



**BLUE EARTH
COUNTY**

**Department of
Human Services**

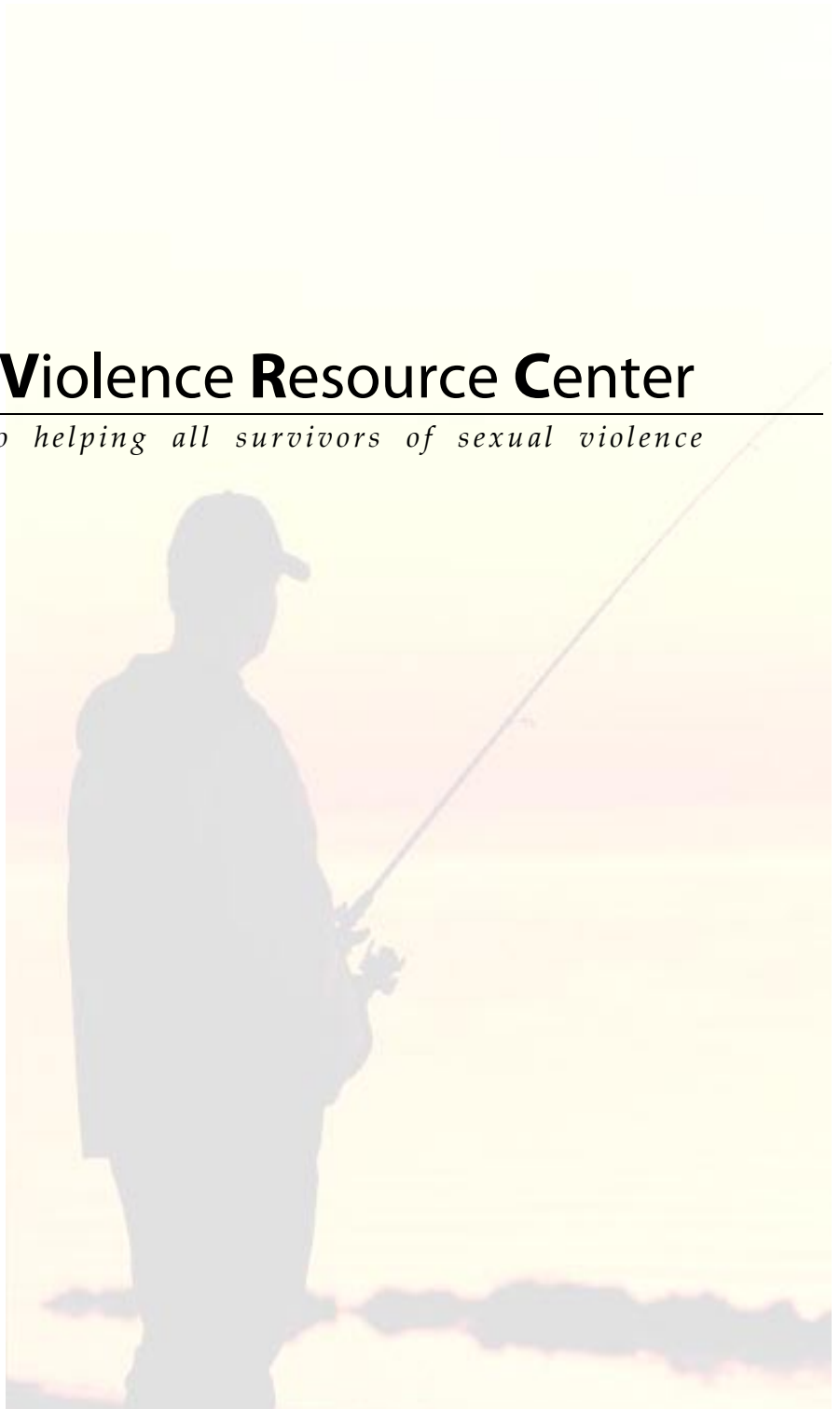
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Sexual Violence Resource Center

Dedicated to helping all survivors of sexual violence



Adults Abused as Children Packet



Dear Survivor,

Recovering from child sexual abuse, no matter how long ago the abuse took place, is not an easy process. It is common to have many conflicting and complex feelings and not know where to turn. For this reason, the Blue Earth County Sexual Violence Resource Center (SVRC) is here. The SVRC offers free and confidential assistance to help you through this process. Our female and male advocates are trained professionals who are dedicated to assisting you.

Within this packet, you will find a lot of information. Please do not feel overwhelmed; this packet is meant to be read at your leisure. Please also know that you are not alone. The Sexual Violence Resource Center works with over 200 victims/survivors of sexual violence annually. The SVRC is also committed to assisting you in finding resources in the community which include, but are not limited to, advocacy, counseling, support groups and therapy.

Lastly, although things may seem overwhelming now, please remember that they will get better. The Sexual Violence Resource Center is here for you to utilize and can be contacted during office hours at (507) 304-4295. You can also call our 24-hour crisis line, otherwise known as Safeline, at 1-800-630-1425.

Sincerely,

Jayne Jackson

Jayne Jackson
Program Coordinator
Sexual Violence Resource Center
Blue Earth County Human Services



Adults Abused as Children Packet
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General Advice for Adults Abused as Children

- Know that you are not alone.
- Place the responsibility for abuse where it belongs.
- Recognize what happened.
- Acknowledge your courage.
- Deal with your anger.
- Try something new.
- Be patient with yourself.
- Identify your strengths.

The Aftermath of Traumatic Sexual Abuse

Adaptation to sexual abuse is individual specific and highly favorable. It ranges from little or no after-effects to significant impairment in social and occupational functioning. Some of the more severe after-effects can include:

- Profound distrust of self and others.
- Distortions in the individual's general system of belief
- An entrenched belief that the world is a hostile place.
- Painful feelings of worthlessness, inadequacy, and incompetence.
- Academic and work-related problems.
- Difficulties with attention and concentration.
- Anxiety disorders, like post-traumatic stress disorder.
- Mood disorders, like depression.
- Addictions and compulsive behavior.
- Profound emotional and interpersonal isolation.
- Painful feelings of futility, hopelessness, and emptiness.
- Chronic suicidal thoughts, urges, and/or history of suicide attempts.
- Chronic problems with rage and anger.
- Deceptive and tension-reducing behavior.
- Difficulties with the law.
- Painful and often unwarranted feelings of shame and self-contempt.
- Difficulties in understanding and verbalizing internal experiences and conflicts.
- Difficulties with intimate relationships.
- Extreme sensitivity and reactivity to abandonment, rejection, and betrayal.
- Intense fear of personal exposure



Common Feelings

Emotional responses of victims to an assault will vary from individual to individual. Sexual assault is extremely traumatic and life-changing. It's important to remember that your responses are not crazy; they are normal reactions to a crazy situation—rape. Persons who are victims/survivors of an attempted sexual assault may also have similar feelings.

Fear of People, Sense of Vulnerability

Victims frequently fear people and feel vulnerable even when going through the regular activities of life. You may be afraid to be alone or afraid of being with lots of people. You may find yourself not knowing whom to trust. You may have lost your sense of safety in your environment which makes you feel vulnerable. You may fear it might happen again. You may notice any sexual innuendos, stray looks, whistles, or catcalls that you normally would not have noticed.

Helpful Ideas

- Try to spend time with your friends, family, and people you trust.
- Learning to trust others and learning to trust your own judgment takes time and support from others. This is particularly difficult if the assailant was someone you know. Not trusting others is temporary and is a coping mechanism. You will be able to trust when you have had a chance to heal and are feeling less vulnerable.
- Talk to trusted support people about your feelings.
- Trust your gut feelings and instincts if someone feels unsafe.
- It is okay to experience different feelings.

Loss of Control Over Your Own Life - Fear of the Assailant

The assailant stepped into your life and took control. You did not have a choice and did what you needed to do to survive. You may feel unsure about yourself and may temporarily lack your normal self-confidence. Decisions that were made routinely before now feel monumental. You may feel that because of the assault you have to change your life. You also may feel that the assailant has taken away all of your control and your normal life, leaving you feeling used, dirty, or bad.

Helpful Ideas

- Your ability to make decisions will return.
- People who offer options and support your decisions unconditionally can help you regain trust.
- It is not paranoia to take precautions that will help you feel safe.
- Your fear is a result of the situation and the feeling of being out of control. Trusting only those who have earned your trust, locking doors, staying with trusted friends, taking self-defense classes, etc., are normal means to help you feel safe. They may help you regain a sense of control over your life.

Anxiety, Shaking, Nightmares

You may experience these after an attack. This can begin shortly after the attack and may continue for a long period of time. Nightmares can replay the assault, be dreams of being chased, or other such nightmares. You may fear that you are losing it and that you should be over it by now.

Helpful Ideas

- These responses, as scary as they are, are normal reactions to trauma and can be the way your emotions act out the fear experienced.



- It is important to be able to talk about nightmares and fears and how they affect your life.
- Keeping a journal and writing about feelings, dreams, and fears can be a useful tool.

Sexual Concerns

You may experience a variety of sexual concerns after an assault. You may want no sexual contact. You may need intimacy, like nurturing, holding, etc., or not to be sexual. You may experience some confusion about separating sex from sexual violence, particularly sexual acts that you may do with your significant other may provoke flashbacks of the attack.

Helpful Ideas

- Sexual healing takes time.
- It is okay to ask your significant other to nurture you and not ask for any sexual contact.
- A patient, gentle, intimate significant other is helpful in your healing process.
- To retreat sexually is a normal coping mechanism.
- You have a right to refuse to be sexual until you feel ready.
- Rape is not sex. Intimate consensual love-making bears no resemblance to sexual violence.

Guilt, Shame, Self-Blame

Most victims feel guilty and ashamed about the assault. You question that you somehow may have provoked it or asked for it or that you should have known what was going to happen or that you shouldn't have trusted the assailant or that you should have prevented the assault. Some of these feelings are the result of society's myths about rape and sexuality. You may know what society believes and you worry about what others might think of you. Sometimes blaming yourself helps you to feel less helpless.

Helpful Ideas

- **No one deserves to be sexually assaulted. Tell yourself that many times a day. It is not your fault.**
- Being sexually assaulted does not make you a bad person. You did not choose to be sexually assaulted.
- Education about the facts surrounding sexual assault may be helpful in dispelling shame and self-blame.
- Pride yourself for having done the best you could to survive the incident.

Anger

Anger is an appropriate, healthy response to sexual violence. It usually means that you are healing and have begun to look at the assailant's responsibility for the assault. People vary greatly in how readily they feel and express anger. It may especially be difficult to express anger if you have been taught that being angry is not okay. Anger can be vented but in appropriate ways. You may also turn your anger inward, which would be recognized as sadness, pain, or depression.

Helpful Ideas

- Anger can be worked out physically without harming yourself or others. Go for a walk, run, shoot baskets, bike, hit pillows, journal, etc.
- Anger needs to be directed at the assailant and not you.



Types of Sexual Abuse of Children and Range of Symptoms

Non-Contact

- Photographing the child for sexual purposes
- Showing the child pornographic materials
- Sexualized talk with the child
- Making fun of or ridiculing the child's sexual development, preferences, or organs
- Verbal and emotional abuse of a sexual nature
- Exposing genital area to child for sexual gratification
- "Peeping" in on child while dressing, showering, using the restroom
- Masturbating in front of the child
- Making the child witness others being sexually abused

Contact

- Touching the child sexually
- Invasive care of the child's genitals
- Stripping the child to hit/spank; obtaining sexual gratification out of hitting
- Making the child touch the adult sexually
- Making the child masturbate the adult
- Making the child engage in oral sex
- Making the child engage in vaginal or anal intercourse
- Making the child engage in prostitution
- Making the child engage in sexual activity with animals

Range of Symptoms That May Be Present in Sexually-Abused Children

Sexual/Physical Symptoms

- Attempts to touch the genitals of others
- Sexualized play
- Detailed and age-inappropriate knowledge of sexual activity
- Excessive masturbatory behavior
- Reluctance to undress
- Avoidance of touch
- Increased startle response
- Hypervigilance
- Extreme fluctuations in heart rate (above 100 bmp or below 60 bmp)
- Sleep disturbance (bed-wetting, nightmares)
- Drastic change in appetite, somatic complaints
- Enuresis/encopresis
- Substance use
- Fatigue/exhaustion

Emotional Symptoms

- Regression to younger developmental stage
- Lack of affect
- Withdrawal/depression
- Anxiety/irritability/fear
- Phobias
- Excessive guilt
- Feelings of helplessness
- Low self-esteem
- Obsessive ideas
- Self-hate
- Hyperalertness
- Dissociation

Behavioral Symptoms

- Abrupt change in behavior or personality
- Aggression
- Excessive crying
- Overcompliance
- School adjustment problems/sudden drop in school performance
- Temper tantrums
- Truancy or runaway behavior
- Self-mutilating/suicidal ideation/gestures/attempts
- Flashbacks/avoidance
- Nightmares
- Lack of trust/social isolation/lack of friendships
- Hyperarousal



Sexual Abuse and Depression: Breaking the Pattern

By Melanie Haiken, Consumer Health Interactive

It's many people's darkest secret. If you were sexually abused as a child, though, you're not alone. As many as one out of four girls and one out of 10 boys in the United States has been molested, according to American Family Physician. Most of the time, it's someone they know. Sometimes it's a parent or sibling, and many victims are abused before they reach adolescence.

Left hidden, the memories of this abuse can be shattering, leaving victims feeling ashamed, lonely, and suicidal. Many refuse to remember, or have repressed these memories, and when they do, the feelings of fear and powerlessness return.

"Remembering the rape triggered the very worst period of the whole healing process. It felt like I was going to die," says one woman in the book *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse* by Ellen Bass and Laura Davis. "I couldn't take a breath without thinking about incest. In fact, it was a struggle to breathe a lot of the time. I had a few days where I just sat on the kitchen floor, rocking and holding myself."

But the damage doesn't have to be life long. With support and counseling, you can undo or heal the harm.

What's the link between child sexual abuse and depression?

Psychiatrists have reported that adults being treated for depression or eating disorders -- particularly women -- often have a history of being sexually abused as children.

As many as a third of children who were sexually abused suffer from mental health problems later in life, primarily depression and anxiety, according to researchers in the United States and Europe. Some researchers also believe that the depth of depression is also related to how severely children were abused, including how often they were assaulted and whether the abuser was a family member. Incest is particularly damaging to a child. Because the abuse was perpetrated by a family member and it may have lasted for several years, abused children learn to distrust people who are close to them. Lack of trust becomes a problem later on when they establish relationships with other people. As adults, some abuse victims shun intimacy and touch because it reminds them of the abuse.

How can childhood abuse affect me as an adult?

If you were abused as a child, you may have felt that your world was not a safe place because you had no control over what happened to you. This is particularly true if a parent or another family member was the abuser. Without the protective feelings most children get from their parents, many victims of sexual abuse feel betrayed and powerless, and this can last into adulthood. Without that trust, they may have trouble forming or keeping relationships with people outside the family. Studies of abused women show, in fact, that they're more likely to divorce or break up with their partners than women who aren't abused as children, according to the *British Medical Journal*.

Studies show that many abuse victims grow up in dysfunctional families where they were also attacked physically or verbally, or where drugs and alcohol are also a problem. Ironically, some repeat the cycle of abuse in their own adult relationships. They find themselves with partners who hurt them physically or emotionally, or they may become abusive themselves. Being in an abusive relationship can then lead to more depression. If you grew up in an abusive home, and you have trouble coping, you may need help developing healthy relationships.



That doesn't mean that all children who were abused will have troubles. In fact, some actually cover it up successfully and become overachievers at school. Their problems can go unnoticed until troubles surface that force them to face their abuse.

Are there other problems linked to sexual abuse?

Yes. There's now a substantial body of research linking child sexual abuse with a number of mental health disorders, such as anxiety, eating disorders, and substance abuse. Many abuse victims show classic signs of post-traumatic stress disorders, such as trouble sleeping, nightmares, or an inability to remember the abuse. There are also physical symptoms, including headaches and obesity.

Families where sexual abuse is common are more likely to foster physical and emotional abuse as well. For example, one study found that women who'd been sexually abused were five times more likely to have been physically abused and three times as likely to also report emotional deprivation. They may feel isolated because they don't have a parent to turn to or seek help from when they need it.

What this means is that in some cases, researchers can't isolate sexual abuse from the dysfunctional family life that comes with it. What we know for sure, though, is that early abuse, whether sexual, physical or emotional, is a stressor that leaves children vulnerable to both mental illness and physical ailments that have a psychological component.

How do boys react to being abused as children?

Many men who were abused as children have the same symptoms as female abuse victims.

They often have low self-esteem, eating disorders, distorted body images, frequent nightmares, and anxiety. Often they turn to alcohol and drugs to dull the pain. Moreover, they can be distrustful of others and have trouble with their sexual performance. But there are some differences. Boys are often silent about their abuse into adulthood. And as adults, they may be more likely to become child abusers themselves, according to some researchers. But it's important to note that many do not. It is often this stigma that prevents men from seeking treatment for an abusive past.

Are there ways to prevent a history of abuse from causing depression?

Although depression is common, there are also many who escape an abusive childhood without feeling suicidal or depressed. What happens to these children that makes such a difference? One study found that long-term problems were significantly lower in abused children who had supportive and confiding relationships with their mothers and in those who, as adolescents, experienced some success at school or with peers.

In other words, getting good grades, excelling at sports, or being popular and socially active seems to strengthen abused children's self-esteem in a way that prevents problems from developing later.

Having a successful relationship or close friendships can also make a big difference, experts say, since isolation is often a factor in depression. As we gain knowledge about the long-term effects of sexual abuse, many experts are calling for better early intervention programs to help children who have been sexually abused work through the trauma as soon as possible. The idea is that if abused children can come to believe the abuse was not their fault and feel protected from its recurrence, they can relearn how to trust themselves and others and perhaps avoid the long-term consequences of abuse.



What is the best way to treat my depression?

If your depression has lasted longer than you can remember, it's likely that you need professional help, and you'll need to turn to others. Many people turn to a psychologist or psychiatrist for treatment. For some, antidepressants can help them cope with the memory of abuse while they're trying to heal.

Fortunately, there are a number of self-help organizations and psychologists who specialize in treating adults who were sexually abused as children. This is not a simple process, and for many the healing can take years. One thing that many abuse victims say helps them is to write in a journal or tell other family members and friends. After years of denial, opening up helps them overcome the shame associated with abuse.

"I sometimes wonder when the work is going to be finished," says another abuse victim in *The Courage to Heal*. "I don't think it ever really is. (The abuse) doesn't overwhelm me as much as it used to. I used to cry and cry about it. It felt like everything inside of me was collapsing. I don't feel that way now."

Melanie Haiken, M.A., is the former health editor of *Parenting* magazine. An independent journalist specializing in health, business, and parenting issues, she has served as managing editor of *BabyCenter* and of *San Francisco* magazine and as executive editor of an *Industry Standard* magazine, and has written for *Time Inc. Health*, *The Washington Post*, and many other publications.

Further Resources

Incest Survivors Anonymous
P.O. Box 17245
Long Beach, CA 90807-7245

Please write a letter to request information about meetings.

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Reviewed by Lynn Cohen, MA, MFT, a marriage and family therapist in private practice in Vacaville, California.

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Post Traumatic Stress Disorder (PTSD)

From: A New Harbinger Self-Help Workbook
The PTSD Workbook

By: Mary Beth Williams, Ph.D., LCSW, CTS
Soili Poijula, Ph.D

Max is a Vietnam veteran who was in many combat missions. He was wounded twice and eventually had to be medevaced to a hospital before returning home. While Max was being flown out by helicopter, there was gunfire and the medic caring for him was killed. Max has nightmares of the death of this medic. He avoids airplanes, guns, helicopters, and air shows and has problems with anger and sleep. Max has PTSD.

Symptoms of PTSD

If your reaction to traumatic events persists for a period of time, or if it occurs at least six months after the event occurred, you may have developed post-traumatic stress disorder.

The following description of PTSD is adapted from the DSM-IV (American Psychiatric Association 1994).

1. You have been exposed to a traumatic event in which both of the following were present:
 - You experienced, witnessed, or were confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of yourself or others.
 - Your response involved intense fear, helplessness, or horror, or your perception of the event led to these emotions.

2. You reexperience the event in one or more of the following ways:
 - You have recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
 - You have recurrent distressing dreams of the event.
 - You act or feel as if the traumatic event was recurring, and you may have a sense of reliving the experience through illusions, hallucinations, and active flashbacks.
 - You experience intense psychological distress or bodily reactions when exposed to internal or external cues that symbolize or resemble an aspect of the traumatic event (i.e., sights, smells, sounds, dates); these are called *triggers*.

3. You persistently avoid things or events (triggers) associated with the trauma and numb your response using three or more of the following:
 - You make a great effort to avoid thoughts, feelings, or conversations associated with the trauma, or to avoid activities, places, or people that would cause you to remember the trauma.
 - You can't recall an important aspect of the trauma.
 - Your interest or participation in activities is much less.
 - You feel detached or estranged from others.
 - Your ability to feel emotion is restricted, as is your range of emotions (i.e., you are unable to have loving feelings).
 - You have a sense of a foreshortened future --you can't see ahead into a far-off future (i.e., you do not expect to have a career, marriage, children, or a normal life span).



4. You also have persistent symptoms of increased physical arousal that were not present before the trauma, as indicated by two or more of the following. You experience:
 - difficulty falling or staying asleep
 - irritability or outbursts of anger
 - difficulty concentrating
 - hypervigilance (being overly watchful)
 - exaggerated startle response (you're jumpy)
5. All of these symptoms have lasted more than one month.
6. Because of these symptoms, you are significantly distressed or impaired in social, occupational, or other important areas of functioning.

The PTSD is *acute* if your symptoms have been there less than three months, and *chronic* if your symptoms have lasted three months or more. It is *delayed onset* if your symptoms began at least six months after the stressor event or events.

The first half of this workbook is designed to help you if you've been diagnosed with PTSD or if you have symptoms of "partial PTSD"—that is, you have some symptoms but not enough to qualify for the DSM-IV's clinical diagnosis.

What Is PTSD?

Terr (1994) has written about two distinct types of trauma: type I and type II trauma. PTSD is more likely to be a reaction to experiencing or witnessing type I traumatic events, which are single, catastrophic, unanticipated experiences. A sexual assault, a serious car crash, and a natural disaster are all type I events. These type I events also can be called *critical incidents*. If you have experienced a type I trauma, you often have a detailed, clear memory of what happened. Your memories remain alive unless you work through them. You may find yourself frequently looking for a way to explain what happened or a way you could have prevented what happened.

Roger Solomon, in his unpublished manuscript "Dynamics of Fear" (2001) writes that it is possible to describe such an incident in the following way:

1. Here comes trouble. (You become aware of a threatening situation.)
2. Oh, shit! (You become aware of your vulnerability; you may feel weak and not in control.)
3. I've got to do something. (You realize you have to act to survive or gain control over the situation; you acknowledge the reality of the danger. You make a transition from an internal focus on vulnerability to an external focus on danger. But if you focus solely on this danger, you tend to feel even weaker and more out of control.)
4. I have to survive. (You focus on the danger in terms of your ability to respond to it. You consciously or instinctively come up with a plan, start to react, and begin to feel more balanced and in control. It is more important to focus on this thought than on the previous one.)
5. Here I go. (This is your moment of commitment: you have to resolve to act, whether instinctual or planned; you mobilize tremendous strength; your mind becomes focused and clear and you have increased awareness and control.) (You act, often without thinking further.)
6. Oh, shit! (After the event is through and you've survived, it is normal to return to feelings of "oh, shit!" Don't let yourself get stuck here. Give yourself credit for all that you did do to respond in the other stages.)



Use this description when thinking about Larry's experience. (Note that, like Larry's story, many traumatic events are complex, and you may cycle through some or all of the steps more than once during the course of the event.) Larry was having breakfast at a restaurant when a wait staffer ran in and yelled, "Run, run. He's got a gun!" (steps 1 and 2). Larry did not even pick up his glasses, but took off across the restaurant, out through the lobby (where he saw a dead body) and down a hall (steps 3, 4, and 5). About ten others ran ahead of him. In the middle of the hall was a woman lying facedown, terrified. Everyone, including Larry, either ran over or around her. Suddenly, Larry turned and went back to try to help her (step 3). She was a large woman, a dead weight, and would not move or help Larry help her. As Larry tried to pick her up, the shooter rounded the corner and was less than six feet away from Larry (step 2). Larry instinctually thought, "I want to live." He dropped the woman's arm and ran (steps 4 and 5). He did not turn around to look at the shooter's eyes for fear that the connection between them would make him the next victim. Seconds later, Larry heard two shots. He thought one was for him, but both were for the woman--the killer shot her twice in the head. Larry kept running and escaped death by mere seconds (step 6).

Complex PTSD or Disorders of Extreme Stress, Not Otherwise Specified

If you have experienced prolonged, repeated, extensive exposure to traumatic events, you may be suffering from a disorder that has not yet been named in the DSM-IV, the clinical manual used by treatment providers to determine diagnoses. This disorder, first described by Judy Herman (1992), is called either complex PTSD or disorders of extreme stress, not otherwise specified (DESNOS). Persons who may suffer from complex PTSD include prisoners of war, hostages who were held captive for long periods of time, concentration camp survivors, war zone survivors, cult survivors, battering victims, domestic violence survivors, sexual abuse survivors, and children who have suffered years of other types of trauma. Help for symptoms of complex PTSD is presented primarily in the second half of this book, although some of the symptoms are similar to those of PTSD.

Some people exposed to prolonged trauma have a better chance than others of *not* developing complex PTSD. Children who are particularly resilient may be able to survive traumas better and continue to do well throughout their lives, especially if they have health support systems around them. Females who experience early trauma are less vulnerable to stress than males, and are at less risk to act in a disruptive way after the events. If you have above average or higher intelligence and you generally did well at school, you probably have higher self-esteem. This sense of self-esteem can help you cope with a lifetime of abuse. If you have always been easygoing, you may be less vulnerable to depression and anxiety and have higher *self-efficacy* (the ability to make effective plans and follow through on them). If you had protective adults in your life as a child, you may have been shielded from some of the bad effects of trauma that can appear in your adult life. If you are and have been more *resilient*, or able to recover from or adapt to setbacks, you also tend to build on your strengths and use them to make good decisions; you avoid blaming others; you dwell less on the past; and you may now work hard to build a good, healthy family unit (Tedeschi, Park, and Calhoun 1998).



Symptoms of Complex PTSD

You are more likely to experience symptoms of complex PTSD if your traumatization occurred early in your life, was prolonged, and was interpersonal. According to Herman (1992), the seven symptom groups of complex PTSD include:

1. Chronic affect dysregulation (your emotions have a life of their own)
 - difficulty modulating (managing and regulating) anger
 - self-destructive or suicidal behaviors
 - difficulty modulating sexual involvement
 - impulsive and risk-taking behaviors
2. Alterations in attention or consciousness
 - amnesia
 - transient dissociative episodes (short periods of zoning out)
 - depersonalization
3. Somatization (how your body holds your trauma)
 - digestive system problems
 - chronic pain
 - cardiopulmonary symptoms
 - conversion symptoms (psychological problems that get converted to physical symptoms--i.e., hits with a hammer on the back of a child becomes unexplained back spasms for the adult)
 - sexual symptoms
 - panic
4. Alterations in self-perception (how you see yourself)
 - chronic guilt, shame, and self-blame
 - feeling that you are permanently damaged
 - feeling ineffective
 - feeling nobody understands you
 - minimizing the importance of the traumatic events in your life
5. Alterations in perception of the perpetrator (this is not needed for a diagnosis of complex PTSD)
 - adopting the distorted beliefs of the perpetrator about yourself, others, and what happened as true
 - idealizing of the perpetrator
 - preoccupation with hurting the perpetrator
6. Alterations in relations with others
 - inability to trust
 - revictimizing yourself
 - victimizing others
7. Alterations in systems of meaning (how you see life, others, and spirituality)
 - despair, hopelessness
 - loss of beliefs that previously sustained you

(adapted from Meichenbaum 1994)



What is Complex PTSD?

If you have complex PTSD, you may have some or all of these personality issues:

1. You may have problems with your ability to regulate emotions, especially anger.
2. You may find it hard to “stay present” without becoming amnesic (unable to remember), dissociative (spaced out), depersonalized, or preoccupied with the trauma.
3. You may not see yourself as a functioning individual who can avoid feeling helpless, shameful, guilty, stigmatized, alone, special, or full of self-blame.
4. You may not have the ability to separate yourself from your abuser or perpetrator without either being preoccupied with revenge, feeling gratitude, or accepting the perpetrator’s introjects as true. (*Introjects* are someone else’s beliefs that you take into your head as your own and then believe.)
5. You may not have the ability to have positive, healthy relationships with others without being isolated, withdrawing, being extremely distrustful, failing repeatedly to protect yourself, or constantly searching for someone to rescue you (or for someone you can rescue).
6. You may not have the ability to find meaning in your life and maintain faith, hopefulness, and a sense of the future without feeling despair and hopelessness (Meichenbaum 1994).

Remembering Trauma

You have various types of memory. You have short-term memory (items remembered quickly, such as a phone number, and then lost just as quickly), long-term memory (permanently stored information), explicit or declarative memory (facts, concepts, and ideas, including your ability to recall the traumatic event in a cohesive way), and implicit or nondeclarative memory (acts, descriptions, or operations based on thought and automatic internal states). The traumatic events that have happened to you or to those you know seem to be recorded more easily in implicit memory (Rothschild 2000). Implicit memory includes behavior that you learn through *conditioning*, or exposure to various stimuli. During a traumatic event, many sights, sounds, smells, or other cues get associated with that event in your mind. These cues become triggers that can lead you to have the same intense reaction to them that you had during the original event. Thus, your post-traumatic stress disorder appears to be “a disorder of memory gone awry” (Rothschild 2000, 35). Sometimes you will know how closely connected these triggers are to the trauma and what you remember about the event. At other times, the connections are harder to recognize and you may have a hard time making sense of your PTSD symptoms and their triggers



Surviving to Thriving: Healing and Hope for Survivors of Sexual Violence

By Jes, creator of www.survivingtothriving.org

"Each fear that I accept makes my world a bit smaller." - Thalia Zepatos

Triggers, Panic Attacks, and Flashbacks

After I was raped, I was surprised to find myself being reminded of the experience constantly. These reminders, which I soon found out were called triggers, were incredibly intrusive. A simple word sometimes can still leave me feeling anxious or sad. When I heard my rapist's very common last name spoken over a loudspeaker, I was brought back into my bedroom, screaming for Bill. Even things not related to the attack brought on panic attacks. For instance, I woke up late for work one morning and found myself in the midst of a terrifying panic attack. Simply feeling out of control had brought those feelings out in me again. It takes hard work to learn to cope with these feelings, but we are capable of understanding and mastering them.

Flashbacks

Flashbacks occur when we are triggered to remember what happened. A flashback can be a terribly frightening experience, involving all of the senses. Many survivors say that they can see, hear, smell, and feel everything that had happened to them during a flashback. After a traumatic experience, it is not unusual for us to block part of the memory, banish it from consciousness. Sometimes a forgotten memory of rape or abuse will resurface in the form of a flashback, which can be particularly terrifying and confusing. Often, flashbacks have something to tell us and they present themselves to let us know that part of the trauma is waiting to be resolved. If you are having flashbacks, I urge you to find a safe place to think about them or talk about them. Counseling is an especially important option since flashbacks can be a symptom of post-traumatic stress syndrome.

Dealing With Flashbacks

- Recognize what triggers flashbacks for you. Our triggers are all personal. For some, drinking out of a bottle can trigger a flashback. Others say that hearing words spoken during the rape or abuse can cause a flashback. For me, hearing "Me and A Gun" can send me right into one.
- I carry a rock with me when I'm feeling trigger and when I have a flashback, it helps to hold onto it because it provides a sense of stability.
- Try to remind yourself of your surroundings. Open your eyes and look around, telling yourself that you are safe can help.
- After the flashback is over, try to understand it. They are terrifying, but usually a sign that we are ready to remember and feel the emotions connected to what has happened to us.

Panic Attacks

A panic or anxiety attack is a radical and quick acting physiological reaction the human body can have when we feel fear. As people who have known true and profound fear, we survivors are more prone to them than most. If you have them, you are not alone. Most survivors have had them.

Signs of a Panic Attack

- Your heart may be beating quickly or seem to be skipping beats.
- You may have difficulty breathing or catching your breath.
- Constant shaking and/or twitching.



- You may feel like you can't think straight, like you can't make decisions or have too many thoughts bouncing around in your head.
- Your mouth may become dry and you may find it hard to swallow.
- You may feel tingling in the hands, feet, or other parts of the body (I get it in my back).
- Tense muscles, clenched jaws.

There are many more, but these are some of the major ones. Keep in mind, you don't need to have all of these to be having a panic attack. A friend of mine only has difficulty breathing, but she was diagnosed as having panic attacks. If you have some of these symptoms, I hope you'll talk to a counselor about them.

Thoughts on Confronting Panic Attacks

- It's okay to be having them. It doesn't make you weird or abnormal. You'd be surprised at how many people have them.
- Many of us fear having one in public, at work or school, etc. First of all, even though you feel like you are going nuts, there are few outward symptoms. If you are scared of having one in public, give yourself permission to go to the bathroom and spend some time by yourself.
- A lot of people are terrified of having them. Look at it as practice, to gain control of them and learn techniques to deal with them, what works, what doesn't. Fearing them gives the panic reaction more power over you than it deserves.
- Putting pressure on yourself to deal with them RIGHT now is not a great idea. It makes them worse. Try and give yourself permission to have them wherever you are. Find a quiet place, go to the bathroom, go outside. Do whatever makes you comfortable.
- If you are going to be in a stressful situation and fear panicking, it may help to visualize yourself going through the experience calmly before it actually occurs.

If You Are Panicking

- Take deep breaths from the stomach, not the lungs. Lie down and watch your tummy move up and down to practice these deep breaths. Someone gave the tip of lying down with a book on your stomach and watching the book.
- I try to stay focused on my breathing by counting the breaths or just thinking.
- I might inhale and think "focused," exhale and think "centered."
- Sometimes I inhale and think, "It's going to be..." Exhale... "Okay."
- Simple repetitive tasks can help. At work, I used to make flashcards for my students, which is dull but focusing. One good idea might be to organize all of the change in your pockets. Put the pennies in year order, then the nickels, then all dimes, then the quarters. Just a stupid non-thinking but focusing task. Count how many people are wearing red and how many are wearing blue and compare the numbers.
- Herbal remedies have helped me. Lavender essential oil is a very calming scent. I used to wear it constantly. In addition, I like Rescue Remedy, which is a natural solution for stressful moments. However, my doctor did prescribe medication for me and I carried it around with me for months, just in case I had an attack.

While you try these, it's important to think positively. Thinking "Why isn't this working?" or "It has to start working!" doesn't help and makes the situation worse. It may take a few minutes, it may take more. That doesn't mean that you are doing anything wrong. It just means that it's taking time. Also, getting to know your physical symptoms helps. I know that the first sign of an attack is tingling in my back and my hair standing up on end. If that happens, I start breathing right away, making tea for myself or trying a herbal remedy.



Sleeping and Nightmares

After my rape, I had a lot of difficulty falling asleep and when I finally did, my sleep was sometimes interrupted by nightmares. I've found that this is really common among survivors. Most of us experience these problems at some point in time in our healing.

Sleeping Tips

- Wake early to exercise. I find that going to the gym in the morning gives me enough energy to start my whole day again.
- Make sure you use your bedroom for sleeping only. If you live in a college dormitory or with your family, try to use your desk for activities like studying and reading.
- Make a bedtime ritual. I usually drink a cup of Celestial Seasoning's Sleepytime Extra. It has herbs in it to aid sleep; but since it is a ritual, I feel like it sends my body a signal saying, "Sleep is coming."
- Some people find that natural remedies, like Valerian, Kava Kava, and Melatonin, which can be found at your health food store help. Others find that melatonin, in particular, causes nightmares.
- Avoid caffeinated beverages in the afternoon.
- Alcohol might make you fall asleep, but you'll probably wake up before long, so try to avoid drinking before bed.
- Avoid exciting activities before bed. Watching exciting movies or playing competitive games doesn't put most of us in the mood for sleep.
- Lock your bedroom door if it makes you feel safer. Sometimes I'll picture people I love standing outside the door, ready to protect me. (Silly, I know, but it helps me feel safe.)
- Daydream when you get into bed. I usually daydream about being at the beach, watching the sunset, which sometimes brings me into a dream.
- Relax each muscle, starting with your feet, and working up the rest of your body.
- Sleep with a stuffed animal.
- Wear lavender oil to bed. It's a really calming scent. I dab it onto my pillowcases and there are lavender washes that you can buy to scent your sheets.
- If you have difficulty falling asleep or sometimes wake up in the middle of the night, make sure that a quiet, relaxing activity is available to you, like a rather dull book. Try doing this instead of lying in bed awake.

Nightmares

After I was raped, I was often woken up by nightmares. The most common one I had was of an attacker outside of my bedroom door or standing above my bed, but I had lots of other more complex and difficult ones. Reliving the trauma through our dreams is common for all of us and is a normal part of the healing process. That doesn't make it fun though. I hope you'll find these ideas helpful.

- When you wake up, write the nightmare down.
- Alternately, you could try drawing or painting it.

Usually, when I am awoken by a bad dream, I'll try to imagine it ending differently. For instance, when I dream that there is someone outside my door, I'll look around and wake up enough to feel safe. Then I immediately put my head down and imagine that my dog is chasing the attacker out of the house. Usually this will become a dream and I'll end up falling asleep.

- At other times, I'm able to somehow consciously control my dream without ever waking up.
- Talk about them with a trusted friend or counselor. Talking about them can give them less control over us.



- Try to understand them. They are an important part of healing and usually have something to tell us about any unresolved feelings we have. Understanding our nightmares and dreams can be a step towards identifying these emotions and resolving them. You can do this just by thinking about what the nightmares meant to you or by looking at dream books to find the symbolism in them.

Questions

Triggers are difficult to face because they can produce extraordinary difficult reactions in us, ranging from discomfort and anxiety to panic attacks or flashbacks. However, most of us would like to live without being triggered, which can require us to confront our triggers and really work on them. Below are questions meant to aid you in understanding and facing your triggers.

- What specifically triggers you? Our triggers are all unique. Some women find that phrases the abuser used are triggering, while others find that places, smells, or sights provoke a response.
- How are these triggers affecting you? Nightmares, flashbacks, panic attacks, anxiety, and intrusive thoughts can all be signs that we are being triggered.
- Which triggers produce the biggest response? Which triggers provoke a milder response? It may help to actually rate them.
- How do these triggers interfere with your life? Some people find that they avoid specific places where they are likely to be triggered. Others find that they do not go out often to avoid a trigger response.
- Which triggers interfere with your life the most? Which ones interfere the least?
- Which triggers are probably unsafe? Which triggers are safe to work on? For example, going out alone at night produces anxiety in some survivors and this may be very unsafe. Going to the grocery store might produce the same reaction, but it is probably safe.
- Can you evaluate your trigger? For instance, I was initially frightened to go to work, but after thinking about the worst that could happen and the likelihood of that happening, I decided that it was a safe place for me to start. This kind of evaluation process can help with all sorts of triggers.
- After thinking about your triggers, which ones can you manage to work on at the moment? It's probably not a great idea to work on the most difficult to face trigger because those are tough.
- How can you work on facing the trigger safely? Sometimes it helps to actually imagine yourself handling a situation that triggers you, like going to a crowded place, before you actually do it.
- Can you make a plan to keep yourself feeling safe while you do? I have worked on a lot of triggers with the help of a counselor or my partner, which helps me feel prepared when I am facing a trigger.
- How did you feel as you faced your trigger? It may have been uncomfortable but could you do it again? What helped? What made you feel more uncomfortable?

I hope these suggestions help you. Panic attacks, nightmares, and flashbacks feel horrible; but you can overcome them.



When Females Are Perpetrators

Alan McEvoy, Ph.D. and Debbie Rollo

A small but significant percentage of sexual violence involves female perpetrators. For example, in 1998 the National Center for Juvenile Justice estimated that women were responsible for 8% of the total number of sexual offenses committed against male and female children. And in 2000, the Bureau of Justice Statistics estimated that about 2% of violent sex offenses are committed by women.

Nearly all of the existing research on female sex offenders focuses on the molestation of young children (both male and female). One particular kind of sexual victimization pattern, however, has received almost no careful scrutiny. This involves pre-teen and young adolescent male victims who are under 16 years of age (i.e., males in the early stages of pubescence), and older female teen or adult women perpetrators, typically in their 20s or 30s (thought they may be older). No one knows the number of young males who may be sexually victimized by females. From clinical experience and narrative accounts, however, it is known that these male victims seldom are identified and are not likely to receive help from victim service agencies.

When pre-teen and adolescent males are sexually victimized by older females, it is extremely rare for such conduct to be reported to the police. Given that available data are limited, the simple truth is we do not know much about these female sex offenders and their male targets. Estimates are speculative and vary according to how the problem is defined and measured. The portrait of females who commit sex offenses against young males may depend on which variables are being discussed. Important considerations include the age of the female perpetrator relative to the male victim, the relationship between the victim and offender, whether adult males are involved in encouraging female perpetrators, the specific type of sexual behavior involved, and the responses of others to the sexual behavior in question.

Characteristics of Female Sex Offenders

What is known about female sex offenders, however, is that they exhibit several interesting similarities when compared to male offenders. Commonalities include secrecy, deception, manipulation of the target, sexualized control fantasies, gradual escalation of sexually intrusive behaviors, abuse of power, social isolation, distorted thinking to justify the behavior, and the likelihood of re-offending. Both male and female sex offenders use subtle strategies to silence their victims and to shift attention away from their harmful behavior. Denial, minimization of the offensive conduct, lack of empathy, and projection of blame onto victims are typical of both. It is also common for male and female perpetrators to have grown up in troubled homes and to have been victims of sexual abuse.

But female sex offenders differ from male offenders in important respects. Females are less prone than male offenders to resort to physical violence or threats of violence, particularly when the target is an adolescent male. Extreme physical brutality and the use of weapons are rare. Female sex offenders usually do not have as many victims as male perpetrators. Equally important, females who abuse young male victims are less likely to define their actions as overtly sexual or as abusive. Another significant distinction is that because females are less likely to arouse suspicion of sexual misconduct, they generally are given more latitude than males for intimate acts with older children and adolescents. Seldom is their conduct with young males seen as sexually motivated. Quite simply, females are not seen as sexual threats to young people when compared to males. As a result, female offenders are less likely to be identified, reported, and prosecuted for sexual misconduct, especially when the victims are adolescent males.

Our society has been reticent about acknowledging the significance of female sex offenses against young males. For example, many people in victim services fear that discussing female sex offenders



will draw attention and resources away from the larger problem of sexual violence by males against women. Some have such rigid views of gender roles that they simply refuse to accept that women could be motivated to commit sex crimes. Those few females who do commit such crimes, it is believed, must be mentally ill or otherwise controlled by male perpetrators; yet, the reality is that most female sex offenders are not mentally ill. Some co-offend with males, others offend alone. We do not believe that victim services for women are jeopardized by acknowledging the existence of sex crimes committed by females against males.

Rethinking Male Victimization

Females who engage in predatory sexual acts with young males challenge conventional thinking about gender scripts in general, and about sex offenders in particular. Even if many people recognize that sexual molestation of young male children can involve female perpetrators, seldom is this same behavior defined as abusive once these males enter puberty. Although molested children are seen as victims, adolescent males who are having "sexual relationships" with older females may not be viewed in such a sympathetic light. The primary reason for this is the mistaken belief that these sex offenses by females are "seduction" and not criminal abuse. Moreover, if the male target is aroused or ejaculates during the sexual abuse, this is taken as confirmation that he was a willing participant in the alleged "seduction" and, therefore, is not a victim.

It is also commonly believed that women are not physically capable of sexually assaulting males who are physically mature, unless these males "want to be abused." The reality is that subtle forms of manipulation, coercion, and misuse of power over victims are common ways for females to sexually offend, rather than through use of direct physical force or threat of force. These insidious forms of control in which victims are gradually positioned for sexual misconduct can be just as traumatic as the actual use of physical force. But if a male succumbs to subtle manipulation rather than to overt physical force, it further confirms the mistaken belief that he was a willing participant.

If he "chose" not to resist, it is falsely assumed that he must have agreed to the behavior.

Arguably, sexual conduct between older females and young males represents a common sexual fantasy in our culture. Some believe that it is good for young males to be "initiated" into sexual intimacy by savvy older females. Such an experience, some believe, is an "ideal" way for a boy to "become a man." Presumably, it also confirms and reinforces his heterosexuality, thus diminishing possible fears that he might otherwise become "gay." If the adolescent male is targeted because he is perceived to be gay and the perpetrator believes that this will "change" him into becoming heterosexual, then the perpetration has the added complexity of being a hate crime.

Many mistakenly believe that there is no harm in such episodes, especially if the male "enjoys" the sexual stimulation and gains valuable experience and knowledge about sex. The net result of such misunderstandings is that young adolescent males who are targets of sexual misconduct by older females are not seen as victims. They are seen as being "lucky."

Conflicting Messages Given to Victim

Adolescent peers and adult males in particular may reinforce inappropriate messages about an older female who is conferring on a young male her "sexual favors." Many males have a difficult time accepting that "getting sex" from an attentive female, even if she is older and manipulates the young man into sexual acts, could be a form of sexual victimization. No matter how hurt and confused the victim may feel, other males who may know of what is happening often tell him that he is fortunate and should be happy about these sexual experiences. If the young man hints that this is not a desirable experience, he runs the risk of other males questioning his masculinity or his sexual orientation. Restarted, if the target does not "enjoy" the experience in accord with the fantasies of other males, it is implied that there must be something wrong with him. Thus, there is a profound disconnect between the emotional upheaval of the victim and the messages he receives from other males who guidance he seeks.



Female perpetrators will justify their conduct as acceptable and beneficial. For example, an offender might argue that she is simply “giving him pleasure” or “teaching him the proper way to love.” She may also claim that she is in “a love relationship” with the younger male, and that sexual conduct with him is a natural expression of that love. She deliberately obscures emotional, psychological, and sexual boundaries. She convinces herself, and she attempts to convince the young male, that the sexual conduct is desirable, mutually agreed upon, and not exploitation. Unfortunately, the line between love and exploitation is not always clear to victims, especially if the messages received by the victim from others reinforce the assumption that this behavior is positive.

Grooming

Although female sex offenders seldom use force or threat of force, they still abuse their power over the target to accomplish their ends. Similar to male perpetrators, adult female sex offenders carefully “groom” teenage male targets in ways that make their sexual conduct appear normal. Subtle but escalating forms of direct physical contact and of improper sexual exposure are common.

The grooming process may start with inappropriate hugs and kisses, peeping, “accidental” rubbing against the target’s genitals, and frottage (rubbing one’s genitals against another). The pattern can escalate to erotic talk, undressing in front of the target, showing pornography or posing nude for photographs, masturbating in front of the target, masturbating him, and eventually, intercourse. A common grooming tactic is for female offenders to “set the stage” by engaging in provocative acts (e.g., undressing and masturbating) in hope that the target will “make the first move.” If the target stays to observe such behavior, or even approaches the perpetrator, then she can claim that he willingly initiated the action. This provides a plausible excuse to the perpetrator, and also helps to convince the target that he is responsible for what has transpired.

The Effects of the Abuse

The reason why such behavior is sexually abusive, however, is that it fulfills the needs of the perpetrator, not the male victim. It is also abusive because the power differential means that both parties are not equally free to act. To be manipulated and used as a sexual object by a more powerful person, despite the costs to the victim, is at the heart of abuse. And the evidence of damage is clear. Young males who are prematurely coerced or manipulated into sexual acts with older females often exhibit fear, profound confusion, anger, resentment, low self-esteem, and deep depression. Some become suicidal. Some exhibit behavioral and academic problems in school. Still others may learn to act out in sexually inappropriate ways. At the least, such sexual victimization is detrimental to their normal psychological development; it can negatively affect their future relationships.

Some male victims may fear that they are “sexually abnormal” when they experience distress rather than pleasure because of the actions of female offenders who are supposed to be doing them a “favor.” The harm is made worse if, as is often the case, the female perpetrator is a family member, family friend, or other person of authority who is trusted.

Relationships Between Perpetrators and Victims

The exact relationship between female perpetrators and male victims can vary widely. Within the biological family it can be mothers, older sisters, aunts, and even grandmothers. We believe, however, that such incestuous perpetration with teenage males is relatively infrequent compared to other forms of sexual abuse. Incest is clearly frowned upon by society and few people would advance the notion that the male target is “lucky” to have such sexual experiences within the family. Males who are targets of incestuous behavior by these female family members usually are viewed with sympathy as victims of sexual abuse.

The blended family, where people are brought together as a result of divorce and remarriage (or other live-in arrangements), is a different story. This family form is common. It is also a family form where rules, roles, and personal boundaries are



confusing and often conflicted. In particular, the taboos against incest seem to weaken when people who are not blood relatives are brought together as a family because of remarriage or cohabitation.

Abuse in Reconstituted Families

Evidence confirms that in such “reconstituted” families, there are relatively higher rates of sexual abuse involving stepfathers and stepdaughters, or older stepbrothers and their young stepsisters. What is less well documented is the extent to which stepmothers and older stepsisters target younger males who reside under the same roof. We suspect that this occurs with greater regularity than official reports suggest. But for some of the reasons mentioned, young males who are targets of sexual exploitation by stepmothers or stepsisters seldom report the abuse. Female perpetrators in such families remain undetected, and male victims are unlikely to seek the help of their biological parents or the authorities. They are also unlikely to be identified and to receive help by professionals in victim services.

Imagine the confusion, anxiety, and emotional upheaval a 14- or 15-year-old boy experiences if his stepmother, perhaps in her late 20s or early 30s, decides to make him the object of her sexual attention. Such confusion is further complicated by fear of what will happen if his father or other family members find out. Moreover, the stepmother is telling him that this conduct is an expression of love that is “special.” She may try to convince him that their “relationship” is of his choosing. She also may reward him with favors and gifts. And to top it off, messages from males outside the family may affirm that view that he is fortunate indeed!

If the perpetrator is a stepmother, one consequence is that the male target is placed in a highly conflicted relationship with his father. The father may see his son as a sexual competitor and not as a victim of sexual misconduct. The young male may also be isolated from other family members who blame him for “causing” the family to suffer. Often the family operates under a shroud of secrecy where outside help is not brought into play. Under such conditions, the young male victim experiences protracted emotional deprivation; his

needs for nurturance and closeness are not met within the family.

If the perpetrator is an older stepsister, one consequence is that the parents may feel they have to “choose” between their children. This strains their relationship and the way they interact with the children living in the house. Often both children will be seen as equally responsible and the male victim will receive partial blame and punishment. If the male victim and the female perpetrator continue to reside under the same roof once the abuse is discovered, his ability to recover and the ability of others in the household to maintain healthy patterns of interaction may be seriously compromised.

Abuse Outside the Family

It can also be emotionally traumatic for young males who have sexual experiences with older females outside of the family. Teachers, neighbors, counselors, family friends, and clergy may be perpetrators. This also may include mothers whose young daughters socialize with (or are starting to date) male friends. When teachers or clergy are perpetrators, the element of “public scandal” can further complicate matters for victims. Media accounts and rampant gossip can be profound sources of humiliation for male victims and their families. Sadly, a kind of “scarlet letter” may be attached to the victim who is blamed for what happened.

Several patterns are common in these instances. First, as in other forms of abuse, the perpetrator has some power or authority over the target (e.g., a teacher). Once the sexual pattern begins, the resultant shame, guilt, and confusion of the victim become additional ways for the perpetrator to control and silence him. Second, the offender may target a male victim who is perceived to be isolated and to have some emotional vulnerability. Under the auspices of “understanding” the target, she befriends and gradually lures him into a sexual relationship. Finally, despite the manipulation and misuse of power, the perpetrator usually defines the sexual behavior as a “love relationship.” She will try to keep this “relationship” secret, but if discovered, will claim that the sexual behavior is a



mutually consenting expression of their “love.” She will point to the absence of force and to time spent in one another’s company. If he was being harmed, she argues, why would he spend time with her? From her point of view, the age and power differential between her and the young man are not important; all that truly matters is that “they love each other.”

Teenage female offenders exhibit similar patterns. They may be members of the family, but may also be sitters, nannies, camp counselors, church youth assistants, or others who work with young people. Many of these offenders have themselves been sexually victimized. Often they will select a male target who may be on the cusp of pubescence (e.g., female of 18 and male of 12 or 13). Because of the relative proximity in age, others may see the sexual behavior as a form of play or even “dating,” rather than abuse. In general, the closer the age between the perpetrator and the target, the less likely that others will define the sexual behavior as harmful even though it constitutes statutory rape.

The common element in all of these cases is that the young male is placed in a harmful situation by a more powerful person who is exerting control over him. The perpetrator’s needs are being met at his expense. The sexual circumstances are being imposed upon him and are not of his choosing. Any appearance that the young male derives appropriate, nurturing, and healthy emotional and sexual gratification from the experience is a misunderstanding. Simply stated, he is a victim, even though it may appear that he is complying in limited ways with what is transpiring. When we understand that these young males are victims of female sex offenders, we can take positive steps toward helping them.

How to Help

When a young male is sexually targeted by an older female, a typical outcome is that he experiences an extreme degree of what therapists refer to as “cognitive dissonance.” At the heart of cognitive dissonance is a flood of thoughts and emotions that are in conflict with one another. Often this results in dual feelings of being drawn to something and also repulsed by it.

Consider the example of a young man who becomes the object of his stepmother’s sexual attention. Although he might experience temporary sexual excitement, at the same time he feels profound guilt and disgust. He may “love” his stepmother and “hate” her at the same time. He may simultaneously “desire” the sexual pleasure and “abhor” what is happening to him. He may feel a deep “need to talk” with someone and an equally strong “need to remain silent.” He may want to connect with his father while he also fears and resents him. Such a discordant mental state is deeply debilitating. It can affect his normal development and can have seriously negative ramifications for other significant areas of life (e.g., school, friendships).

Efforts by family and friends to help the young man should be rooted in an understanding of the perilous conflicts he is experiencing. It is important to ask, “How does he perceive what has happened to him?” Despite his confusion and emotional tumult, he may not see himself as a victim. There is a basic reason for his failure to define what has happened as abusive. Because he may have experienced some degree of sexual pleasure, he very likely believes that he is responsible. He has no context to judge what has happened, and he lacks the experience to understand the intentional manipulation and the abuse of power by the older woman.

Messages to Be Communicated to Victims

Family and friends can help a young man who has been sexually manipulated by an older woman if they communicate to him several core messages.

Consistently emphasize that he was not the beneficiary of a desirable “seduction” but the target of a deliberate abuse of power. The sexual experience was not about his needs but about the selfish needs of the female perpetrator. Let him know that his best interests would have been served by her not having any sexual contact with him.

Discourage anyone from communicating that he was “lucky” to be initiated into a sexual relationship by an older woman. Both he and his friends who



may know need to understand that it was both morally and legally wrong for her to engage in such a relationship with someone his age. Point to the hurt and confusion he feels as clear evidence that this was not a fortunate experience.

Given his youth, very likely this was his first sexual experience with a female. He probably will have questions about this experience that he will not want to discuss with family members. Make sure he has available a counselor trained in sexual abuse who can provide him with answers and allow him to discuss details in a safe setting.

Reinforce the idea that he did not enter into this relationship as a fully equal and consenting partner. Explain to him that predators “groom” their victims in ways that make the targets feel as if they are responsible. Predators deliberately try to shift blame onto their victims as a way to silence them. Such grooming is part of the intentional abuse of power. He needs to understand that he was not in a position to consent, that experiencing an element of sexual pleasure does not mean that he gave consent, and that what was done to him was not of his choosing.

Let him know that the confusion he is experiencing is normal and does not mean that there is something wrong with him sexually or otherwise. Graphic sexual flashbacks, fears, feelings that he betrayed others or that he was betrayed, concerns that friends may ridicule him or that family members will reject him, and concerns about how he will interact with females of his own age may be a part of his confusion. Acknowledge that such thoughts and feelings are a normal consequence of having been placed into a desperately difficult situation by someone who knew what she was doing. Let him know that his willingness to share such confusion is a healthy sign of courage and trust.

Any indication that he is having suicidal thoughts or plans should result in immediate referral to a mental health specialist. If there is a serious decline in his school performance or a pattern of disruptive behavior at school, it may be necessary for parents to develop a proper course of action with the school counselor.

If legal action is initiated against the female offender, reinforce the message that he is not responsible for what may happen. The consequences of her inappropriate actions legitimately should be her burden, not his. Finally, make certain that he has been examined for sexually transmitted diseases. Given his youth and inexperience, he may have questions. Any questions he has should result in clear and honest information about such diseases.

In summary, the consistent messages he needs to hear are simple: he is not to blame, he was intentionally deceived and manipulated, no one has the right to abuse their power over another, he is loved, he has the strength to recapture his youth and to move forward.

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Fact Sheet (Legal Information)

This fact sheet is intended as informational only.

The decision about whether the statute of limitations has passed is complex and depends on many factors. Always consult your local county attorney for that information.

Note: CSC means criminal sexual conduct.

Current Statutes of Limitations for Criminal Sexual Conduct **References to adult or child mean the age of the victim *at the time of the offense*.**

Today there is no
statute of limitations if:

1. DNA evidence is collected and preserved; and
2. The crime is 1st, 2nd, or 3rd degree CSC; and
3. The crime occurred on or after 8-1-00 or was still chargeable on 8-1-00; or
4. The crime is kidnapping (regardless of DNA)

For all other criminal sexual offenses or if there is no DNA evidence collected:

Child Victim

1. Complaint must be filed within 9 years of the offense
OR if the victim did not report it within this time period, it must be filed within 3 years after the offense was reported to police (regardless of how old the victim is).

Adult Victim

1. If the offense is 1st through 3rd degree CSC, the complaint must be filed within 9 years.
2. If the offense is 4th or 5th degree CSC, the complaint must be filed within 3 years.



Previous Statutes of Limitations for Criminal Sexual Conduct

Look at the date of offense and see whether it carries forward with new statute changes.

Date of Offense	Child (under 18)	Adult
On & before 7-31-82	3 years	3 years
On 8-1-82 to 7-31-84	Interfamilial = 7 years – <i>only</i> for offenses committed after 7-31-82 Non-interfamilial = 3 years	3 years
On 8-1-84 to 7-31-89	All felony CSC regardless of whether interfamilial = 7 years – <i>only</i> for offenses committed after 7-31-84	3 years
On 8-1-89 to 7-31-91	CSC 1st through 4th degree = 7 years OR if not reported in that time, within 2 years of reporting to police but never after the victim’s 25th birthday	3 years
On 8-1-91 to 6-30-95	CSC 1st through 4th = 7 years OR if not reported in that time, within 3 years of reporting to police with no age limit (regardless of age of victim at charging)	CSC 1st – 3rd = 7 years CSC 4th & 5th = 3 years
On 7-1-95 to 7-31-00	CSC 1st through 4th = 9 years or within 3 years of reporting to police	CSC 1st – 3rd = 9 years CSC 4th & 5th = 3 years
On 8-1-00 to present	CSC 1st through 3rd with DNA collected/preserved – no statute of limitations (former limit of 9/3 years applies for all other situations)	CSC 1st through 3rd with DNA collected/preserved – no statute of limitations (former limit of 9/3 years applies for all other situations)



This arrow indicates that the new statute of limitations is retroactive. It applies to any crime which occurred before the statute change but which was still chargeable on the date of the statute change. Thus, the new statute will look back at cases on which the statute of limitations has not run out; and the prosecutor can carry them forward to charge them under the new, longer statute of limitations.



Other considerations for statutes of limitations:

- Unless otherwise indicated, the statute of limitations begins running the date the offense was committed.
- The statute of limitations creates a time limit during which a prosecutor can file a complaint against an offender for a crime. It does *not* limit the time during which a survivor can report the crime to police.
- Even if the statute of limitations has already passed on a given crime, the survivor may want to consider reporting to police for a couple of reasons:
 - First, it may be cathartic to tell what happened and tell the offender's name to the police. If the survivor is emotionally ready, it may be therapeutic for him/her to report the offender's actions to police.
 - Second, if the offender has continued to sexually assault others, the survivor's information might be useful to the police as evidence of other acts committed by the offender, even if this survivor's case cannot go forward. The survivor could testify as a witness in a case regarding another sexual assault. Whether this is good for the survivor or useful to his/her recovery, of course, is up to the survivor to decide.
- If the offender is outside the state of Minnesota during the time of the statute of limitations period, the running of that time is "tolled" or stopped. In other words, the clock ticking on the statute of limitations stops when the offender leaves Minnesota and starts again when he/she comes back to the state.
- While the legislature has extended statutes of limitations on criminal sexual conduct offenses, the burden of proof still lies with the prosecutor to show that the offense occurred beyond a reasonable doubt. Thus, while some offenses could be charged many years after they occurred, the best scenario is for the survivor to report as soon as s/he is able. This gives the police time to interview witnesses while they still remember things well, gather forensic evidence such as is collected with the rape kit, and interview the offender before s/he has time to think of a good story. But in any event, it is always worthwhile to give an investigator the chance to gather evidence that proves the crime occurred.

Q & A

I received a call from an adult woman who was sexually abused by her stepfather from 1992 to 1994. She was 12 through 14 years old, and she has never reported it to police. Will the prosecutor still be able to charge the case?

- Checking the 5th row down on the chart for Previous Statutes of Limitations, the limitations time in 1994 was extended to within 3 years of reporting to police, regardless of her age when she reports. Since she did not report within 7 years of the last offense (2001), this case can most likely be charged within 3 years of the date this woman reports to the police.

What if this same victim did report to the police in 1999, but the case was never charged. With her teenage niece ready to report the same behavior by the offender, she would like to encourage the prosecutor to charge both cases?

- This case happened when the statute of limitations was 7 years; but since this case was still "alive" in 1995 when the statute changed, the new statute of 9 years will apply (not the arrow). Thus, this case



had to be charged within 9 years of the last offense – or by 2003. However, if her niece reports a new assault, this woman’s information could be used as “prior acts” information to help prove the new assault. With her permission, notify law enforcement that there had been a previous report.

I met with a couple of sisters who were both sexually assaulted with forcible penetration by the same neighbor in January of 1991. They just discovered recently that both had been victimized and decided to report him to police now. One sister was 15 at the time of the assault, and one was 18.

- In the 4th row down on the Previous Statutes Of Limitations charge, we can see that if (as in this case) the report by the then 15-year-old was not made to police within 7 years of the offense, the statute of limitations used to be 2 years from the report and was limited by her 25th birthday. (She is now 28.) However, since her case was still “alive” in 1991 when the statute changed, her case is carried forward (note the arrow) into the next statute change when that limitation as to her 25th birthday was removed. Thus, the case regarding the then 15-year-old victim can still be charged by the prosecutor within 3 years of her report. However, regarding the then 18-year-old victim, the statute of limitations has run out. At the time the crime was committed, the limitation was 3 years; but that was carried forward in the statute assed in 1991 changing it to 7 years (1998 in her case). Then, when the statute changed again in 1995, the case was still “alive;” and a 9-year limit was imposed. Unfortunately, that 9 years ran out January 2000; so the prosecutor will be unable to charge the offense regarding the then 18-year-old. However, her report could help enormously to prove the case charged involving her sister.

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Criminal Sexual Conduct Definitions

1st Degree Criminal Sexual Conduct

- A. 1st degree CSC requires proof of “sexual penetration” and one or more of the following elements:
 - 1. Victim is under 13, and Defendant is over three years older.
 - 2. Victim is 13, 14, or 15; Defendant is 4 years older; Defendant is in a position of authority over victim; and Defendant uses that position so victim will submit.
 - 3. Victim is under 16 and
 - a. Defendant has significant relationship to victim; or
 - b. Defendant has significant relationship to victim and:
 - i. Uses force or coercion,
 - ii. Uses or threatens use of real or fake weapon,
 - iii. Causes victim reasonable fear of imminent great bodily harm,
 - iv. Causes personal injury to the victim, or
 - v. There are multiple sexual acts committed over an extended time.
 - 4. Victim has reasonable fear of great bodily harm.
 - 5. A dangerous weapon is used or threatened
 - 6. Defendant causes personal injury to victim, and:
 - a. Defendant used force or coercion; or
 - b. Defendant knows or has reason to know victim is:
 - i. Mentally impaired,



- ii. Mentally incapacitated, or
- iii. Physically helpless.
- 7. Defendant is aided or abetted by accomplices, and:
 - a. An accomplice uses force or coercion, or
 - b. An accomplice uses or threatens the use of a real or fake dangerous weapon.

2nd Degree Criminal Sexual Conduct

- A. 2nd degree CSC requires proof of “sexual contact” with elements the same as 1st degree.

3rd Degree Criminal Sexual Conduct

- A. 3rd degree CSC requires proof of “sexual penetration” and one or more of the following elements:
 - 1. Victim is under 13, and Defendant is less than three years older.
 - 2. Victim is 13, 14, or 15; Defendant is 2 years older
 - 3. Victim is 16 or 17 and
 - a. Defendant has significant relationship to victim; or
 - b. Defendant is in position of authority over victim, and Defendant is over four years older, and uses that position so victim will submit; or
 - c. Defendant has significant relationship to victim and:
 - i. Uses force or coercion,
 - ii. Uses or threatens use of real or fake weapon,
 - iii. Causes victim reasonable fear of imminent great bodily harm,
 - iv. Causes personal injury to the victim, or
 - v. There are multiple sexual acts committed over an extended time.
 - 4. Defendant uses force or coercion.
 - 5. Defendant knows or has reason to know victim is:
 - a. Mentally impaired,
 - b. Mentally incapacitated, or
 - c. Physically helpless.
 - 6. Defendant is aided or abetted by accomplices, and:
 - a. An accomplice uses force or coercion, or
 - b. An accomplice uses or threatens the use of a real or fake dangerous weapon.

Rapes In A Therapeutic Setting:

- 1. Defendant is a psychotherapist, and
 - a. Victim is a patient, and the act occurs during a therapy session; or
 - b. Victim is a patient or former patient, and the victim is emotionally dependent on Defendant; or
 - c. Victim is a patient or former patient, and the act results from a therapeutic deception.
- 2. The Defendant is a health care professional, and the act occurs by means of false representation that it is for a bona fide medical purpose.



4th Degree Criminal Sexual Conduct

- A. 4th degree CSC requires proof of “sexual contact” with elements the same as 3rd degree. Other elements are:
 - 1. The victim is 13, 14, or 15, and
 - a. Defendant is four years older; or
 - b. Defendant is in a position of authority and uses that position so victim will submit.

5th Degree Criminal Sexual Conduct

This statute makes any nonconsensual sexual contact a gross misdemeanor.

- 1. Includes removal or attempt to remove clothing over intimate parts.
- 2. Excludes touching clothing over the buttocks.

Criminal Justice Procedures: Adult Criminal Cases

Sexual assault is a crime and therefore it is the responsibility of the State to prosecute the offender. The criminal justice procedures dealing with sexual assault can be a very long and confusing process; but hopefully, in the end, justice will be served. If you decide to report the assault, it is important that you know what lies ahead in the criminal justice procedures – you should know that the journey will not be easy and that the Blue Earth County Sexual Violence Resource Center is there to support you throughout the process.

Listed below are the steps of the criminal justice procedures for sexual assault. Keep in mind that each case is different as is each victim’s experience with the process. However, if you have a general idea of the criminal justice procedures, you will be able to understand a hint of what lies ahead.

Reporting to the Police

The sooner you report to the police, the more likely you will be successful in prosecuting. However, it is important to remember that once you report your assault, the case becomes a “state case.” You may have the option to have the case dismissed at a later date if you so choose. It is ultimately the attorney’s decision if the case will be prosecuted, dismissed, declined, or amended. You are now a witness in a state case prosecuted by the Blue Earth County Attorney’s Office. In the initial report, the officer that answers the call will want to know a brief summary of the crime, including when and where it occurred; your name, age, address, and occupation. The officer will also ask for a description (or name) of the assailant. The officer may also ask some personal questions, not because the officer is interested, but to have enough evidence to assist in the prosecution phase.

The Investigation

Once the case is assigned to an officer, he or she will want to do an in-depth interview with you. Since this is one of the more important parts of the investigation, it will be detailed and thorough. If you have any scratches, bruises, or any other signs of attack on your body, photographs will be taken. If you do not know the assailant, you may be asked to look at photographs or asked to work out a composite sketch with the police artist for identification purposes. In this interview, you will be asked to relive your assault; it is not because the officer wants to re-victimize you but to make sure all the information and evidence is collected properly and efficiently.



You may also want to have a forensic exam done at Immanuel-St. Joseph's Hospital. A trained Sexual Assault Nurse Examiner will conduct the exam in an attempt to find protein (DNA) to assist in the positive identification of the perpetrator. This will also assist the Blue Earth County Attorney's Office for prosecution purposes. This exam can only be performed within 72 hours of the assault and will be paid for by Blue Earth County.

The Arrest

The investigator will be working on apprehending the suspect. If you do not know the assailant, you may be asked to pick the suspect out of a police lineup. The suspect may be held until he/she appears before a judge and could also be held on bail.

Prosecution

Filing Charges The police report, along with the medical report (if applicable), will be sent to the Blue Earth County Attorney's Office where they will decide if there is enough evidence to prosecute the case. If it has been decided that there is enough evidence to prosecute, the attorney has the option, based on the police report, statements of each/all parties, and the evidence to charge or decline the case. If the Assistant County Attorney decides to charge the offender, he/she will draft a complaint formally charging the offender with a crime. This begins the court process. The offender will have many hearings prior to a court or jury trial or a plea. These proceedings will likely take a year or more. Should the case go to a court or jury trial, the Assistant County Attorney or the Blue Earth County Victim/Witness Coordinator will explain to you the trial process, how to testify at the trial, and what the Defendant (the assailant) may use as a defense. This is done so you will be prepared for anything you might be asked at trial. There is a possibility that the County Attorney's Office will decide not to prosecute the case – this does not mean that they do not believe you. Oftentimes, it just means that they did not feel there was enough evidence to successfully try the case "beyond a reasonable doubt." Sexual assault cases are extremely difficult to prove in court without evidence. If you strongly disagree with the County Attorney's Office decision not to try the case, you can ask for reconsideration of the case; but there is no guarantee their decision will change. **YOU DO HAVE THE RIGHT TO REQUEST A COPY OF THE STATEMENT YOU PROVIDED TO LAW ENFORCEMENT.**

Arraignment/Rule 8 The arraignment hearing is when the Defendant appears before the judge where the Defendant will be given their release conditions, decide their representation, and given their next hearing date.

Omnibus/Contested Omnibus Omnibus hearings will follow the arraignment hearing(s). An omnibus hearing is a court proceeding in which the Defendant, defense attorney, and the prosecuting attorney will present information to the judge regarding probable cause. A contested omnibus is a hearing where the defense attorney has legal/constitutional issues as to how the incident was investigated. Officers may be required to testify to the events that occurred on the day of the incident. The judge will hear testimony regarding the case and make a ruling as to what is and what is not admissible in the next court proceeding, which will usually result in a court or jury trial.

Pretrial Hearing A pretrial hearing is usually scheduled three to ten days prior to the court or jury trial. The purpose of this hearing is to go over the jury instructions, admissibility of evidence, or possibly take a plea.

Plea Bargaining Plea bargaining can take place between the County Attorney and the defense attorney. If an agreement is met, there will be no need for a trial. The attorney has the final say as to whether a plea will be accepted or not. You should be notified by the Blue Earth County Attorney's Office if a plea has been negotiated, accepted, or denied. **YOUR INPUT IS IMPORTANT. PLEASE FEEL FREE TO CONTACT THE BLUE EARTH COUNTY ATTORNEY'S OFFICE TO INFORM THEM OF YOUR FEELINGS/CONCERNS ABOUT THE PLEA AGREEMENT.**



Trial The defense chooses whether the trial will be held before a court judge (bench trial), at which there is no jury, or before a judge and jury of 12 people (jury trial). At a court trial, the judge listens to the case and makes a determination of guilty or not guilty. If the defense chooses a jury trial, the prosecution and the defense will pick a jury of 12 people from a pool of potential jurors. The jury will make the determination of guilty or not guilty in a jury trial. During the trial, you will be asked to testify (along with other witnesses; because of the Fifth Amendment, the Defendant does not have to testify at the trial). Once again, you will have to relive your assault. You will be subject to cross examination from the defense attorney. During the cross examination, the defense attorney will be looking for holes in your story and ways to dispute what you testify to. It is a good idea to go over your statement and speak to the Blue Earth County Victim/Witness Coordinator and/or Blue Earth County Sexual Violence Resource Center advocate before the trial so you can have some idea what to expect so the trial will not be as painful for you.

Post-Trial Events

If the Defendant was found guilty or pled guilty, he or she will be sentenced. Prior to the sentencing hearing, a representative from Community Corrections will be putting together a pre-sentence investigation (PSI). The PSI will contain recommendations to the Court regarding the Defendant's criminal history, recommended sentence, and information from you. The Community Corrections agent should also inform you of your right to provide the Court with a Victim Impact Statement and an Affidavit for Restitution (see brochures in this packet). The Defendant, if found guilty by a jury or judge, has the right to appeal the case. If the case is appealed, it will go to the Appellate Court along with arguments by the prosecutor and defense attorney.

If the Defendant is found not guilty, that does not mean that no crime was committed nor does it mean that the jury did not believe the victim. A not guilty verdict means that the jury did not hear enough evidence to be certain, beyond a reasonable doubt, that the Defendant was guilty as charged. If the verdict is not guilty, please consult with the advocate or your therapist, if you are seeing one.

Civil Trial

Regardless of the verdict from the trial, you have the right to sue for damages as a result of the sexual assault. If you wish to do so, you must hire a private attorney to try the case.

The Civil Court Option

In addition to the fact that many sexual assaults are criminal offenses, they are also violations of civil law. This means that when an individual has been sexually assaulted, he or she may sue for damages in civil court as well as reporting to law enforcement for a criminal investigation. A big difference between criminal and civil court is that the burden for winning civil damages is lower – a preponderance of evidence – than in criminal court, which requires proof beyond a reasonable doubt.

When a person sues civilly, the purpose is to win money damages from the offender to pay for medical or counseling bills, lost wages, pain and suffering, and possibly as a means of punishing the offender by ordering payment of money. For this reason, civil attorneys will usually only sue an offender who has the ability to pay large sums of damages as the attorney's fee is based on the money damage award. Thus, only a small percentage of cases of sexual assault result in civil court proceedings as well.

Harassment Retraining Order and Order for Protection

Another form of civil remedy besides suing for damages is to obtain a harassment restraining order (HRO) or Order for Protection (OFP). The purpose of these documents is to have a court order that the offender has no



contact with the victim/survivor, including staying away from the residence or work place. Violation of these orders is a crime with punishment depending upon whether the offender has violated similar orders in the past. The Blue Earth County Sexual Violence Resource Center can assist you with obtaining an HRO or OFP. Either document may be used if sexual assault took place, but there are some differences. An HRO is used where there is little or no relationship between the offender and the victim/survivor. Thus, where they live in separate households or have been dating for a short time, an HRO is probably appropriate. An OFP is used where the two people live in the same household, have a child in common, or have a significant dating relationship.

For More Information

For more information, please contact the Blue Earth County Sexual Violence Resource Center at 507-304-4295.

Information taken from Sexual Violence Justice Institute at http://www.mncasa.org/svji_legal_civil.html.

Examples of How a Partner Tries to Gain Power and Control

Isolation

- Forbids you to talk with your friends
- Accuses you of cheating
- Decides the social and school activities in which you will participate
- Discredits your parents'/friends' advice
- Encourages you to turn against your parents/friends

Emotional Abuse

- Puts you down or makes you feel bad about yourself
- Breaks dates or cancels plans without any reason
- Embarrasses you in front of family and friends
- Uses words or tells jokes that humiliate you
- Uses drugs or alcohol to excuse abusive behavior
- Changes moods abruptly

Sexual Abuse

- Pressures you to engage in sexual activity
- Spreads rumors about your sexual behavior
- Puts down or makes fun of your sexual behavior

Threats

- Threatens to hurt you if you decide to break up
- Threatens to commit suicide when you talk of breaking up
- Threatens to hurt others who talk to you
- Threatens your family and friends

Bossy

- Makes all the decisions in the relationship
- Speeds or drives recklessly to scare you
- Uses a loud or intimidating tone of voice
- Calls repeatedly to check up on you or to harass you



Intimidation

- Destroys your personal belongings
- Speeds or drives recklessly to scare you
- Uses a loud or intimidating tone of voice
- Calls repeatedly to check up on you or to harass you

Stalking

- Frequently follows you
- Makes persistent and unwanted contacts
- Leaves messages intended to show that you are being watched

Excerpted from <http://www.wvdhhr.org/bph/trust/examples.htm>