survivors of sexual abuse.
 12. Assign the client to read material on sexual abuse (e.g., *The Courage to Heal* by Bass and Davis; *Betrayal of Innocence* by Forward and Buck; *Outgrowing the Pain* by Gil; *Reclaiming Your Life After Rape: Cognitive-Behavioral Therapy for Posttraumatic Stress Disorder—Client Workbook* by Rothbaum and Foa); process key concepts.
 13. Assign and process a written exercise from *Healing the Trauma of Abuse: A Women's Workbook* by Copeland and Harris.
 14. Explore, encourage, and support the client in verbally expressing and clarifying feelings associated with the abuse.
 15. Encourage the client to be open in talking of the abuse without

- shame or embarrassment as if he/she was responsible for the abuse.
8. Decrease the secrecy in the family by informing key nonabusive members regarding the abuse. (16, 17, 18)
 9. Describe how a sex abuse experience is part of a family pattern of broken boundaries. (19)
 10. Verbalize the ways the sexual abuse has had an impact on life. (20, 21)
 11. Clarify memories of the abuse. (22, 23)
 16. Guide the client in an empty chair conversation exercise with a key figure connected to the abuse (e.g., perpetrator, sibling, parent) telling them of the sexual abuse and its effects.
 17. Hold a conjoint session where the client tells his/her spouse of the abuse.
 18. Facilitate a family session with the client, assisting and supporting him/her in revealing the abuse to parent(s).
 19. Develop with the client a genogram and assist in illuminating key family patterns of broken boundaries related to sex and intimacy through physical contact or verbal suggestiveness.
 20. Ask the client to make a list of the ways sexual abuse has impacted his/her life; process the list content.
 21. Develop with the client a symptom line connected to the abuse.
 22. Refer or conduct hypnosis with the client to further uncover or clarify the nature and extent of the abuse.
 23. Facilitate the client's recall of the details of the abuse by asking him/her to keep a journal and talk and think about the incidents (or assign "Picturing the Place of the Abuse" or "Describe the Trauma" in the *Adult Psychotherapy Homework*

- Planner* by Jongsma). Caution him/her against embellishment based on book, video, or drama material, and be very careful not to lead the client into only confirming therapist-held suspicions.
12. Decrease statements of shame, being responsible for the abuse, or being a victim, while increasing statements that reflect personal empowerment. (24, 25, 26, 27)
 13. Identify the positive benefits for self of being able to forgive all those involved with the abuse. (28, 29, 30)
 24. Assign the client to read material on overcoming shame (e.g., *Healing the Shame That Binds You* by Bradshaw; *Facing Shame* by Fossum and Mason); process key concepts.
 25. Encourage, support, and assist the client in identifying, expressing, and processing any feelings of guilt related to feelings of physical pleasure, emotional fulfillment, or responsibility connected with the events.
 26. Confront and process with the client any statements that reflect taking responsibility for the abuse or indicating he/she is a victim; assist the client in feeling empowered by working through the issues and letting go of the abuse.
 27. Assign the client to complete a cost-benefit exercise (see *Ten Days to Self-Esteem!* by Burns), or a similar exercise, on being a victim versus a survivor or on holding on versus forgiving; process completed exercises.
 28. Read and process the story from *Stories for the Third Ear* by Wallas entitled “The Seedling” (a story for a client who has been abused as a child).
 29. Assist the client in removing any barriers that prevent him/her

- from being able to identify the benefits of forgiving those responsible for the abuse.
14. Express feelings to and about the perpetrator, including the impact the abuse has had both at the time of occurrence and currently. (31, 32, 33)
 15. Increase level of forgiveness of self, perpetrator, and others connected with the abuse. (34)
 16. Increase level of trust of others as shown by more socialization and greater intimacy tolerance. (35, 36)
 30. Recommend that the client read *Forgive and Forget* by Smedes; process the content of the book after the reading is completed.
 31. Assign the client to write an angry letter to the perpetrator of the sexual abuse; process the letter within the session.
 32. Prepare the client for a face-to-face meeting with the perpetrator of the abuse by processing the feelings that arise around the event and role-playing the meeting.
 33. Hold a conjoint session where the client confronts the perpetrator of the abuse; afterward, process his/her feelings and thoughts related to the experience.
 34. Assign the client to write a forgiveness letter and/or complete a forgiveness exercise (or assign “A Blaming Letter and a Forgiving Letter to Perpetrator” in the *Adult Psychotherapy Homework Planner* by Jongsma); process each with therapist.
 35. Teach the client the share-check method of building trust in relationships (i.e., share only a little of self and then check to be sure that the shared data is treated respectfully, kindly, and confidentially; as proof of trustworthiness is verified, share more freely).

- 17. Report increased ability to accept and initiate appropriate physical contact with others. (37, 38)
- 18. Verbally identify self as a survivor of sexual abuse. (39, 40)
- 36. Use role-playing and modeling to teach the client how to establish reasonable personal boundaries that are neither too porous nor too restrictive.
- 37. Encourage the client to give and receive appropriate touches; help him/her define what is appropriate.
- 38. Ask the client to practice one or two times a week initiating appropriate touching or a touching activity (i.e., giving a back rub to spouse, receiving a professional massage, hugging a friend, etc.).
- 39. Reinforce with the client the benefits of seeing himself/herself as a survivor rather than the victim and work to remove any barriers that remain in the way of him/her doing so (or assign "Changing from Victim to Survivor" in the *Adult Psychotherapy Homework Planner* by Jongsma).
- 40. Give positive verbal reinforcement when the client identifies himself/herself as a survivor.

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	303.90	Alcohol Dependence
	304.80	Polysubstance Dependence
	300.4	Dysthymic Disorder
	296.xx	Major Depressive Disorder
	300.02	Generalized Anxiety Disorder
	300.14	Dissociative Identity Disorder
	300.15	Dissociative Disorder NOS
	995.53	Sexual Abuse of Child, Victim
	995.83	Sexual Abuse of Adult, Victim
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Axis II:	301.82	Avoidant Personality Disorder
	301.6	Dependent Personality Disorder
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Using DSM-5/ICD-9-CM/ICD-10-CM:

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
303.90	F10.20	Alcohol Use Disorder, Moderate or Severe
300.4	F34.1	Persistent Depressive Disorder
296.xx	F32.x	Major Depressive Disorder, Single Episode
296.xx	F33.x	Major Depressive Disorder, Recurrent Episode
300.02	F41.1	Generalized Anxiety Disorder
300.14	F44.81	Dissociative Identity Disorder
300.15	F44.89	Other Specified Dissociative Disorder
300.15	F44.9	Unspecified Dissociative Disorder
995.53	T74.22XA	Child Sexual Abuse, Confirmed, Initial Encounter
995.53	T74.22XD	Child Sexual Abuse, Confirmed, Subsequent Encounter
995.83	T74.21XA	Spouse or Partner Violence, Sexual, Confirmed, Initial Encounter
995.83	T74.21XD	Spouse or Partner Violence, Sexual, Confirmed, Subsequent Encounter
995.83	T74.21XA	Adult Sexual Abuse by Nonspouse or Nonpartner, Confirmed, Initial Encounter
995.83	T74.21XD	Adult Sexual Abuse by Nonspouse or Nonpartner, Confirmed, Subsequent Encounter

301.82	F60.6	Avoidant Personality Disorder
301.6	F60.7	Dependent Personality Disorder

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.