"If you have come to help me, ...you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together."
- Lill Watson, aboriginal activist
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History of the Rape Crisis Movement

“All the flowers of all the tomorrows are in the seeds of today.”
-Proverb
The Payback for 509 Years
by Ananda Esteva

Yo soy tu Mamá,
tu abuelita
yo soy tu comadre en la lucha
vengo del río
de la tierra
del viento
y tú vienes de mi vientre!
I gave birth to you

n now you pretend to be my Papa
so you can tell me what to do
my spirit stretches back 509 years
before the first Conquistador
tore up this sacred ground
I got my hands in the earth
my head in the sky
high enough to see what's really going on
you know like a falcón
I got perspective

I been watching you for 509 years
but you don't stop n ask what I see
nobody do
I'm so used to nobody asking
I don't speak no more
I'm not supposed to talk
until spoken to right
that's what the Man's been sayin'
for 509 years
'tcept for tonight
tonight I talk

Sí Señor
I tell you how you caught me
with a big iron hook
can't you see it piercing my cheek?
look carefully
see my blood dripping slow
there it is
I'm out of my element
in your filthy cities
struggling for air

I'm chokin' on your lies
lies that tell me
my female intelligence
don't stand up to yours
my indigenous intelligence
bent over in submission
sure don't stand up to yours
how can I stand up straight
after you cut off my great great grandma's feet?
the wounds cross through generations
wounds from the Conquista
509 years ago
don't pretend
you didn't do those things
Remember? I been watching you for 509 years
a falcón in the branches
of the tallest tree
listen to me
you need to know how your lies tied up my body
in old ropes dipped in Catholic guilt
guilt that makes me hate my body
too round for your magazines
but not too thick for your dick
your lies whisper in my ear
telling me you own my body
that's right! like you own your horse
I got a bit in my mouth now
a bit with spikes
biting into my gums
every pinch of pain remind me that you own me again
and you ride me
you ride me hard
into the desert
no water
you just ride me into the earth
believing I'd die
you capture another woman
and ride her off over the mountain
out of view
but you forget
my spirit stretches back 509 years
I got my hands in the earth
we heal each other
and the earth,
shine's my abuelita
la tierra
n I take revenge for the way
you tore her up
and the wind
he's my breath
you better watch out
tomado warning tonight
winds spinning round you
lift you up into the sky
cuz I'm bout to fight
fight back with my voice
my breath
my words will pick you off
you and your brothers
one by one
I'm taking aim
you better run
I'm pointing with my finger too
my arm stretched out

pointing at you
like the Boricua slaves
pointing at their masters
a gesture disguised in dance
designed to dole out retribution
the payback for 509 years
of slavery
509 years
of invasion
of violación
509 years
I been waiting
waiting to talk
the wind back me up
the earth
hold me up
my voice been hiding out
for 509 years
building up pressure
but tonight
I talk
tonight
I tell you how it is
how it been for 509 years

1 “I am your mother, your grandmother, your sister, and I am your comrade in the struggle. I come from the river, from the earth, from the wind, and you come from my womb.”
Our willingness to become involved in the anti-rape movement deserves support and praise. Whatever particular reason drew you to this most important work, the results will not only help survivors in significant ways but will also give you a connection to the thousands of women and supportive men whose actions have formed a movement of people determined to confront and change the conditions that encourage and support a rape culture. A knowledge of the history of this movement will help you deal with the frequent frustrations and the ever-present outrage and will give you broader shoulders as you listen to and help relieve the trauma of those who have been raped. An awareness that you are part of a movement will connect you with a broader perspective and will challenge you to keep the movement alive.

The history of the rape crisis movement in the United States is also a history of the struggle of African American women against racism and sexism. During slavery, the rape of enslaved women by white men was common and legal. After slavery ended, sexual and physical violence, including murder, were used to terrorize and keep the Black population from gaining political or civil rights. The period of Reconstruction from 1865 to 1877, directly following the Civil War, when freed slaves were granted the right to vote and own property, was particularly violent. White mobs raped Black women and burned churches and homes. The Ku Klux Klan, founded in 1866 in Tennessee, was more organized. The Klan raped Black women, lynched Black men, and terrorized Black communities. Propaganda was spread that all Black men were potential rapists, all white women potential victims. The results and legacy of such hatred were vicious. Thousands of Black men were lynched between Emancipation and World War II, with the false charge of rape a common accusation. Rape laws made rape a capital offense only for a Black man found guilty of raping a white woman. The rape of a Black woman was not even considered a crime, even when it became officially illegal.¹

Perhaps the first women in the United States to break the silence around rape were those African American women who testified before Congress following the Memphis Riot of May 1866, during which a number of Black women were gang-raped by a white mob. Their brave testimony has been well recorded.²

Sojourner Truth was the first woman to connect issues of Black oppression with women’s oppression in her legendary declaration, “Ain’t I a woman,” in her speech at the Women’s Rights Conference in Silver Lake, Indiana, challenging the lack of concern with Black issues by the white women present at the conference.

The earliest efforts to systematically confront and organize against rape began in the 1870s when African American women, most notably Ida B. Wells, took leadership roles in organizing anti-lynching campaigns. The courage of these women in the face of hatred and violence is profoundly inspiring. Their efforts led to the formation of the Black Women’s Club movement in the late 1890s and laid the groundwork for the later establishment of a number of national organizations, such as the National Coalition Against
Domestic Violence. Although women continued individual acts of resistance throughout the first half of the twentieth century, the next wave of anti-rape activities began in the late 1960s and early 1970s on the heels of the civil rights and student movements.

The involvement of other women of color accelerated in the mid-1970s. Organizing efforts brought national attention to the imprisonment for murder of a number of women of color who defended themselves against the men who raped and assaulted them. The plight of Inez Garcia in 1974, Joanne Little in 1975, Yvonne Wamrow in 1976, and Dessie Woods in 1976, all victims of rape or assault who fought back, killed their assailants, and were imprisoned, brought the issue of rape into political organizations that had not historically focused on rape. Dessie Woods was eventually freed in 1981, after a long and difficult organizing effort.

The earliest rape crisis centers were established around 1972 in major cities and politically active towns such as Berkeley, Chicago, Boston, Philadelphia, and Washington, D.C. As more and more women began sharing their experiences of rape in consciousness-raising groups, breaking the silence that had kept women from avenues of support as well as from seeing the broader political nature of rape, a grassroots movement began to take shape. The establishment of rape crisis centers by rape survivors brought large numbers of middle-class white women into political activism. Although women of color were still involved, their visibility and efforts were made largely invisible in the absence of critical attention to racism within the movement and by white women's taking the center stage. Gradually the rape crisis movement became to be and to be seen as a white women's movement.

During the latter half of the 1970s, with increasing frustration about the exclusion of women of color, a number of radical women of color and white women within the movement began arguing for and organizing for an anti-racist perspective and practice within the movement. Tensions increased and the dialogue was frequently bitter, but the groundwork was laid for confronting racism within the movement. These efforts are ongoing and need constant attention. The number of women of color in the movement grew visibly between 1976 and 1980. Women of color are now major figures and leaders within the movement, but the dominance of white women within the power structures of most rape crisis centers is still a reality.

The character of the early rape crisis centers was significantly different from that of their counterparts today. The early centers tended to be grassroots collectives of women, predominantly survivors of rape, which may or may not have had an actual building or center, with no outside funding, making decisions by consensus with no hierarchy or board of directors. Many saw their anti-rape work as political work, organizing for broader social change, increasingly making connections among issues of sexism, racism, classism, and homophobia. Many articulated a radical political perspective, which often unwittingly excluded all but younger white women who were neither mothers nor full-time workers.

Tactics to confront rape were often creative. Confrontations, in which a woman supported by her friends would confront and hold a man accountable in a public setting, were a feature of the more radical collectives. Description lists of men who raped were published, and there was general suspicion toward the police—well deserved in many cases. Self-defense classes began to be offered and “take back the night” marches organized. The first march was organized in San Francisco in 1978, bringing together 5,000 women from thirty states. A huge march followed in 1979 in New York. This heralded the beginning of an event that has spread across the country. Today, “take back the night” marches are organized in many communities and at most major universities in the United States as well as in other countries.

The 1980s saw the beginnings of anti-rape education spreading into universities and
an increase in feminist academic research around the issue of rape. Myths about rape were seriously critiqued and the facts supported by a growing body of research. A clearer picture of the extent and seriousness of rape began to emerge. Heated debates centered on a need for sensitivity in our language and awareness of the politics of language, as illustrated by the successful effort to replace the word victim with survivor. The hard work of so many dedicated feminists, most of them survivors, began to bear fruit. An understanding of the reality of acquaintance rape grew. The extent and seriousness of child sexual abuse began to be uncovered. New laws were passed that attempted to better serve survivors; police departments were educated to improve their training and protocols; a few hospitals began to provide special examining rooms and trained nurse examiners.

Not everything was positive in the 1980s. The decade also saw a backlash against the reality of rape being exposed by the anti-rape movement. The media elevated to prominence those writers who challenged the research and statistics about acquaintance rape. Funding for rape crisis centers became scarce. Meanwhile, many of the politically active radical feminists had graduated, disbanded, or been forced to find paid work. The movement became more fragmented. Many centers moved politically to the center to secure support and funding from established sources.

A look at the anti-rape movement of the 1990s and a comparison of writings from the late seventies to the late nineties reveal some significant changes. The dominance of a shared political analysis of rape and a strategy for social change has eroded. It still exists, but in fewer and fewer places. In some ways it has been absorbed. For example, many aware students and other women and men assume that rape is an act of power without its having to be spelled out for them. The changes in the anti-rape movement also reflect a decline in the radical politics of all social activism.

The establishment of rape crisis centers across the nation is a testament to the hard work of countless women. The resources available to survivors from such centers is without question one of the most significant and tangible results of the anti-rape movement. As is common within all movements, the daily challenge of providing a critical service with limited resources makes maintaining a conscious political analysis very difficult. The existence of a national organization, the National Coalition Against Sexual Assault (NCASA), and a statewide coalition, the California Coalition Against Sexual Assault (CalCASA), from the early days has helped to keep a political edge and has provided critical resources and connections to often-struggling local programs and centers.

However, many within the movement feel there needs to be more discussion and debate at the local, state, and national levels around important political issues affecting the future direction of anti-rape work. Some examples of these issues that need careful analysis are the effects of the increasing state and federal legislation concerning rape; the redefinition of the issue of rape away from a political model toward a health model; the strategy for building a bigger movement toward the elimination of rape and the role of rape crisis centers within this effort; the impact of the growing number of males within the movement.

Considerations for Counselors

The history and current status of the movement may seem to have little relevance to the day-to-day work of a sexual assault counselor. However, all work takes place in a broader context. Your important contribution within your rape crisis center will not only help individual survivors, but will be a part of the collective effort to change society. Whenever you reassure a survivor that it was not her fault, that she was not raped because she failed to be careful or because she was drinking, you are expressing a political analysis in human terms. When you feel a connection to the African-American
women from the nineteenth century, you will feel a connection to a larger creative
design than just your own, and you will find the strength to continue your work the
next day. When you appreciate the courage and hard work of the rape survivors from
the early seventies who laid the groundwork for what we today take for granted, you
will be even more determined to keep moving forward. When you wonder if all this is
helping to end rape, you are raising questions of political strategy. You are a part of this
movement, and your voice is an important one.

Notes

2. Gerda Lerner, ed., Black Women in White America: A Documentary History (New York:
   Pantheon, 1972).
3. Katie Roiphe, Sex, Fear, and Feminism on Campus (Boston: Little, Brown, 1993).
We must learn how to oppose the racist fixation on people of color as the primary perpetrators of violence yet fiercely challenge the real violence that men of color inflict on women.

I feel extremely honored to have been invited to deliver this keynote address. This conference deserves to be called "historic" on many accounts. It is the first of its kind, and this is precisely the right intellectual season for such a gathering. The breadth and complexity of its concerns show the contradictions and possibilities of this historical moment. And just such a gathering can help us to imagine ways of attending to the ubiquitous violence in the lives of women of color that also radically subvert the institutions and discourses within which we are compelled by necessity to think and work.

I predict that this conference will be remembered as a milestone for feminist scholars and activists, marking a new moment in the history of anti-violence scholarship and organizing.

Many years ago when I was a student in San Diego, I was driving down the freeway with a friend when we encountered a black woman wandering along the shoulder. Her story was extremely disturbing. Despite her uncontrollable weeping, we were able to surmise that she had been raped and dumped along the side of the road. After a while, she was able to wave down a police car, thinking that they would help her. However, when the white policeman picked her up, he did not comfort her, but rather seized upon the opportunity to rape her once more.

I relate this story not for its sensational value, but for its metaphorical power. Given the racist and patriarchal patterns of the state, it is difficult to envision the state as the holder of solutions to the problem of violence against women of color. However, as the anti-violence movement has been institutionalized and professionalized, the state plays an increasingly dominant role in how we conceptualize and create strategies to minimize violence against women. One of the major tasks of this conference, and of the anti-violence movement as a whole, is to address this contradiction, especially as it presents itself to poor communities of color.

The Advent of "Domestic Violence"

Violence is one of those words that is a powerful ideological conductor, one whose meaning constantly mutates. Before we do anything else, we need to pay tribute to the activists and scholars whose ideological critiques made it possible to apply the category of domestic violence to those concealed layers of aggression systematically directed at women. These acts were for so long relegated to secrecy or, worse, considered normal.

Many of us now take for granted that misogynist violence is a legitimate political issue, but let us remember that a little more than two decades ago, most people considered "domestic violence" to be a private concern and thus not a proper subject of public discourse or political intervention. Only one generation separates us from that era of silence. The first speak-out against rape occurred
in the early 1970s, and the first national organization against domestic violence was founded toward the end of that decade.

We have since come to recognize the epidemic proportions of violence within intimate relationships and the pervasiveness of date and acquaintance rape, as well as violence within and against same-sex intimacy. But we must also learn how to oppose the racist fixation on people of color as the primary perpetrators of violence, including domestic and sexual violence, and at the same time to fiercely challenge the real violence that men of color inflict on women. These are precisely the men who are already reviled as the major purveyors of violence in our society: the gang members, the drug-dealers, the drive-by shooters, the burglars, and assailants. In short, the criminal is figured as a black or Latino man who must be locked into prison.

One of the major questions facing this conference is how to develop an analysis that furthers neither the conservative project of sequestering millions of men of color in accordance with the contemporary dictates of globalized capital and its prison industrial complex, nor the equally conservative project of abandoning poor women of color to a continuum of violence that extends from the sweatshops through the prisons, to shelters, and into bedrooms at home.

How do we develop analyses and organizing strategies against violence against women that acknowledge the race of gender and the gender of race?

**Women of Color on the Frontlines**

Women of color have been active in the anti-violence movement since its beginnings. The first national organization addressing domestic violence was founded in 1978 when the United States Civil Rights Commission Consultation on Battered Women led to the founding of the National Coalition Against Domestic Violence. In 1980, the Washington, D.C. Rape Crisis Center sponsored the First National Conference on Third World Women and Violence. The following year a Women of Color Task Force was created within the National Coalition Against Domestic Violence. To make some historical connections, it is significant that the U.S. Third World Women's Caucus formed that same year within the National Women Studies Association, and the groundbreaking book *This Bridge Called My Back* was first published.

Many of these activists have helped to develop a more complex understanding about the overlapping, cross-cutting, and often contradictory relationships among race, class, gender, and sexuality that militate against a simplistic theory of privatized violence in women's lives. Clearly, the powerful slogan first initiated by the feminist movement---"the personal is political"--is far more complicated than it initially appeared to be.

The early feminist argument that violence against women is not inherently a private matter, but has been privatized by the sexist structures of the state, the economy, and the family has had a powerful impact on public consciousness.

Yet, the effort to incorporate an analysis that does not reify gender has not been so successful. The argument that sexual and domestic violence is the structural foundation of male dominance sometimes leads to a hierarchical notion that genital mutilation in Africa and *sati*, or wife-burning, in India are the most dreadful and extreme forms of the same violence against women which can be discovered in less appalling manifestations in Western cultures.

Other analyses emphasize a greater incidence of misogynist violence in poor communities and communities of color, without necessarily acknowledging the greater extent of police surveillance in these communities--directly and through social service agencies. In other words, precisely because the primary strategies for addressing violence against women rely on the state and on constructing gendered assaults on women as "crimes," the criminalization process further
bolsters the racism of the courts and prisons. Those institutions, in turn, further contribute to violence against women.

On the one hand, we should applaud the courageous efforts of the many activists who are responsible for a new popular consciousness of violence against women, for a range of legal remedies, and for a network of shelters, crisis centers, and other sites where survivors are able to find support. But on the other hand, uncritical reliance on the government has resulted in serious problems. I suggest that we focus our thinking on this contradiction: Can a state that is thoroughly infused with racism, male dominance, class-bias, and homophobia and that constructs itself in and through violence act to minimize violence in the lives of women? Should we rely on the state as the answer to the problem of violence against women?

The soon-to-be-released video by Nicole Cusino (assisted by Ruth Gilmore) on California prison expansion and its economic impact on rural and urban communities includes a poignant scene in which Vanessa Gomez describes how the deployment of police and court anti-violence strategies put her husband away under the Three Strikes law. She describes a verbal altercation between herself and her husband, who was angry with her for not cutting up liver for their dog's meal, since, she said, it was her turn to cut the liver.

According to her account, she insisted that she would prepare the dog's food, but he said no, he was already doing it. She says that she grabbed him and, in trying to take the knife away from him, seriously cut her fingers. In the hospital, the incident was reported to the police. Despite the fact that Ms. Gomez contested the prosecutor's version of the events, her husband was convicted of assault. Because of two previous convictions as a juvenile, he received a sentence under California's Three Strikes law of 25 years to life, which he is currently serving.

I relate this incident because it so plainly shows the facility with which the state can assimilate our opposition to gender domination into projects of racial—which also means gender—domination.

**Militarized Violence**

Gina Dent has observed that one of the most important accomplishments of this conference is to foreground Native American women within the category "women of color." As Kimberle Crenshaw's germinal study on violence against women suggests, the situation of Native American women shows that we must also include within our analytical framework the persisting colonial domination of indigenous nations and national formations within and outside the presumed territorial boundaries of the U.S. The U.S. colonial state's racist, sexist, and homophobic brutality in dealing with Native Americans once again shows the futility of relying upon the juridical or legislative processes of the state to resolve these problems.

How then can one expect the state to solve the problem of violence against women, when it constantly recapitulates its own history of colonialism, racism, and war? How can we ask the state to intervene when, in fact, its armed forces have always practiced rape and battery against "enemy" women? In fact, sexual and intimate violence against women has been a central military tactic of war and domination.

Yet the approach of the neoliberal state is to incorporate women into these agencies of violence--to integrate the armed forces and the police.

How do we deal with the police killing of Amadou Diallo, whose wallet was putatively misapprehended as a gun--or Tanya Haggerty in Chicago, whose cell phone was the potential weapon that allowed police to justify her killing? By hiring more women as police officers? Does the argument that women are
victimized by violence render them inefficient agents of violence? Does giving
women greater access to official violence help to minimize informal violence?
Even if this were the case, would we want to embrace this as a solution? Are
women essentially immune from the forms of adaptation to violence that are so
foundational to police and military culture?

Carol Burke, a civilian teaching in the U.S. Naval Academy, argues that
"sadomasochistic cadence calls have increased since women entered the brigade
of midshipmen in 1976." She quotes military songs that are so cruelly
pornographic that I would feel uncomfortable quoting them in public, but let me
give one comparatively less offensive example:

The ugliest girl I ever did see
Was beatin' her face against a tree
I picked her up; I punched her twice.
She said, "Oh Middy, you're much too nice.

If we concede that something about the training structures and the operations
they are expected to carry out makes the men (and perhaps also women) in
these institutions more likely to engage in violence within their intimate
relationships, why then is it so difficult to develop an analysis of violence
against women that takes the violence of the state into account?

The major strategy relied on by the women's anti-violence movement of
criminalizing violence against women will not put an end to violence against
women--just as imprisonment has not put an end to "crime" in general.

I should say that this is one of the most vexing issues confronting feminists
today. On the one hand, it is necessary to create legal remedies for women who
are survivors of violence. But on the other hand, when the remedies rely on
punishment within institutions that further promote violence--against women
and men--how do we work with this contradiction?

How do we avoid the assumption that previously "private" modes of violence can
only be rendered public within the context of the state's apparatus of violence?

The Crime Bill

It is significant that the 1994 Violence Against Women Act was passed by
Congress as Title IV of the Violent Crime Control and Law Enforcement Act of
1994--the Crime Bill. This bill attempted to address violence against women
within domestic contexts, but at the same time it facilitated the incarceration of
more women--through Three Strikes and other provisions. The growth of police
forces provided for by the Crime Bill will certainly increase the numbers of
people subject to the brutality of police violence.

Prisons are violent institutions. Like the military, they render women vulnerable
in an even more systematic way to the forms of violence they may have
experienced in their homes and in their communities. Women's prison
experiences point to a continuum of violence at the intersection of racism,
patriarchy, and state power.

A Human Rights Watch report entitled "All Too Familiar: Sexual Abuse of
Women in U.S. Prisons" says: "Our findings indicate that being a woman
prisoner in U.S. state prisons can be a terrifying experience. If you are sexually
abused, you cannot escape from your abuser. Grievance or investigatory
procedures, where they exist, are often ineffectual, and correctional employees
continue to engage in abuse because they believe they will rarely be held
accountable, administratively or criminally. Few people outside the prison walls
know what is going on or care if they do know. Fewer still do anything to
address the problem."

Recently, 31 women filed a class action law suit against the Michigan
Department of Corrections, charging that the department failed to prevent sexual violence and abuse by guards and civilian staff. These women have been subjected to serious retaliations, including being raped again!

At Valley State Prison in California, the chief medical officer told Ted Koppel on national television that he and his staff routinely subjected women to pelvic examinations, even if they just had colds. He explained that these women have been imprisoned for a long time and have no male contact, and so they actually enjoy these pelvic examinations. Koppel sent the tape of this interview to the prison and he was eventually dismissed. According to the Department of Corrections, he will never be allowed to have contact with patients again. But this is just the tip of the iceberg. The fact that he felt able to say this on national television gives you a sense of the horrendous conditions in women's prisons.

There are no easy solutions to all the issues I have raised and that so many of you are working on. But what is clear is that we need to come together to work toward a far more nuanced framework and strategy than the anti-violence movement has ever yet been able to elaborate.

We want to continue to contest the neglect of domestic violence against women, the tendency to dismiss it as a private matter. We need to develop an approach that relies on political mobilization rather than legal remedies or social service delivery. We need to fight for temporary and long-term solutions to violence and simultaneously think about and link global capitalism, global colonialism, racism, and patriarchy—all the forces that shape violence against women of color. Can we, for example, link a strong demand for remedies for women of color who are targets of rape and domestic violence with a strategy that calls for the abolition of the prison system?

I conclude by asking you to support the new organization initiated by Andrea Smith, the organizer of this conference. Such an organization contesting violence against women of color is especially needed to connect, advance, and organize our analytic and organizing efforts. Hopefully this organization will act as a catalyst to keep us thinking and moving together in the future.
We call on social justice movements to develop strategies and analysis that address both state AND interpersonal violence, particularly violence against women. Currently, activists/movements that address state violence (such as anti-prison, anti-police brutality groups) often work in isolation from activists/movements that address domestic and sexual violence. The result is that women of color, who suffer disproportionately from both state and interpersonal violence, have become marginalized within these movements. It is critical that we develop responses to gender violence that do not depend on a sexist, racist, classist, and homophobic criminal justice system. It is also important that we develop strategies that challenge the criminal justice system and that also provide safety for survivors of sexual and domestic violence. To live violence free-lives, we must develop holistic strategies for addressing violence that speak to the intersection of all forms of oppression.

The anti-violence movement has been critically important in breaking the silence around violence against women and providing much-needed services to survivors. However, the mainstream anti-violence movement has increasingly relied on the criminal justice system as the front-line approach toward ending violence against women of color. It is important to assess the impact of this strategy.

1) Law enforcement approaches to violence against women MAY deter some acts of violence in the short term. However, as an overall strategy for ending violence, criminalization has not worked. In fact, the overall impact of mandatory arrests laws for domestic violence have led to decreases in the number of battered women who kill their partners in self-defense, but they have not led to a decrease in the number of batterers who kill their partners. Thus, law protects batterers more than it protects survivors.

2) The criminalization approach has also brought many women into conflict with the law, particularly women of color, poor women, lesbians, sex workers, immigrant women, women with disabilities, and other marginalized women. For instance, under mandatory arrest laws, there have been numerous incidents where police officers called to domestic incidents have arrested the woman who is being battered. Many undocumented women have reported cases of sexual and domestic violence, only to find themselves deported. A tough law and order agenda also leads to long punitive sentences for women convicted of killing their batterers. Finally, when public funding is channeled into policing and prisons, budget cuts for social programs, including women’s shelters, welfare and public housing are the inevitable side effect. These cutbacks leave women less able to escape violent relationships.

3) Prisons don’t work. Despite an exponential increase in the number of men in prisons, women are not any safer, and the rates of sexual assault and domestic violence have not decreased. In calling for greater police responses to and harsher sentences for perpetrators of gender violence, the anti-violence movement has fueled the proliferation of prisons which now lock up more people per capita in the U.S. than any other country. During the past fifteen years, the numbers of women, especially women of color in prison has skyrocketed. Prisons also inflict violence on the growing numbers of women behind bars. Slashing, suicide, the proliferation of HIV, strip searches, medical neglect and rape of prisoners has largely been ignored by anti-violence activists. The criminal justice system, an institution of violence, domination, and control, has increased the level of violence in society.
In recent years, the mainstream anti-prison movement has called important attention to the negative impact of criminalization and the build-up of the prison industrial complex. Because activists who seek to reverse the tide of mass incarceration and criminalization of poor communities and communities of color have not always centered gender and sexuality in their analysis or organizing, we have not always responded adequately to the needs of survivors of domestic and sexual violence.

1) Prison and police accountability activists have generally organized around and conceptualized men of color as the primary victims of state violence. Women prisoners and victims of police brutality have been made invisible by a focus on the war on our brothers and sons. It has failed to consider how women are affected as severely by state violence as men. The plight of women who are raped by INS officers or prison guards, for instance, has not received sufficient attention. In addition, women carry the burden of caring for extended family when family and community members are criminalized and warehoused. Several organizations have been established to advocate for women prisoners; however, these groups have been frequently marginalized within the mainstream anti-prison movement.

2) The anti-prison movement has not addressed strategies for addressing the rampant forms of violence women face in their everyday lives, including street harassment, sexual harassment at work, rape, and intimate partner abuse. Until these strategies are developed, many women will feel short-changed by the movement. In addition, by not seeking alliances with the anti-violence movement, the anti-prison movement has sent the message that it is possible to liberate communities without seeking the well-being and safety of women.

3) The anti-prison movement has failed to sufficiently organize around the forms of state violence faced by LGBTI communities. LGBTI street youth and trans people in general are particularly vulnerable to police brutality and criminalization. LGBTI prisoners are denied basic human rights such as family visits from same sex partners, and same sex consensual relationships in prison are policed and punished.

4) While prison abolitionists have correctly pointed out that rapists and serial murderers comprise a small number of the prison population, we have not answered the question of how these cases should be addressed. The inability to answer the question is interpreted by many anti-violence activists as a lack of concern for the safety of women.

5) The various alternatives to incarceration that have been developed by anti-prison activists have generally failed to provide sufficient mechanism for safety and accountability for survivors of sexual and domestic violence. These alternatives often rely on a romanticized notion of communities, which have yet to demonstrate their commitment and ability to keep women and children safe or seriously address the sexism and homophobia that is deeply embedded within them.
We call on social justice movements concerned with ending violence in all its forms to:

1) **Develop community-based responses to violence that do not rely on the criminal justice system AND which have mechanisms that ensure safety and accountability for survivors of sexual and domestic violence.** Transformative practices emerging from local communities should be documented and disseminated to promote collective responses to violence.

2) **Critically assess the impact of state funding on social justice organizations and develop alternative fundraising strategies to support these organizations.** Develop collective fundraising and organizing strategies for anti-prison and anti-violence organizations. Develop strategies and analysis that specifically target state forms of sexual violence.

3) **Make connections** between interpersonal violence, the violence inflicted by domestic state institutions (such as prisons, detention centers, mental hospitals, and child protective services), and international violence (such as war, military base prostitution, and nuclear testing).

4) **Develop an analysis and strategies to end violence that do not isolate individual acts of violence (either committed by the state or individuals) from their larger contexts.** These strategies must address how entire communities of all genders are affected in multiple ways by both state violence and interpersonal gender violence. Battered women prisoners represent an intersection of state and interpersonal violence and as such provide and opportunity for both movements to build coalitions and joint struggles.

5) **Put poor/working class women of color in the center of their analysis, organizing practices, and leadership development.** Recognize the role of economic oppression, welfare “reform,” and attacks on women workers’ rights in increasing women’s vulnerability to all forms of violence and locate anti-violence and anti-prison activism alongside efforts to transform the capitalist economic system.

6) **Center stories of state violence committed against women of color in our organizing efforts.**

7) **Oppose legislative change that promotes prison expansion**, criminalization of poor communities and communities of color and thus state violence against women of color, even if these changes also incorporate measure to support victims of interpersonal gender violence.

8) **Promote holistic political education** at the everyday level within our communities, specifically how sexual violence helps reproduce the colonial, racist, capitalist, heterosexist, and patriarchal society we live in as well as how state violence produces interpersonal violence within communities.

9) **Develop strategies for mobilizing against sexism and homophobia WITHIN our communities in order to keep women safe.**

10) **Challenge men of color and all men in social justice movements to take particular responsibility to address and organize around gender violence** in their communities as a primary strategy for addressing violence and colonialism. We challenge men to address how their own histories of victimization have hindered their ability to establish gender justice in their communities.

11) **Link struggles for personal transformation and healing with struggles for social justice.**

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We seek to build movements that not only end violence, but that create a society based on radical freedom, mutual accountability, and passionate reciprocity.

In this society, safety and security will not be premised on violence or the threat of violence; it will be based on a collective commitment to guaranteeing the survival and care of all peoples.

www.incite-national.org  Of  www.criticalresistance.org
Anti-Oppression

“I’ve learned people will forget what you said or did, but people will never forget how you made them feel.”

-Maya Angelou
MY Body Remembers
Sara Maya Flores

I born of neon lights and metal forceps
Say that the Earth herself moves in me
And the ocean is my blood

Salty am I.
From the depth of the middle-passage
where women died with their wet, sticky,
infants tied to their waists in torn cloth.
But still breathing.
Ankles swollen skin ulcers stinging from bitter
Water lapping through slits in splintered filth
Thick with fear
Constantly keeping them cold.
Shackled.

My body remembers.
My body remembers.
My body remembers.
I must remember that my body remembers.

And the sun was not present at my birth
No window open to invite my presence in to the present,
Where a green-eyed woman first saw me
And a brown-eyed mother first felt me.

At the time of my birth my body had been split, mended, cut,
    kissed, touched, stitched, raped,
killed, birthed, re-birthed,
    smelt, hit, neglected, denied, fulfilled loved
INHABITED since eternity.

We have been splintered by our history, torn from our Truths
And made to die with our babes strapped to our beating kicking bodies
Women's bodies filled with indignation
Our dying prayer for our daughters-
To Stay WHOLE, m'ija.

And still,
I feel the loss of the womb.
Even with year after year stretching from today to the time when humans first learned to hate humans,
Even with all the time filled with Terror and tears
Even with my open fractured body

I feel the loss of the womb.

They will take the pink tissue though an incision in the abdominal wall.
Remove the ligaments, arterial circle, muscle, nerve endings, vessels, veins.
The womb.

The woman will be sleeping. A “temporary death” they say.
Temporarily sleeping while they remove her womb.

And sisters, while you were sleeping in hospital operating rooms, thinking they were exploring the inside of your body for imperfections, they removed your womb.

And more...

Because incarcerated sisters,
while you were sleeping in prison medical rooms
they were removing your womb, and ovaries, and fallopian tubes,
so when you woke
you would never have children
and know your early menopause as a sign
that your life span had been shortened by forty years.

And my indigenous sisters, they took yours too.
Removed all of the estrogen producing tissue in your body
and when you woke up
you would never feel orgasm the way you did when you had a cervix-
for that too was removed.
While you were sleeping.
My body remembers you, my sister
With arms, legs, ass, thighs,
marked from 22 gauge hot steel pumping fire in to your veins
releasing the constant need for quick cash
and a quicker fix
to haunt you-always.
And they put you to sleep, bought your sterility
for $200.00
in exchange for your ovaries and uterus.
But it’s a one time shot
Can’t get it twice
Can’t reverse it
But $200.00 sure is nice.

And don’t go to sleep my transgendered people
Don’t let them put you to sleep my two-spirited people
For if you do,
The sexual history of too much too fast
Will change your path forever
As the damage to your cervix from those days
Hours, minutes of harm and hate
Grows
The body will be inhabited by cancer
That will manifest from inertia.

Please don’t let them put you to sleep.
For our bodies, hearts, brainstems, muscles, our WHOLE
Remembers.

As I, born of cold bright lights
Needles poking
Women’s voices choking

A surprise. A girl.
Another mouth to
To feed.

I Still remember.
And when they take
my mothers’ womb
I WILL FEEL THE LOSS.
SEXUAL ASSAULT IS A TACTIC OR TOOL OF OPPRESSION. Most frequently, sexual assault is used by men to dominate women and by adults to dominate children. Sexual assault has also been used as a weapon of oppression against people of color, people with disabilities, and lesbians and gay men. Because sexual assault is a weapon of oppression, we must understand oppression if we hope to end sexual violence. This chapter examines oppression, explains how different forms of oppression work together, and explores the ways that oppression may stand in the way of efforts to end sexual violence.

Oppression and what Keeps It Going

Oppression is the systematic and pervasive mistreatment of individuals on the basis of their membership in a disadvantaged group. Institutional and interpersonal imbalances in power contribute to this mistreatment. Oppression involves the systematic use of power to marginalize, exploit, silence, discriminate against, invalidate, deny, dismiss, and/or not recognize the complete humanness of those who are members of a disadvantaged group.

In the United States, there are systems of oppression based on race, class, gender, sexual orientation, religion, ability, age, body size, and citizenship. Privilege is given to those who are white, male, middle-class or “well-off” economically, heterosexual, Protestant, able-bodied and of able mind, middle-aged, thin, and a U.S. citizen. This means that some groups of people are oppressed, and some are not. For example, men, as a group, are not oppressed. Men do not face systematic and pervasive mistreatment because they are male. An individual man may face oppression based on another identity characteristic, such as race or disability. We all have multiple identities, because we all have a gender, race, class, and so on. This means we can be privileged because of one identity while at the same time facing oppression because of another.

Stereotypes, prejudice, and discrimination support oppression and keep it going. Stereotypes are generalizations about groups of people. They do not take into account the difference within groups. Like stereotypes, prejudice is based on incomplete or inaccurate information. Prejudice is a preference or bias toward or against a group. Both stereotypes and prejudice have negative or detrimental effects. They assert that groups of individuals are all the same (that is, “Those people are…” “That group can’t…” “They all act…”).

They fail to recognize uniqueness, which is an important part of every person’s humanity. It is true that prejudice and stereotypes are only attitudes, but these destructive attitudes, opinions, feelings, and ideas shape our actions and contribute to discrimination.

Discrimination is active; it is preferential or biased treatment based on stereotypes, prejudice, and/or historical practices. It results in unequal access and/or representation. Oppressive systems and ideologies—such as racism and white supremacy, sexism and male supremacy, and classism and capitalism—are maintained through discrimination. Institutionalized oppression involves enforcing discrimination in such a way that the
status quo is maintained (for example, when all the secretaries are women and all the
 supervisors are men) and inequality is made to seem legitimate (for example, when it is
 said that the workplace is structured this way because women who apply for superviso-
 ry positions lack the skills to hold these jobs but do possess the skills to be secretaries).
 When oppression is enforced through everyday interaction between individuals, this is
 interpersonal oppression. Interpersonal oppression may take place in a variety of ways.
 For example, a shop clerk might follow Black customers, expecting them to steal and
 making them uncomfortable. Interpersonal oppression may occur among
 friends and relatives as well as among strangers. For example, family
 members may psychologically and/or physically abuse elder or disabled
 relatives. Interpersonal oppression is often supported by institutional
 oppression. For example, if a lesbian teen is harassed by her classmates
 because she is a lesbian, this is interpersonal oppression. If school authori-
 ties allow or condone the harassment, that is institutional oppression.
 Discrimination can take many forms, including unfair hiring prac-
 tices, white flight and residential segregation, the educational “tracking”
 of students, and even violence. In fact, many people refer to violence
 (and the threat of violence) as a weapon of oppression because it pro-
 tects oppression.
 In doing anti-rape work, it is important to have a clear understanding
 of oppression and how it functions in the United States. Oppression, a
 political term often used in the anti-rape movement and other progressive
 U.S. social movements, must maintain its sharpness, its clarity; otherwise,
 it will be stretched to meaninglessness (that is, everyone calling them-
 selves oppressed, regardless of their actual positions of privilege).
 Oppression is an abuse of power by a dominant group. Other interactions
 among people may be hurtful or unfair but not oppression. As a social movement, our
 goal is to challenge abuses of power—more precisely sexual assault, a specific power
 abuse—and we require language that can articulate why abuses of power occur.

**Making the Connections**

Audre Lorde writes, “There is no hierarchy of oppression.” What does this Black lesbian
 feminist, poet-activist mean? Ultimately she is saying that she will not choose between
 her identities or favor one identity over another. Any movement that fails to recognize
 her multiple identities or that asks her to recognize only her Blackness or her gender or
 her lesbian identity is a movement in which she refuses to participate. In fact, Lorde
 argues that such a movement holds the seeds of its own failure and destruction.

If we look deeply, we will see that violence—in the form of sexual assault, battering,
 lynching, genocide, and other hate crimes—is a tactic of all forms of oppression. Thus, vio-
 lence is one area where all forms of oppression intersect. And, in fact, acts of bias vio-
 lence or hate violence often involve more than one form of oppression. For example,
 lynching—most obviously an expression of racism—often included bizarre sexual muti-
 lation of the victim. It seems clear that the white male perpetrators of such violence were
 expressing not only their racist ideology of white supremacy, but also their sexist fantasy
 of masculinity.

By the same token, rape—most obviously an expression of sexism—also often involves
 other forms of oppression. When women, regardless of their sexual orientation, are
 threatened with rape when they show affection toward other women, we see homopho-
 bia acting in concert with sexism. This all-too-common occurrence is a manifestation of
 these two forms of oppression interacting with and bolstering each other. Suzanne Pharr,
who co-chaired the National Coalition Against Domestic Violence and its Lesbian Task Force, calls homophobia a weapon of sexism and connects homophobia and heterosexism to sexual and domestic violence perpetrated against women:

How many of us have heard battered women’s stories about their abusers calling them lesbians or calling the battered women’s shelter a lesbian place? The abuser is not so much labeling her a lesbian as he is warning her that she is choosing to be outside society’s protection (of male institutions), and she therefore should choose to be with him, with what is “right.” He recognizes the power in woman-bonding and fears loss of her servitude and loyalty: the potential loss of his control. The concern is not affectional/sexual identity; the concern is disloyalty. The labeling is a threat. . . . Our concern with homophobia, then, is not just that it damages lesbians, but that it damages all women. We recognize homophobia as a means of controlling women, and we recognize the connection between control and violence.2

The intersection of oppressions also affects how acts of bias violence are perceived. The feminist legal scholar Kimberlé Crenshaw notes that rape is “racialized.”3 In the United States rape has been historically racialized in the image of the white female victim and the Black male rapist, and our social problem of rape has grown to be racialized in the rapist as a man of color. This does two things. First, women of color are absolutely invisible in this equation. Women of color come to be seen as “unrapeable.” Second, white men are protected by this mythology. They are let off the hook; they are not seen as perpetrating rape. But we know that 90 percent of sexual assaults occur between individuals of the same race and socioeconomic class.4 We also know that in 84 percent of all rapes the survivor knows her rapist.5 Such a racialized image of rape obscures these facts as well as the everyday attacks that white women experience at the hands of white men. Therefore, this racist mythology harms, not only women and men of color, but also white women. Here, racism and sexism work together to hurt everyone but white men. Donna Landerman clearly articulates why it is of utmost importance that the anti-rape movement be anti-racist:

From both an ideological and practical point of view, it is essential for the anti-rape movement to investigate racism and incorporate an anti-racist perspective, because racism in major ways both causes and defines rape. If we are to successfully aid women who have been raped, prevent rape, and eventually eliminate rape, it is necessary to understand and attack rape in all its forms and at all its roots. Racism and cultural and class oppression are some of those roots of rape, and lead rape to take different forms in the lives of women of various races, cultures, and classes.6

Angela Davis insightfully links rape to the capitalist class structure. She asserts that those men who wield power in the economic and political realm are encouraged by the class structure of capitalism to become agents of sexual exploitation. Their authority (within this capitalist structure) guards them against punishment in all circles except one: they may not violate a woman of their own standing. . . . With this single exception, the man of authority can rape as he will, for he is only exercising his authority.7

The highly publicized William Kennedy Smith rape case, which involved a rich and influential man from a well-known political family and a less-affluent women, shows that there is validity to what Angela Davis argues. But it may be inaccurate to say absolutely that economically privileged men cannot rape women of their economic class with impunity. Nonetheless, the power of Davis’s analysis is her awareness that capitalism is connected to violence against women.

Capitalism is based on competition rather than cooperation and therefore promotes conflict. In addition, capitalism has exploitation of one group of people by another “built
in,” because profits can be achieved only by the exploitation of workers and/or consumers. Capitalism treats workers like objects to be used just as many perpetrators of sexual assault treat women and children like sexual objects to be used or consumed. Modern capitalism, in its advertising, also treats women like sexual objects to be used to sell products. Capitalism teaches those who are or who aspire to be of the owning class to dominate, exploit, and use workers. These are the same dynamics that the anti-rape movement has identified as contributing to sexual violence. And arguably it is capitalism that encourages us to believe that poor and working-class men are more likely to perpetrate sexual violence than economically privileged men. Classism works to the benefit of those at the top of the hierarchy, protecting them from being accountable for the sexual violence they perpetrate against women of their economic class and against those women who have less economic privilege.

All of this demonstrates that considering sexism and male supremacy as the only important forms of oppression involved in sexual assault is not only inaccurate but self-defeating. This is, in part, because we cannot neatly separate sexism from homophobia or sexism from racism or classism. Over time, forms of oppression have become intertwined. Movements that fail to take this into account cannot fully succeed and may cause more harm. I think Kimberlé Crenshaw, writing about the anti-rape movement, says it best: “This movement inadvertently participates in exclusionary politics because some of us fail to comprehend the anti-violence movement as an anti-oppression movement.”

Thinking about all of the different forms of oppression and how they work together can feel overwhelming and depressing. With so many forces against us, how can we hope to make a difference? Although the task is challenging, it is not impossible. From the anti-lynching movement in the United States to the anti-apartheid movement in South Africa, history is filled with examples of women leading and contributing to successful collective efforts at social change. Working with and learning about other activists can be educational, inspirational, and transforming.

**Oppression in the Anti-rape Movement**

Because oppression is, by nature, pervasive, it is not surprising that social change organizations—including the anti-rape movement—are sometimes hampered by oppression. Obviously, those in power seek to hold on to their power, so the oppressive forces against which social change organizations struggle often strike back. “Backlash” is an example of that. Less obviously, but still importantly, social change organizations sometimes have internal problems rooted in one form of oppression or another.

As social change agents of the anti-rape movement, we recognize the prevalence of oppression in our communities, whether it be sexism, racism, hatred of immigrants, heterosexism, anti-Semitism, or some combination of these or other forms of oppression. And we recognize the existence of a backlash, a reactionary response to our social change work. This backlash stems from the unwillingness of institutions and individuals to give up power and privilege.

Often it is easier for us to see oppression “out there,” beyond our social movement or our agencies. But oppression is insidious and does find its way into anti-rape organizations. For example, a white-dominated organization might neglect the needs of survivors of color or a primarily heterosexual agency might ask its lesbian staff members to “act straight.” Like many other institutions, anti-rape agencies may be inaccessible to people with disabilities or unfair in their treatment of workers.

One example of resistance to institutional and interpersonal oppression within social change organizations is the work of the Ann Arbor Coalition for Community Unity. This Michigan-based coalition formed in 1994 in the wake of a poorly handled serial rapist
investigation and committed itself to simultaneously addressing sexism and racism. During its work, it issued a statement to feminist agencies in the Ann Arbor area that stressed the importance of addressing abuses of power within women’s agencies. Here is an excerpt from a letter written by the women of the coalition:

 Audre Lorde told us that when we, as women, fall back on the same tactics that the patriarchy uses to control us, tactics of sexism, racism, silencing, and dismissal, we become self-defeating as a movement. Instead of working to end the conditions that create and perpetuate violence against women, we enable them. Every time we silence other women’s criticism of our work, or punish dissent, we commit an act of violence. Violence, after all, is the abusive or unjust exercise of power. And when we perpetuate this kind of emotional and spiritual violence against women within our movement, we condition women to accept the physical and sexual violence we are fighting daily.9

We have to meet all forms of oppression in our communities and in our movement head-on in order to progress and to ultimately end rape. This means that we cannot write enough about how racism, classism, and heterosexism and other forms of oppression reinforce sexism. This means that we cannot educate enough about how violence is rooted in oppression. And this means we must act!

Notes
Being an Ally

SUSAN MOONEY

THE MOST EFFECTIVE SEXUAL ASSAULT COUNSELORS ARE those who can assist survivors in understanding their individual experience in the larger social context of oppression. Women who were able to see a connection between society’s reactions to their experiences of victimization and the status of women in general founded the anti-rape movement. This chapter assumes that you have previously explored the connections between the multiple forms of violence against women and sexism and the connections between sexism and other forms of oppression: racism, heterosexism, ableism, classism. The focus here is on how you as an individual can use your awareness of oppression to be an effective counselor and a powerful agent for social change in your community.

We first explore what an ally is and then how being an ally relates to your work as a sexual assault counselor. Included are tips and challenges for the long journey that awaits you.

What Is an Ally?

“Epiphinal moments, in many ways, occur only when one is primed for them.”¹ A good ally is ever on the prowl for an epiphinal moment, ever mindful of our status in the world and ever watchful for opportunities to use our privileged status to effect social change and interrupt oppressive behaviors and actions. The process of learning how to provide support to survivors of sexual assault, intervene when you witness injustice, and contribute to creating a world that does not tolerate sexual violence is the process of developing skills as an ally.

Allies are persons who seek opportunities to use their knowledge, personal commitment, access to resources (financial and otherwise), and willingness to overcome fear to promote the well-being of a marginalized group or an individual within that group, of which the ally is not a member. It takes courage to act for the benefit of others, particularly if the act requires acknowledging your own status or giving up privilege.

Each of us is a complex person with many facets to our identity; we both need allies and can be an ally to others. For example, a heterosexual woman of color can benefit from the actions and commitment of her white allies; at the same time she can be a powerful ally to lesbians and gays. How and when to be an ally can be confusing and complex, but remember that the more you practice, the more you understand, and the better your skills become. Each of us has within us the ability to act as an ally to others, and your participation in the sexual assault counselor training can be a huge step toward increasing your ability to act as an ally.

Being an effective ally to survivors of sexual assault requires that you are an ally in every area of their lives. Survivors do not experience sexual assault in isolation from the accumulated total of their life experience. Being a good counselor means you have to understand that a woman’s experiences of racism, homophobia, classism, and ableism, combined with sexism, all inform the experience of sexual assault and the process of healing from the experience of victimization. Your commitment to understanding the totality of a woman’s life will make you a more effective counselor. Your dedication to
changing the social conditions within which sexual assault exists is an essential component of being a sexual assault counselor.

How Does Being an Ally Relate to Your Work as a Sexual Assault Counselor?

The more you practice and develop your skills as an ally working to end oppression, the more effective a counselor you will become. Try to think in terms of the ripple effect: when you drop a stone in a bucket of water, many ripples are produced; they travel out, hit the side of the bucket, start traveling back to the center, and begin crossing and affecting one another's paths. Eventually the water settles down, but the arrangement of the water in the bucket is forever changed. The ripple effect of your work as an ally is much the same: every act affects the complex social conditions that allow sexual assault to occur and the conditions that influence a survivor's healing process.

Now let's apply that image to an example (see below): a heterosexual woman who provides counseling on the hotline at the rape crisis center is also involved in PFLAG

<table>
<thead>
<tr>
<th>IMPACT OF PFLAG CAMPAIGN</th>
<th>RIPPLE EFFECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the process of preparing for the PFLAG campaign, the counselor becomes more aware of the emotional and social impact homophobia has on lesbians and gays.</td>
<td>The counselor receives a hotline call from a lesbian survivor of same-sex violence. The counselor's ability to assist the survivor as she sorts through the effect of internalized homophobia on her reaction to her assault is enhanced by increased awareness.</td>
</tr>
<tr>
<td>PFLAG campaign includes presentation to law enforcement on hate crimes against lesbians and gays, during which a couple of officers show that they are very sensitive to the issue.</td>
<td>The counselor's ability to assist the survivor in realistically assessing the potential outcome of reporting the assault to the police is enhanced. The counselor has increased access to officers who are more likely to respond to the survivor's experience sensitively.</td>
</tr>
<tr>
<td>The law enforcement officers who are sensitive to lesbian and gay issues notice that the majority of officers in attendance are not educated on these issues.</td>
<td>Working with the rape crisis center to assist the lesbian survivor makes the officers aware that their department's response to incidents of same-sex violence can be improved, and they work as allies with the rape crisis center to get more training included in courses at the police academy.</td>
</tr>
<tr>
<td>The counselor passes out leaflets at the local mall as part of the campaign and talks to dozens of people, one of whom she tells about her work at the rape crisis center.</td>
<td>A lesbian survivor of child sexual assault calls the hotline; she is willing to make the call because her friend tells her about her conversation with the counselor at the mall so she thinks the rape crisis center will be a safe place for her.</td>
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<td>The counselor mentions to the crisis line coordinator that she is involved in the campaign, and the rape crisis center ends up endorsing PFLAG's campaign.</td>
<td>A number of lesbians in the community notice this relationship and call the rape crisis center to inquire about volunteering.</td>
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(Parents and Friends of Lesbians and Gays). PFLAG sponsors a campaign to raise awareness about the existence of hate crimes against lesbians and gays in the community. Let’s follow the relationship between this activity and her work on the issue of sexual assault.

And so it goes, every action that is taken to address oppression can have a ripple effect on an individual survivor’s experience, on the quality of rape crisis center services, and on society’s response to sexual assault. The reverse is also true: every time we are complacent, every time we are indifferent to oppression, whether it is racism, homophobia, ageism, classism, or ableism, we reinforce the status quo and allow oppression to carry on. Oppression unchecked and unchallenged allows society to stay comfortable with blaming the victim and targeting people of color for violence, and maintains power imbalances between groups and individuals.

Acknowledging that our lives, the operation of our social world, and issues of oppression are complex is critical in understanding sexual assault. To think otherwise would be to minimize the importance of our work and the challenges faced by sexual assault survivors and counselors alike. Very few of us are raised with consistent, accurate messages about others, or ourselves, and those who are cannot escape the contradictions inherent in what society teaches. This is the socialization we each have to examine and resist in our work to become allies. Admitting the privileges we enjoy, unearthing the prejudices we hold, identifying the stereotypes we have been taught, and recognizing and challenging the discrimination that exists in society are all part of your work as an ally and as a sexual assault counselor.

As you develop your understanding of the connection between anti-rape work and oppression, you will also become aware of the cultural issues that arise as you work with survivors who are members of specific marginalized communities. Learning about cultures other than your own and increasing your understanding of your own life are important steps. Your work as an ally is to connect the big picture of the link between anti-rape work and oppression with your sensitivity to the experiences of women from a wide range of cultures. Making this connection will enhance your ability to provide culturally competent support to survivors of sexual assault. Your actions as an ally to interrupt this connection will contribute to your development as an effective agent of social change.

**Common Stumbling Blocks for Allies**

“**I accept people for who they are; it doesn’t matter if they are (fill in the blank: gay, lesbian, people of color, disabled, poor, young, old, fat, homeless).**”

It’s tempting to believe that ending oppression is a matter of eliminating our differences and/or overcoming our individual prejudices. Unfortunately, this ignores the complex nature of oppression and its impact on individuals and society. We cannot just wish away differences, nor do we want to. Our society is a rich fabric of people from many different cultures and experiences.

Sometimes the temptation to rely on the attitude reflected above results from our inability to acknowledge our own privilege or the oppression experienced by others. The fact is, people are affected differently by oppression depending on their status in marginalized groups. Our ability to be an ally is impeded when we are unable to recognize and acknowledge differences.

“**People of color are racist against white people; they have just as much responsibility to end racism as white people do.**” This is sometimes called reverse racism, and it just does not exist. Racism is prejudice plus institutional power. People of color do not have the institutional power in Western society to enforce prejudiced attitudes toward whites. Some people of color may be prejudiced against white people, and this prejudice may be the result of their experiences of racism by white people. These are complex dynamics that don’t have to be condoned to be understood. Most importantly, this form of prejudice must not be confused with racism.
To Do or Not to Do, That Is the Challenge of Being an Ally

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DO NOT</strong></th>
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<tr>
<td>Do take responsibility for learning more about oppression and how to be an ally.</td>
<td>Do not assume that members of marginalized communities are available to or have a responsibility or desire to teach you about oppression.</td>
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<tr>
<td>Do stay open to feedback.</td>
<td>Do not confuse intention with effect.</td>
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<td>Do spend time being self-reflective about your own life.</td>
<td>Do not expect others to share their self-reflection with you or to be open to processing your new awareness with you.</td>
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<td>Do explore ways you have benefited from any privilege you may have.</td>
<td>Do not wallow in guilt about how lucky you are to be a member of a privileged group.</td>
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<td>Do make a point of reaching out to other allies for support.</td>
<td>Do not get discouraged if you have periods of feeling isolated.</td>
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<td>Do be on the lookout for oppressive behaviors, comments, policies.</td>
<td>Do not be disturbed if you are not always able to spot them immediately.</td>
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<tr>
<td>Do make a commitment to interrupting oppressive comments and behaviors.</td>
<td>Do not give up if you can't do it every time.</td>
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<td>Do recognize and acknowledge when you have an epiphany about oppression.</td>
<td>Do not be surprised if you don't experience any epiphanies but take small steps instead.</td>
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<td>Do be motivated by the small steps you make in understanding yourself and others.</td>
<td>Do not expect to be congratulated when you realize something new.</td>
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<td>Do seek collaborative learning environments.</td>
<td>Do not count on everyone in your life collaborating with you on your journey.</td>
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<tr>
<td>Do take a comprehensive approach to learning how to be an ally. Learning more about yourself is most effective when it is balanced with increasing your understanding of institutions.</td>
<td>Do not be disappointed if you sometimes feel confused about your own life or about how oppression operates in institutions.</td>
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<td>Do involve yourself in many facets of anti-oppression work in your community. Work in a variety of coalitions, and develop strategies for connecting your commitment to anti-rape work to other forms of anti-oppression work.</td>
<td>Do not think you have to do it all. Involve others in your life and in your community.</td>
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<tr>
<td>Do anti-oppression work for your own well-being.</td>
<td>Do not forget that change is a process, not an event.</td>
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Thank you to Cultural Bridges for introducing me to this framework as a tool at the 1998 National Coalition Against Sexual Assault workshop on how to be a white anti-racist.
“As a member of an oppressed group (woman, person of color, lesbian, person with a disability), I have to focus all my energy on dealing with my own oppression.” It is true that it takes tremendous energy to survive, much less thrive, in a world that does not accept or support us. Experiencing racism, homophobia, sexism, ableism, ageism, classism, or any form of oppression drains our energy. This reality does not let us off the hook; we must act as allies and use our status of privilege and power to confront forms of oppression we are not experiencing. Heterosexual people of color must act as allies to lesbians and gays, people without disabilities must confront ableism, white people must act as anti-racists. The interconnected nature of oppression requires an interconnected response. There is an old saying, “None of us will be free until all of us are free.” For example, my freedom from oppression as a woman and a lesbian is equally dependent on my ally’s work to end homophobia and my own work to eliminate racism.

“I live in a multicultural environment; I am open to all cultures, have friends of all colors and persuasions; I have interrupted racist jokes before.” It’s easy to become complacent because we aren’t as bad as the next person. We live in a culture that is obsessed with political correctness. An ally isn’t comfortable with appearing to be an anti-oppression activist. The actions we take that are not recognized, that stretch us the most, that are not witnessed by members of the oppressed group are what really make us an ally. We all know and recognize posers when we see them, and we know in our hearts when we are falling into this trap ourselves. Real change happens through our daily commitment, our holding ourselves accountable, our willingness to take risks, our forgiveness of our own mistakes, and our unwillingness to remain silent.

Definitions

**Ally.** One whose personal commitment to dismantling oppression is reflected in a willingness to become educated about all forms of oppression and social justice, challenge one’s own prejudices, learn and practice the skills of an anti-oppression activist, interrupt oppressive statements, behaviors, policies, and institutional structures.2 An ally is someone who recognizes and utilizes his or her privilege to promote justice for others.

**Discrimination.** Preferential or biased treatment based on a prejudice or historical practices that result in unequal access or representation; adds action to prejudice and/or stereotype.

**Marginalized.** Having limited access to power because of institutionalized discrimination.

**Power.** The ability to affect the physical, economic, and/or psychological well-being of yourself and others.

**Prejudices.** Preconceived judgments or opinions, usually based on insufficient data.

**Privilege.** Choices, entitlements, advantages, benefits, assumptions, and expectations granted based on membership in a culturally dominant group, for example, white, nondisabled, economically secure, heterosexual. Includes privileges granted by society, as well as assumptions and expectations resulting from socialized beliefs about one’s own social status.3

**Stereotypes.** Generalized, fixed impressions or opinions without regard to individual variation or the incorporation of new information.
Notes


2. Adapted from Cultural Bridges workshop packet on white privilege.

3. Adapted from Cultural Bridges workshop packet on white privilege.
In diverse settings, trust is something to be atmosphere, expectations need to be adjusted. When people have years of experiencing being devalued within the larger society, a continual demonstration of being taken seriously is needed for them to be willing to share their views and contribute fully. Trust grows from shared work; it can never be assumed across boundaries of race, class, gender, or... . Efforts to shift to multicultural processes are often met with two related comments: “Let’s just treat everyone as a human being and not get caught up in the things that divide us” or “Let’s just treat everyone as an individual.” These comments, intended to promote unity, create tokenism instead. Individuals with less social power are seen by those from dominant groups as either representatives of their entire group or as the exceptional individual, not like the rest of “them.” People from oppressed groups are frequently asked to characterize the viewpoint of their entire group—as though everyone of the group thinks the same. Because people don’t know others from the marginalized group they turn to the lone member and ask them. For example, a group of administrators ask the only African American in the office, “What do your people think of the situation in Haiti?” Or at a board meeting of a social service organization, turn to the one elder and ask “How will old people feel about this new policy?” Treating them as a representative of an entire marginalized group reduces their presence to little more than a stereotype. Their own individual experiences, skills, contributions and talents are lost behind the mask of tokenism. If on the other hand, they are treated as the “exceptional” individual of their group, the culture from which they come and the oppression they experience daily are rendered invisible at best, or viewed as exotic and disadvantaged, they are heroes who have managed to leave it behind.

Individuals are embedded in their cultures. The sharp distinction between individual identity and cultural integrity which runs through middle-class life usually creates a kind of schizophrenia for members of marginalized groups. Either they lose their individuality and become token representatives of their entire culture, or they maintain their individuality and suppress their sense of cultural identity. Yet for the most part, people from marginalized groups gain identity and pride from their group. Witnessing and being a part of “making a way out of no way,” strength, courage and innovation are experienced as deeply entwined with their cultural identity. On the other hand, those from the middle-class have been socialized to disassociate from any group identity and to view groups with suspicion because they are the very thing that stands in the way of advancement. For those from oppressed groups their collective identity provides strength. For those of the middle class it takes it away.

When members of oppressed groups have to choose between individuality and group identity it is a no-win situation that entrenches the monoculture. If a person chooses individuality it becomes extremely difficult to maintain ties to their own community. They look different but act the same as the rest in the organization. If on the other hand, they choose to preserve their cultural identity, they find themselves both isolated in the organization and facing perpetual resistance to their claiming of cultural identity. They eventually leave the organization, leaving behind a monoculture.

Overcoming Tokenism
To overcome tokenism, we need to create organizational cultures that enable everyone to claim both their individual and their cultural integrity. For this reason it is vital to have a number of people from any particular group, or to build alliances with groups rooted in different communities. This makes it clear that everyone from the same group is not the same. It also overcomes much of the isolation that people from oppressed groups feel when they are in a minority position.

People need space and time to gather with others of their own group. When people from a minority group put forward their desire to meet separately, it is met with great resistance by everyone else. Other people feel left out, deprived of the opportunity to get to know those different from themselves. It also invariably brings up feelings that they
must be doing something wrong, or people from the minority group would not need to meet by themselves. Yet a caucus creates a context for mutual support for individuals who are likely to be alienated. It creates a safe place to be able to express the sensibilities rooted in their particular cultural experience. Here there is no need to choose between remaining silent or carefully explaining things so as not to provoke hostility or defensiveness—one doesn’t have to choose between self and group identity. In a caucus setting, people share the same cultural norms and an unspoken understanding of the day-to-day difficulties faced in the larger organization. They can let down their guard. Spontaneity emerges and with it innovative thinking that the whole organization gains from. It provides a place in which they don’t have to leave their identity at the door and try to fit in. Instead, their difference becomes a source of strength and the particularity of their cultural experience is affirmed and energized. This spills into the To shift into organizational modes that embrace multiple cultural experiences we need to develop processes that enable us to share our wholeness. Our connectedness with one another is strengthened when people share their stories which bring out differing sensibilities and engage openly and completely in creating common goals, values and visions.

Tools for Change offers training, consulting, mediation and facilitation services on justice issues and the bringing together of history, heart, spirit, values, and vision. We create a respectful atmosphere in which power, history and culture are openly addressed. When we share our stories and full perspectives, we discover how to heal the schisms across the lines of race, gender, class, sexual orientation, age, and physical ability. This enables everyone to transform guilt, blame, and distrust into supportive and creative relations, power dynamics and tokenism are replaced by an open, multicultural and democratic context.

Tools for Change helps organizations develop and implement innovative policies and practices that advance cooperation, creativity, trust, democracy and accountability. Our associates have are experienced in personal and community empowerment, diversity issues, leadership development, mediation and facilitation. We are diverse in our skills, race, ethnic and class backgrounds, sexual orientation, and physical abilities.

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Weaving New Ties

The Subjective Side of Politics

From Leadership to Empowerment

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This makes visible the hidden barriers that block our ability to work together effectively. It’s full of concrete strategies for creating a context that welcomes everyone’s contributions.

--Sister Guadalupe Guajardo

A very important piece of work for both emerging and established organizations. Although it’s good for individuals, it’s best to study it collectively and use it for training programs.

--Richard Moore

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- Reclaims wholeness
- Builds trust
- Draws out mutual support
- Where differences widen horizons
- Inspires integrity and respect
- Fosters principled relationships
- Establishes democratic processes
- People enjoy one another
- Is innovative
- Is productive
- Is visionary

Organizations We Have Worked with:

- State Coalitions against DV: RI, CA, PA, OR & NY
- U.C. Rape Education Programs
- Rural Women’s Resources
- Jesuit Volunteer Corps
- National Gay & Lesbian Task Force
- California Assoc. of AIDS Agencies
- Interfaith Center for Racial Justice
- SEIU, Local 535
- The Family Center
- Planned Parenthood
- Lesbian & Gay Coalition Against DV

For Information About Workshops or Consultancy Services Contact:

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Seattle, WA 98112
1-800-99-tools or 206 3292201
email: info@toolsforchange.org
web site: www.toolsforchange.org

For a copy of Breaking Old Patterns, Weaving New Ties, send $9.50
For a copy of The Subjective Side of Politics, send $8.50
For a copy of From Leadership to Empowerment, send $8.50
As a director of a victims’ advocacy program, a woman of color, and a survivor of abuse, I am used to living within the margins of a society that creates hierarchies based on gender, race, class and sexual orientation. As an activist who works for women’s equity and against gender-based violence, my initial inclination is to believe and support a woman who claims she has been violated. The statistics certainly show that domestic violence and sexual assault are crimes committed primarily by men against women.

Women are often blamed for their own victimization by either making “poor choices” or not getting out of the situation sooner. However, the analysis of who is a “good” or sympathetic victim, who is the “bad” stereotypical perpetrator, and what is the appropriate community or legal response, is not so simply defined. Add to the mix an alleged victim who is White, the accused who is Black, and the criminal offense of sexual assault. Here is where the concept of justice is at a crossroads, and the issues of rape and racism collide.

Mainstream victims’ advocates have applied a one-size-fits-all approach of victimhood that has usually benefited White middle-class women to the detriment of people of color. There is often no room for a systemic analysis of rape, class and gender since these discussions are viewed as divisive to the “real work” of ending violence against women and tantamount to treachery within the movement. Yet, as a woman of color, I am reluctant to be an ally with anyone who has the unbridled potential to perpetuate gender or racial violence or disenfranchisement. A fundamental tenet to my survival is to critically analyze not only both sides of any argument, but also the contradictions that lie in-between.

On the one hand, when a woman seeks assistance as a victim of domestic violence or sexual assault, there is no standardized litmus test that she must pass before being deemed a “victim” beyond conducting a screening and accepting her personal plea for help. Within victim service organizations this automatic acceptance is certainly appropriate given the long legal and societal history of women not being believed, then sent back to their homes to face escalated violence or even death. Put simply, it is essential to our work as victims’ advocates to believe a woman who claims to be a victim of gender-based violence because her word, when compared to the denial of the abuser, is often deemed unworthy of belief in a patriarchal society.
Many women seek victims’ services without ever seeking recourse through the legal system. The legal process has its own inherent risks of victimization and limitations of access, particularly for women of color and poor women, and therefore is simply not a practical option of protection for many women. Requiring victims to furnish proof of abuse prior to receiving services simply reinforces the stereotype that all abuse is quantifiable, and that the only way a woman is to be believed is by conducting her own investigation into her own victimization prior to seeking services. Believing victims is something victims’ rights organizations must and should do within the context and the purpose of our work.

On the other hand, outside of the victim service organizational context, there is a heightened standard for who is deemed a victim. In a recent controversial and precedent setting ruling, Colorado District Judge Terry Ruckriegle instructed prosecution and defense attorneys in the Kobe Bryant sexual assault case to refer to the accuser as the "alleged victim" rather than the unqualified “victim” in all court proceedings. In his three-page ruling the judge wrote, "The common understanding of the term 'victim' certainly implies that a person has been the subject of a particular wrong or crime, and its use under these circumstances [emphasis added] could improperly suggest that a crime has been committed such that the presumption of innocence might be jeopardized." The judge explained that the more neutral language does not assume a crime was committed. Bryant is a Black, 25-year-old, wealthy NBA star, accused of sexually assaulting a 19-year-old White woman. He asserts the sex was consensual, while the alleged victim claims that Bryant raped her.

The ruling is controversial because prosecutors and mainstream women’s rights advocates assert that that Colorado law refers to a victim as "the person alleging [emphasis added] to have been subjected to a criminal sexual assault" and those victims’ rights attach to the victim as soon as a crime is reported. Further, the Victim's Rights Act requires prosecutors to call the person who is alleging that a crime was perpetrated against them a 'victim.’ Cynthia Stone, spokeswoman for the Colorado Coalition Against Sexual Assault, stated in the Denver Post: "In Colorado, a district attorney is under an ethical obligation to file charges only if they in their heart of hearts believe a crime has been committed, and if they believe they can win the case. This is forcing them to compromise on that.” She also said that sexual assault is not treated as other serious crimes such as such as robberies or muggings where the use of the term “victim” is undisputed.
On the surface, the arguments for keeping the language of “victim” in cases involving sexual assault are compelling and have advocates lining up behind this familiar good vs. bad analysis. However, the problem with using the term victim in a proceeding to determine whether a crime was in fact committed, and that the defendant is guilty of committing that crime, is that it: 1) can create a bias that would harm the defendant’s right to the presumption of innocence; and 2) lacks a systemic analysis that takes into account race, class and gender.

Women’s rights advocates have no problem pointing out Bryant’s class status and his ability to hire some of the best lawyers money can buy. There is no question that Bryant is able to afford a defense team that the majority of defendants would never have access to. Advocates have articulated a fragmented class analysis by pointing out the economic advantage Bryant has, yet ignore their own failures for finding any real solutions for poor women seeking legal recourse. Determining the guilt of Bryant is as much of a community question, as is the motives and credibility of the women’s rights advocates who insist on his guilt. When people of color hear White advocates presuming the guilt of a Black man, yet have seen no similar outcries when people of color are discriminated against within the legal system, it is no longer just Bryant who is on trial in the court of public opinion, but the victims’ rights organizations as well.

Judge Ruckriegle’s words, “under these circumstances” are at the core of a systemic analysis of race, class and gender in sexual assault cases. If it were simply left up to the prosecutor’s “heart of hearts” as Stone put it, there would simply be no use for a criminal justice system based upon the presumption of innocence. In situations where the alleged victim is White, and the alleged perpetrator is Black, we need only to look at recent events – connected to a not so distant past – where White women’s rape allegations against Black men were vigorously investigated and prosecuted with all too often racist outcomes.

In February 2003, 18 year-old Marcus Dixon, who is African American, was arrested and charged with imprisonment, sexual battery, aggravated assault, misdemeanor statutory rape and aggravated child molestation of a 15-year-old White girl. Dixon at the time was a 6-foot-6, 265-pound defensive lineman. As a star athlete and National Honor Society student he had been awarded a full scholarship to Vanderbilt University. The high school
senior was convicted and sentenced to serve a maximum 10-year sentence without the possibility of parole in the Georgia State Penitentiary.

Dixon maintained that the sex was consensual, while the alleged victim claimed she was raped. Jurors acquitted Dixon of all forcible rape charges, but found him guilty of the child molestation charge based on the law against having sex with someone under 16 years old, even though he was less than three years older than the alleged victim. The Floyd County District Attorney, John McClellan, attached the aggravated child molestation charge to the case, seen by some as a guaranteed way to get a conviction even if Dixon was found not guilty of the other charges. The jurors were placed in the position of convicting Dixon with the one thing that seemed indisputable: having sex with an underage girl. Many of the jurors later decried the severity of the sentence as being disproportionate to crime.

Despite the District Attorney’s denials that race was a factor in his aggressive prosecution of Dixon, supporters of the young man, including elected officials and representatives of the NAACP, asserted that as an African American living in the South, the case carried very distinct racial overtones. In sum, Dixon violated the anti-miscegenation mores condemning sexual relations between Black males and White females in a town where racial stereotypes and racist practices are part of the fabric of the community. The accuser is the daughter of an avowed racist and was terrified that her father would find out that she had sex with a Black man. She did have evidence of vaginal bruising and a torn hymen, which the defense contended was consistent with the girl having intercourse for the first time.

Dixon’s legal guardians, who are White, reportedly received ongoing threats, allegedly from the Ku Klux Klan. Dixon lost his full scholarship to Vanderbilt University after his arrest, and was permanently expelled from high school just one course away from graduation. In May 2004 the Georgia Supreme Court issued its ruling overturning Dixon’s conviction on appeal. The Court held that Dixon should have been prosecuted only on the lesser charge of misdemeanor statutory rape, which carries a maximum sentence of one year and a $1,000 fine, rather than aggravated child molestation. By the
time he was released on his own recognizance, Dixon had served 15-months in prison. The District Attorney is filing a motion for reconsideration with the court, and the girl’s parents are planning on suing the school district.

Contrast Dixon’s situation with the case of Akrika Dawn, a University of Colorado football player who was accused by a female student of sexually assaulting her. Through DNA testing, Dawn, along with an unidentified teammate, was cleared in 2004 of the rape charge, but not before facing the possibility of serving time for a crime he did not commit. The alleged victim reported to the Boulder Police Department that in August 2002 she left a bar very intoxicated with two Black men who may have walked her home, and then was raped and sodomized by one of the men while the other watched from an adjacent room. Unable to remember the events clearly, she gave the description to the police that the men were "two big Black men" and could have been CU football players. Dawn and the teammate had been in the bar that same night. An unidentified witness who saw them in the bar that evening gave police their names. DNA tests later cleared both of the teammates, but the damage to these young men had been done. In a prepared statement, read by his attorney, Dawn proclaimed his innocence and spoke out as a victim of racial profiling:

"My case is here to show you that there are false allegations going on and racial profiling… My heart goes out to the victim. Rape is a terrible thing. However, I feel appalled that all the investigation had as a description of the possible perpetrator was that he was 'big and Black.' She didn't know if the people she was talking to in the bar were football players but assumed so merely because of their size and race... Whenever I go out on the town, the mere fact that I am big and Black makes me a target for any investigation."

Dawn’s attorney, Nancy Holton, backed up his assessment stating, "In Boulder, if you're Black, you're a sitting duck for accusations."

Mainstream victims’ rights advocates who were so vocal about the rights of the alleged victims in the Kobe Bryant and CU sexual assault cases, were silent when these Black CU students were wrongfully implicated. Here were two verified victims of racial profiling, and these organizations that championed rights for victims had nothing to say. With these cases, the principles of victim advocacy are at a crossroads where we can either examine the contradictions that have always been part of the legal system and victims’ lives, or we can continue perpetuating the overly used one-size-fits-all analysis.
The overly simplistic rhetoric of victim advocacy doesn’t address the intersectionality of rape and racism. The either-or approach doesn’t allow for an examination of the historical baggage that is ever present when a Black man is accused of raping a White woman, a White man is accused of raping a woman of color, or when men of color rape women of color. As documented since the times of slavery when White men raped Black women with impunity, it is apparent that all too often when a woman of color is the victim of violence, society denies that a crime has occurred. In other words, women of color’s experiences of violence are often ignored or unchampioned since, historically, rape of women of color was not seen as rape, but as a natural consequence of our “lascivious” nature. However, violence against White women grabs the media attention, ignites legislative action, inspires protests by women’s rights advocates, and creates incentives for funding programs that continue to maintain the status quo.

Until we have honest, challenging, and ongoing dialogues to examine and rectify the contradictions within our work, women of color advocates will continue to work from within the margins of a society that validates certain victims while excluding others. Advocates must resist attempts to present issues as simple binaries: good-bad, Black-White, victims-perpetrators, innocent-guilty. We must be better prepared to give answers that are not just yes or no, but sometimes yes and no in contradicting situations. Here are some examples that require analysis between the margins:

- A victim should be identified as such in court proceedings/A defendant is innocent until proven guilty.
- A victim is never responsible for the violence committed against her/A woman can contribute to the perpetuation of a sexist climate.
- A woman works to achieve social and economic independence/A woman may pursue and date a man for his social status.
- Women’s rights advocates stand up for the rights of all women/Women’s organizations lack meaningful inclusion of women of color.
- Gender inequities exist among all women/White middle class women have race and class privileges.
- Advocates promote the creation of more laws & increased police presence/Racial and economic inequities exist in the criminal justice system.
The media covers high profile victimization cases/Cases of everyday violence involving women of color are often overlooked.

A White victim alleges rape/Black men become vilified and positioned against women’s rights advocates.

The identity of a victim of sexual assault is protected/A suspect is publicly identified; victims’ of domestic violence identities are revealed.

Black community representatives support accused Black men/Black leaders do not publicly work on issues of gender violence.

Interracial relationships are no longer against the law/White women are still elevated over women of color as symbols of success.

Black athletes are elevated to star status/At CU, Black students comprise less than 2% of the student body – less than 500 out of 24,000.

Sexual assault victims’ advocates work to achieve gender equity/Sexual assault victims’ advocates do little to promote racial equity.

Athletic scholarships are one way for a few Black men to achieve higher status/Sports culture promotes racial and gender inequities.

Women’s rights advocates challenge institutions that perpetuate patriarchy/Women’s rights advocates resist challenges by women of color regarding racism in the movement.

Athletic programs promote diversity/Athletic programs do little to improve the social climate for students of color in the general student population.

Either side of these arguments can be justified depending on who gets to define the issues. Yet, simply taking sides without exploring the complexities of the interplay between rape and racism leaves us nowhere in changing cultural norms that support racial and gender inequities. Under these circumstances, when race, class and gender collide, we must be willing to challenge our notions of justice, or risk becoming irrelevant.

Lisa M. Calderón is Director of Advocacy Services, Boulder County Safehouse, Boulder, Colorado. She can be contacted at lisac@bouldercountysafehouse.org.
Historical Origins of White Privilege

In the early 1600’s, 50 wealthy Englishmen bought stock in the Virginia Company of London. Their stock options included large parcels of (Indian) land in the new colony of Virginia, as well as the right to govern the colony.

These English gentlemen did not intend to work their lands in Virginia. To get workers, they contracted with English merchants who delivered impoverished English teenagers and kidnapped Africans. By the second decade of colonization, working servants, both English and African, outnumbered English gentlemen by perhaps 100 to 1. Living and working conditions for African and English laborers were horrendous. Workers were regularly whipped, nearly starved to death, denied days of rest, and refused permission to marry. English servants, who were supposedly protected under English poor laws, had limited times of servitude, but owners disregarded the laws. Those servants who were freed as required, usually died within a few years.

Under these conditions, African and English servants struggled to survive and resist their common oppression. They traded together; they made love together, and they made war together against their masters. Most servants were armed, since the wealthy used their servants to protect the frontiers against “hostile Indians.”

Virginia records document ten servant revolts in the mid 1600’s, culminating in the famous Bacon’s Rebellion of 1676. African and English servants, free workers and farmers, demanded land and pay for their labor. They burned down Jamestown, the colony’s capital. Colonial rulers had to call in the British army to subdue the rebellion, Colonial landowning legislators responded with a series of Slave Codes enacted from 1680 through 1705. These codes legalized chattel slavery (the child of an enslaved woman would be enslaved for a lifetime) and severely restricted the rights of free Africans. The codes equated the terms “slave” and “Negro,” thus institutionalizing the world’s first system of racialized slavery.

The codes also set out the “rights” of and restrictions for “servants.” As first, servants “referred ambiguously to both Africans and English. But as “slave” became synonymous with “Negro,” (the Spanish word for “Black,”) “servant” came to mean “white,” the term which replaced “English,” “Christian” or “wench” to refer to poor or indentured Europeans.

As the codes tightened the legal noose around enslaved Africans, they simultaneously loosened the legal bonds on English indentured servants. English or “white” servants were granted specific forms of privilege or preferential treatment which was specifically denied to slaves, or “Negroes.”

For example, the codes stipulated that servants could challenge unjust behavior of their masters in court; servants, both men and women, were entitled to specific “freedom dues,” paid in tobacco (the legal tender of the colony) when their term of servitude was over. Servants could get a small plot of land, provided they promised to guard the frontiers. Poor white males were offered the first paid jobs in the colony — on the slave patrols. They got bounties for every slave they caught.

All these “privileges” were specified as being available only to “white” people. However, if any poor whites acted in solidarity with any Africans, they would be physically branded, and their privileges removed. Thus the term white became synonymous with privilege in colonial law.

In conclusion, a study of the historical origin of the term white suggests that: “White” is a political term. It was specifically created by colonial rulers to prevent oppressed people from different continents from uniting to confront their common oppressors. “White privilege” is a relational term. It is the other side of the coin of racial oppression. In the U.S. white supremacy system, they go together. White was originally a class term. The privileges of whiteness were first granted by the colonial ruling class only to the poor and servant class of Europeans.

Colonial rulers did not need privilege. They had power. In a few generations, the institutional privileges for the white poor would wipe out the material basis for unity with oppressed Africans, as their daily lives grew further apart. (Bacon’s Rebellion was the last multiracial revolt of the oppressed during the colonial era.)

Colonial rulers used the existence of these privileges to convince poor white people that the little they had was due to their racial superiority, rather than to preferential treatment combined with hard work. The impact of white privilege on white people’s daily lives reinforced the ideology of white arrogance and “legitimized” their dehumanization of people of color.

In summary, the system of white privilege for non-ruling class whites reinforces the system of racial oppression against people of color. And the complementary systems of white privilege and racial oppression maintain the system of white power for ruling class whites.
White Privilege

U.S. institutions and culture give preferential treatment to people whose ancestors came from Europe over peoples whose ancestors are from the Americas, Africa, Asia and the Arab world; and exempt European Americans — white people — from the forms of racial and national oppression inflicted upon peoples from the Americas, Africa, Asia and the Arab world.

This web of institutional and cultural preferential treatment is called white privilege. In a white supremacy system, white privilege and racial oppression are two sides of the same coin.”

Non-ruling class white people are both oppressed and privileged. They are oppressed most significantly on the basis of class, gender and sexuality, and also on the basis of religion, culture, ethnicity, age, physical abilities and politics. At the same time, they are privileged in relation to peoples of color.

300 Years of Affirmative Action for White People

1663: In Virginia, English female indentured servants are no longer allowed to work in the fields; they can only work in their masters’ house. African women still work in the fields.

1680 - 1705: Virginia “servant” codes specify that white servants can testify in court get “freedom dues,” a plot of land, and the right to marry someone else who comes from Europe. (Racial intermarriage is banned.)

1790: The Naturalization Act, the first act of the first U.S. Congress, guarantees that white immigrants can become citizens, which leads the way for them to become owners of land. “Non-white” immigrants are denied the right to be citizens. (This provision was not changed until 1952.)

1830: The Indian Removal Act, initiated by President Andrew Jackson, removes the Choctaw, Creek, Cherokee, Chickasaw and Seminole Indians from the most fertile land in the South. White slave owners take over the land, use enslaved Africans to grow the cotton that creates the wealth for both Southern and Northern ruling and middles class whites. Cotton becomes the major export of the new nation.

1848: In the Treaty of Guadelupe Hidalgo, Mexico cedes half its national territory to the United States. Mexicans living north of the Rio Grande become U.S. citizens, but they no longer automatically own the land their families have tilled for centuries. Under U.S. law, the land goes to those with papers. Mexicans do not have papers. White lawyers “representing” Mexican land owners swindle millions of acres by taking land as their legal fees. Mexican-Americans become the first farm workers on lands their families once owned.

1862: During the height of the Civil War, U.S. soldiers are also waging war on indigenous nations in the West. Millions of acres of Native land are taken by bloodshed. This land is distributed to white people only. The Homestead Act makes 50 million acres available, at low cost, to white working class homesteaders. The Morrill Act creates land grant colleges to build a new white middle class. And 100 million acres of Indian land are given free to the railroads.

1863: The practice of “firing blanks” during the Civil War leads to imprisonment for thousands of Black and Brown men while providing a major source of well paid jobs for mostly white working class men — as prison guards.

1887: The Dawes Land Allotment Act forbids communal land ownership by indigenous people, and encourages Indians to sell their lands to whites. As a result, millions of acres go to white squatters.

1947 on: Under the G.I. Bill, the federal government authorizes the largest affirmative action program for white people in the nation’s history. Millions of returning veterans get preferential treatment in jobs, suburban home loans, and college education. But these federal programs do not challenge institutional racism in employment, housing or education, so almost all the benefits go to white men and their families.

1954: One of the most significant effects of Brown v. Board of Education is the firing of thousands of Black teachers and principals in southern Black schools, after these schools are integrated with white ones. School Boards say that white parents will not let their kids be taught by Black teachers. So the major beneficiaries of Brown v. Board of Education are the thousands of white (mostly female) teachers and white (mostly male) principals who get the jobs in these newly integrated schools.

1994: The passage of “Three Strikes You’re Out” in California leads to imprisonment for thousands of Black and Brown men while providing a major source of well paid jobs for mostly white working class men — as prison guards.

1996 to date: The passage both of Proposition 209 in California and Washington State’s ’98 Initiative 200 ends a brief interlude of 30 years of affirmative action for people of color. California, which will be the first state in the nation to have a majority population of people of color, leads the way in returning to a 300 year tradition of affirmative action for white people. Over a dozen other states have similar legislation pending.
White Privilege: Unpacking the Invisible Knapsack
Peggy McIntosh

"I was taught to see racism only in individual acts of meanness, not in invisible systems conferring dominance on my group"

Through work to bring materials from women's studies into the rest of the curriculum, I have often noticed men's unwillingness to grant that they are overprivileged, even though they may grant that women are disadvantaged. They may say they will work to women's statues, in the society, the university, or the curriculum, but they can't or won't support the idea of lessening men's. Denials that amount to taboos surround the subject of advantages that men gain from women's disadvantages. These denials protect male privilege from being fully acknowledged, lessened, or ended.

Thinking through unacknowledged male privilege as a phenomenon, I realized that, since hierarchies in our society are interlocking, there are most likely a phenomenon, I realized that, since hierarchies in our society are interlocking, there was most likely a phenomenon of while privilege that was similarly denied and protected. As a white person, I realized I had been taught about racism as something that puts others at a disadvantage, but had been taught not to see one of its corollary aspects, white privilege, which puts me at an advantage.

I think whites are carefully taught not to recognize white privilege, as males are taught not to recognize male privilege. So I have begun in an untutored way to ask what it is like to have white privilege. I have come to see white privilege as an invisible package of unearned assets that I can count on cashing in each day, but about which I was "meant" to remain oblivious. White privilege is like an invisible weightless knapsack of special provisions, maps, passports, codebooks, visas, clothes, tools, and blank checks.

Describing white privilege makes one newly accountable. As we in women's studies work to reveal male privilege and ask men to give up some of their power, so one who writes about having white privilege must ask, "having described it, what will I do to lessen or end it?"

After I realized the extent to which men work from a base of unacknowledged privilege, I understood that much of their oppressiveness was unconscious. Then I remembered the frequent charges from women of color that white women whom they encounter are oppressive. I began to understand why we are just seen as oppressive, even when we don't see ourselves that way. I began to count the ways in which I enjoy unearned skin privilege and have been conditioned into oblivion about its existence.

My schooling gave me no training in seeing myself as an oppressor, as an unfairly advantaged person, or as a participant in a damaged culture. I was taught to see myself as an individual whose moral state depended on her individual moral will. My schooling followed the pattern my colleague Elizabeth Minnich has pointed out: whites are taught to think of their lives as morally neutral, normative, and average, and also ideal, so that when we work to benefit others, this is seen as work that will allow "them" to be more like "us."

Peggy McIntosh is associate director of the Wellesley Collage Center for Research on Women. This essay is excerpted from Working Paper 189. "White Privilege and Male Privilege: A Personal Account of Coming To See Correspondences through Work in Women's Studies" (1988), by Peggy McIntosh; available for $4.00 from the Wellesley College Center for Research on Women, Wellesley MA 02181
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Daily effects of white privilege

I decided to try to work on myself at least by identifying some of the daily effects of white privilege in my life. I have chosen those conditions that I think in my case attach somewhat more to skin-color privilege than to class, religion, ethnic status, or geographic location, though of course all these other factors are intricately intertwined. As far as I can tell, my African American coworkers, friends, and acquaintances with whom I come into daily or frequent contact in this particular time, place and time of work cannot count on most of these conditions.

1. I can if I wish arrange to be in the company of people of my race most of the time.

2. I can avoid spending time with people whom I was trained to mistrust and who have learned to mistrust my kind or me.

3. If I should need to move, I can be pretty sure of renting or purchasing housing in an area which I can afford and in which I would want to live.

4. I can be pretty sure that my neighbors in such a location will be neutral or pleasant to me.

5. I can go shopping alone most of the time, pretty well assured that I will not be followed or harassed.

6. I can turn on the television or open to the front page of the paper and see people of my race widely represented.

7. When I am told about our national heritage or about "civilization," I am shown that people of my color made it what it is.

8. I can be sure that my children will be given curricular materials that testify to the existence of their race.

9. If I want to, I can be pretty sure of finding a publisher for this piece on white privilege.

10. I can be pretty sure of having my voice heard in a group in which I am the only member of my race.

11. I can be casual about whether or not to listen to another person's voice in a group in which s/he is the only member of his/her race.

12. I can go into a music shop and count on finding the music of my race represented, into a supermarket and find the staple foods which fit with my cultural traditions, into a hairdresser's shop and find someone who can cut my hair.

13. Whether I use checks, credit cards or cash, I can count on my skin color not to work against the appearance of financial reliability.
14. I can arrange to protect my children most of the time from people who might not like them.

15. I do not have to educate my children to be aware of systemic racism for their own daily physical protection.

16. I can be pretty sure that my children's teachers and employers will tolerate them if they fit school and workplace norms; my chief worries about them do not concern others' attitudes toward their race.

17. I can talk with my mouth full and not have people put this down to my color.

18. I can swear, or dress in second hand clothes, or not answer letters, without having people attribute these choices to the bad morals, the poverty or the illiteracy of my race.

19. I can speak in public to a powerful male group without putting my race on trial.

20. I can do well in a challenging situation without being called a credit to my race.

21. I am never asked to speak for all the people of my racial group.

22. I can remain oblivious of the language and customs of persons of color who constitute the world's majority without feeling in my culture any penalty for such oblivion.

23. I can criticize our government and talk about how much I fear its policies and behavior without being seen as a cultural outsider.

24. I can be pretty sure that if I ask to talk to the "person in charge", I will be facing a person of my race.

25. If a traffic cop pulls me over or if the IRS audits my tax return, I can be sure I haven't been singled out because of my race.

26. I can easily buy posters, post-cards, picture books, greeting cards, dolls, toys and children's magazines featuring people of my race.

27. I can go home from most meetings of organizations I belong to feeling somewhat tied in, rather than isolated, out-of-place, outnumbered, unheard, held at a distance or feared.

28. I can be pretty sure that an argument with a colleague of another race is more likely to jeopardize her/his chances for advancement than to jeopardize mine.

29. I can be pretty sure that if I argue for the promotion of a person of another race, or a program centering on race, this is not likely to cost me heavily within my present setting, even if my colleagues disagree with me.

30. If I declare there is a racial issue at hand, or there isn't a racial issue at hand, my race will lend me more credibility for either position than a person of color will have.
31. I can choose to ignore developments in minority writing and minority activist programs, or disparage them, or learn from them, but in any case, I can find ways to be more or less protected from negative consequences of any of these choices.

32. My culture gives me little fear about ignoring the perspectives and powers of people of other races.

33. I am not made acutely aware that my shape, bearing or body odor will be taken as a reflection on my race.

34. I can worry about racism without being seen as self-interested or self-seeking.

35. I can take a job with an affirmative action employer without having my co-workers on the job suspect that I got it because of my race.

36. If my day, week or year is going badly, I need not ask of each negative episode or situation whether it had racial overtones.

37. I can be pretty sure of finding people who would be willing to talk with me and advise me about my next steps, professionally.

38. I can think over many options, social, political, imaginative or professional, without asking whether a person of my race would be accepted or allowed to do what I want to do.

39. I can be late to a meeting without having the lateness reflect on my race.

40. I can choose public accommodation without fearing that people of my race cannot get in or will be mistreated in the places I have chosen.

41. I can be sure that if I need legal or medical help, my race will not work against me.

42. I can arrange my activities so that I will never have to experience feelings of rejection owing to my race.

43. If I have low credibility as a leader I can be sure that my race is not the problem.

44. I can easily find academic courses and institutions which give attention only to people of my race.

45. I can expect figurative language and imagery in all of the arts to testify to experiences of my race.

46. I can chose blemish cover or bandages in "flesh" color and have them more or less match my skin.

47. I can travel alone or with my spouse without expecting embarrassment or hostility in those who deal with us.
48. I have no difficulty finding neighborhoods where people approve of our household.

49. My children are given texts and classes which implicitly support our kind of family unit and do not turn them against my choice of domestic partnership.

50. I will feel welcomed and "normal" in the usual walks of public life, institutional and social.

**Elusive and fugitive**

I repeatedly forgot each of the realizations on this list until I wrote it down. For me white privilege has turned out to be an elusive and fugitive subject. The pressure to avoid it is great, for in facing it I must give up the myth of meritocracy. If these things are true, this is not such a free country; one's life is not what one makes it; many doors open for certain people through no virtues of their own.

In unpacking this invisible knapsack of white privilege, I have listed conditions of daily experience that I once took for granted. Nor did I think of any of these perquisites as bad for the holder. I now think that we need a more finely differentiated taxonomy of privilege, for some of these varieties are only what one would want for everyone in a just society, and others give license to be ignorant, oblivious, arrogant, and destructive.

I see a pattern running through the matrix of white privilege, a patter of assumptions that were passed on to me as a white person. There was one main piece of cultural turf; it was my own turn, and I was among those who could control the turf. My skin color was an asset for any move I was educated to want to make. I could think of myself as belonging in major ways and of making social systems work for me. I could freely disparage, fear, neglect, or be oblivious to anything outside of the dominant cultural forms. Being of the main culture, I could also criticize it fairly freely.

In proportion as my racial group was being made confident, comfortable, and oblivious, other groups were likely being made unconfident, uncomfortable, and alienated. Whiteness protected me from many kinds of hostility, distress, and violence, which I was being subtly trained to visit, in turn, upon people of color.

For this reason, the word "privilege" now seems to me misleading. We usually think of privilege as being a favored state, whether earned or conferred by birth or luck. Yet some of the conditions I have described here work systematically to over empower certain groups. Such privilege simply confers dominance because of one's race or sex.

**Earned strength, unearned power**

I want, then, to distinguish between earned strength and unearned power conferred privilege can look like strength when it is in fact permission to escape or to dominate. But not all of the privileges on my list are inevitably damaging. Some, like the expectation that neighbors will be decent to you, or that your race will not count against you in court, should be the norm in a just society. Others, like the privilege to ignore less powerful people, distort the humanity of the holders as well as the ignored groups.

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We might at least start by distinguishing between positive advantages, which we can work to spread, and negative types of advantage, which unless rejected will always reinforce our present hierarchies. For example, the feeling that one belongs within the human circle, as Native Americans say, should not be seen as privilege for a few. Ideally it is an unearned entitlement. At present, since only a few have it, it is an unearned advantage for them. This paper results from a process of coming to see that some of the power that I originally say as attendant on being a human being in the United States consisted in unearned advantage and conferred dominance.

I have met very few men who truly distressed about systemic, unearned male advantage and conferred dominance. And so one question for me and others like me is whether we will be like them, or whether we will get truly distressed, even outraged, about unearned race advantage and conferred dominance, and, if so, what we will do to lessen them. In any case, we need to do more work in identifying how they actually affect our daily lives. Many, perhaps most, of our white students in the United States think that racism doesn't affect them because they are not people of color; they do not see "whiteness" as a racial identity. In addition, since race and sex are not the only advantaging systems at work, we need similarly to examine the daily experience of having age advantage, or ethnic advantage, or physical ability, or advantage related to nationality, religion, or sexual orientation.

Difficulties and angers surrounding the task of finding parallels are many. Since racism, sexism, and heterosexism are not the same, the advantages associated with them should not be seen as the same. In addition, it is hard to disentangle aspects of unearned advantage that rest more on social class, economic class, race, religion, sex, and ethnic identity that on other factors. Still, all of the oppressions are interlocking, as the members of the Combahee River Collective pointed out in their "Black Feminist Statement" of 1977.

One factor seems clear about all of the interlocking oppressions. They take both active forms, which we can see, and embedded forms, which as a member of the dominant groups one is taught not to see. In my class and place, I did not see myself as a racist because I was taught to recognize racism only in individual acts of meanness by members of my group, never in invisible systems conferring unsought racial dominance on my group from birth.

Disapproving of the system won't be enough to change them. I was taught to think that racism could end if white individuals changed their attitude. But a "white" skin in the United States opens many doors for whites whether or not we approve of the way dominance has been conferred on us. Individual acts can palliate but cannot end, these problems.

To redesign social systems we need first to acknowledge their colossal unseen dimensions. The silences and denials surrounding privilege are the key political tool here. They keep the thinking about equality or equity incomplete, protecting unearned advantage and conferred dominance by making these subject taboo. Most talk by whites about equal opportunity seems to me now to be about equal opportunity to try to get into a position of dominance while denying that systems of dominance exist.

It seems to me that obliviousness about white advantage, like obliviousness about male advantage, is kept strongly inculturated in the United States so as to maintain the myth of meritocracy, the myth that...
democratic choice is equally available to all. Keeping most people unaware that freedom of confident action is there for just a small number of people props up those in power and serves to keep power in the hands of the same groups that have most of it already.

Although systemic change takes many decades, there are pressing questions for me and, I imagine, for some others like me if we raise our daily consciousness on the perquisites of being light-skinned. What will we do with such knowledge? As we know from watching men, it is an open question whether we will choose to use unearned advantage, and whether we will use any of our arbitrarily awarded power to try to reconstruct power systems on a broader base.

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Sexual Assault in Communities of Color

“It is so clear that you have to cherish everyone. That’s what I get from these older black women, that every soul is to be cherished, that every flower is to bloom”

-Alice Walker
They Came for Me
Uchechi Kalu
for Lisa Jensen

I am not wrong. Wrong is not my name.
My name is my own/my own/my own
– June Jordan

somebody came for my brother
spilled his body across the freeway
so he never made it to 18

they have come from my mother’s heart
sometimes she says she can’t hear it beat
defeated from burying too many children

they have come for my father’s smile
these days he wears a frown
clutching the Bible
reciting scriptures
instead of letting the river fall down his face
’cause he’s supposed to act like a man

they have come for my older brother
car accident crushed his legs
dangling from a wheel chair
he only stares through steel bar cubicles
orange has become the only color
in his wardrobe
his skin burst open with blisters
guess the guards had nothing better to do
that morning

they have come for my family
they have come for my grandmother
never made it past 40
gave birth to 9 kids
only 2 survived
only one is alive
my father
gave birth to me
and I still walk this earth

they have come for my body
grazed the land between my thighs
looking for gold/diamond/oil
while I toil/bend my back
to fill their mouths

yes
they have come for my body
fault lines etched across my back
my stomach a hollow grave
to bury everyone else’s blame
take on everyone else’s shame
instead of singing my name

they have come for my ovaries
cysts hoot and howl
dance across my belly

they have come for my smile
the one thing I took back from my house
didn’t let my mother’s reminders
to keep my mouth shut stop me
maybe she thought
this crumbling city of teeth
held nothing but ruins

they have declared war on my people
my spirit
sometimes it’s my family come to take
sometimes it’s my government come to take
sometimes it’s me come to take

they have come
to offer you Big Mac meal deals
a four wheel drive
Visa/Mastercard
a big back yard
but I don’t need this
I’ve got my smile
that I won’t hide anymore
my lips will not wait at the door
I will not be your safari getaway
African queen
I will not let your tour
my land/my people
I will not let you spread
my legs open and drill
I will not become your shell oil whore
’cause if and when you come
I will come
take what’s mine
’cause I need my smile
my cotton pillow hair
the way I stare at anyone
who looks my way
I need my sweaty palms
my crooked teeth
my bone black hair
I need my lips
my voice
my choice
to love anyone I please
to tease you
with the possibility
of coming home with me
I need my laugh
my full belly ain’t gonna swallow your shit
anymore laugh
my devastating/contemplating
what to do about the next tragedy
in my life laugh
my 10:00 in the morning lazy Saturday
with you in my arms laugh
I need myself
I need myself
I need myself
I need myself whole
I need myself whole
I need myself whole
I need myself whole
speak in tongues to my face
saying no to disgrace
I need myself whole
I need to rebuild this city
and begin
again
The terms Black and of African descent are used interchangeably in this chapter. Of African descent includes African Americans and African immigrants and is used here for its inclusiveness. Because of its political significance in U.S. history, the term Black is also used. It stands as a racial identity that members of my community chose for ourselves and applied to ourselves, and I use it to recognize the empowerment in this act.

Introduction to Black Feminism

A Black feminist perspective is well suited to address sexual violence perpetrated against Black women and Black community responses to such violence. The Black feminist way of looking at the world places Black women at the center; it does not seek to compare their experiences to those of white women. Black feminism is shaped by the recognition that different forms of oppression are connected but does not stop with this recognition; it stimulates action—individual and collective—that attempts to address oppression in all its forms.

Anti-rape activists know that all forms of oppression (for example, racism, sexism, classism, heterosexism) contribute to sexual violence. If we hope to end sexual violence, these theories should shape our rape prevention education programs, our direct services to survivors, and our personal lives.

Is There a Singular “Black Community”?

It has become popular to write protocols for rape crisis counselors with titles such as “The Black Survivor.” Acknowledging that Black survivors of sexual violence may be faced with culturally specific issues may be well intentioned, but survivors have multiple identities based on their gender, race, class, sexual orientation, age, and so on. Protocols like these convey the notion that all Black survivors are the same or that one counseling protocol should adequately suit any Black survivor. Understandably the term Black community conveys a racial identity, a point of unity. And though points of unity are important, there is tremendous diversity within Black communities; it is important not to make sweeping generalizations about what might or might not be the case. In fact, to perceive Black communities or other communities of color as monolithic is demeaning, denying us our complexity, our richness, our uniqueness. Therefore, my approach here is not to elaborate a protocol but instead to provide a history of racial and sexual violence in communities of African descent. With this history as background, I present some barriers to disclosure and some of the issues that can arise for Black survivors.
History of Racial and Sexual Violence

In Women, Race, and Class, scholar and political activist Angela Davis writes a painful yet eloquent description of Black chattel slavery in the United States. Slave women were, of course, vulnerable to all forms of sexual victimization: “If the most violent punishments of [slave] men consisted in floggings and mutilations, [slave] women were flogged and mutilated as well as raped. Rape, in fact, was an uncamouflaged expression of the slave holder’s economic mastery and the overseer’s control over Black women as workers.”

Thus, rape in early U.S. history served to reinforce not only male supremacy, but also white supremacy. The rape of Black slave women by white men was about not only their presumed racial inferiority, but also their presumed gender inferiority. I stress this observation because too often sexual violence is considered to be about only sexism or male supremacy. In fact, a basic premise of the anti-rape movement is that “rape culture” is based on the objectification of women, which allows women to be perceived as less than human and allows women to be denigrated and violated. Although this is an important part of the story, it is only part of the story; the historical example shows us that rape is an expression of both sexism and racism.

In spite of the emancipation of U.S. slaves in 1865, the sexual victimization of Black women by white men continued—in part, because Black women were still economically vulnerable, often financially dependent on domestic work in white households. Furthermore, the myth of the Black male rapist was created after emancipation. This mythology had a specific purpose: to rationalize the lynching of Black men. Black men were depicted as sexual predators of white women to make it acceptable to perpetrate violence against them. This mythology was created at a time when Blacks were beginning to assert political power and make gains. For example, in the “reconstructed” South Carolina legislature, fifty members were Black and only thirteen were white. Most of the Black legislators were former slaves who learned to read and write while in office. They threatened white supremacy, so lynching was created to help build it back—to reinforce it.

I would only be telling a part of the history if I did not acknowledge that Black women were lynched too. In a recent article, the Black feminist historian Elsa Barkley Brown asks a compelling question:

*Why it is that lynching (and the notion of it as a masculine experience) is not just remembered, but is in fact central to how we understand the history of African American men, and indeed the African American experience in general. But violence against women—lynching, rape, and other forms of violence—is not.*

Unfortunately, the myth of the Black male rapist still shapes our perspective of rape today. In the United States, rape has been historically visualized as the white female victim and the Black male rapist. This image has a dual impact: (1) Black women and other women of color are invisible and therefore seen as “unrapeable.” (2) White men are protected from being seen as perpetrating rape. The racialized image of rape also covers up the everyday attacks on white women by white men. So, this racist mythology of rape harms not only women and men of color, but also white women.

Thus far I have largely spoken of acts of racial and sexual violence perpetrated against Black women and men by the dominant culture. Yet I must also acknowledge sexual vio-
lence within Black communities. This is the violence that is much more difficult for me to discuss. The late Black poet Pat Parker perhaps describes it best:

_Brother_

_I don't want to hear_

_about_

_how my real enemy_

_is the system._

_I'm no genius_

_but I do know_

_that system_

_you hit me with_

_is called_

_a fist._3

Perhaps the Combahee River Collective, a group of Black feminist activists, articulates best the stance Black women and men may need to assume in order to begin the dialogue on male supremacy and sexual violence in Black communities. In their 1977 manifesto they write, “We struggle together with Black men against racism, while we struggle together with Black men about sexism.”4

**Disclosure by Black Female Survivors**

There are many factors affecting whether Black survivors speak of their experiences of sexual violence and seek support from the anti-rape movement. Needless to say, history is one. The Black feminist legal scholar Kimberlé Crenshaw notes that Black communities may be weary of the anti-rape movement, associating it with the notion of the Black man falsely accused of raping white women.5

This skepticism of the anti-rape movement is well grounded. Even Susan Brownmiller, a pioneering contributor to the contemporary literature on rape—author of _Against Our Will: Men, Women, and Rape_—did not hesitate to argue that men of color are especially prone to commit sexual assault. Brownmiller claims that because of Black men’s historical oppression, many of the “legitimate” expressions of male supremacy are beyond their reach; therefore, they must resort to acts of sexual violence. In her portrayal of men she terms “ghetto inhabitants,” she insists that “corporate executive dining rooms and climbs up Mount Everest are not usually accessible to those who form the structure of violence. Access to a female body—through force—is within their reach.”6 Such arguments are pervaded with racist ideology that obscures the fact that rape is a cross-cultural act of power, control, and violence.

“Black women were and continue to be sorely in need of an anti-rape movement,”7 Angela Davis writes in a 1989 article. White women have historically set the discourse on and determined the action to be taken in the anti-rape movement, often without taking into consideration how the ideology of white supremacy and the social structure of capitalism affect survivors of African descent. The work of the psychologist Gail Wyatt supports Davis’s assertion.8 In her survey of 126 African American women and 122 white American women, Wyatt finds that Black women are significantly less likely than white women to disclose incidents of sexual assault. There are a number of general reasons—some cited shame, guilt, and fear of retaliation—but there are also race-specific reasons: “One important factor is the anticipation of lack of community and societal support as a
victim/survivor. The credibility of Black women as rape victims has never been established as firmly as it has for White women."

Racialized gender stereotypes portray Black women as lewd, oversexed, promiscuous, always sexually available, and essentially "unrapeable." In addition to these racialized gender stereotypes are societal myths: Black families condone violence, Black men are rapists, and Black families condone sexual activity between adults and children. Most sexual assaults occur between individuals of the same race and class; Black survivors may fear that disclosing rapes by Black men will reinforce dangerous myths. Beth Richie, sociologist and former cochair of the National Coalition Against Domestic Violence Women of Color Task Force, comments on this dilemma: "Black women be forewarned: there is already so much negative information about our families that a need to protect ourselves keeps us quiet. It is a painful, unsettling task to call attention to violence in our community."10

The need to protect our communities from racist attack and the need to appear the "Superwoman"—able to deal with every situation, never having a moment of weakness—work to silence us.

In addition, the lower socioeconomic class of many Black women has the effect of making them more vulnerable to sexual violence. According to anti-rape activist Donna Landerman, "relying on public transportation because they cannot afford a car, poor women are more vulnerable to attack. . . . Also, because of their tight economic situation, poor women are less able to change jobs; therefore, they cannot respond by leaving when they face situations of sexual harassment or assault at work."11

Lower socioeconomic class has another limiting effect, according to Landerman:

> for poor women who are constantly faced with survival issues such as how to feed the children, pay the rent and get decent health care, rape (or domestic violence) may not appear to be the same priority issue it is to middle-class women. It may be as devastating an experience, but they may not have the luxury to focus time or energy on feelings about assault.12

Black lesbians and Black gay men who are sexually assaulted face additional barriers to disclosure and recovery. For example, if a Black lesbian is assaulted by her female partner, she may not want to acknowledge the assault for fear of " outing" herself as a lesbian. If she does disclose, she may face disbelief that same-sex rape happens. And even if the assault is acknowledged, often it is thought to be "not as bad" as male-female rape.

Another barrier is the fear of being accused of betrayal: betrayal of the gay, lesbian, bisexual, transgendered community by further contributing to negative stereotypes or betrayal of the Black community by not being heterosexual or by accusing a Black partner of rape.

In addition, incidents of sexual violence in communities of color are often converted into spectacles for the dominant culture. Aishah Shahidah Simmons, a Black feminist independent filmmaker currently working on a documentary entitled No! that focuses on Black women and their experiences of violence, raises this question: "Clarence Thomas, Tupac Shakur, O. J. Simpson, Mike Tyson—why are these household names when discussions about sexual harassment, sexual assault, domestic violence, and femicide occur?"13

A woman of African descent disclosing an incident of sexual assault may be viewed as "selling out" in a context where race is often privileged over gender. Some might argue that it is necessary at times for racial identity to have primacy over gender to protect and/or insulate Black communities from racist assaults. But when this happens to the detriment of Black women’s life chances—contributing to our emotional and/or physical death—it is entirely unacceptable.

All these factors, along with the history of racial and sexual violence in Black communities, affect whether Black survivors speak of their experiences of sexual violence and seek support from the anti-rape movement. Our awareness of these issues as sexual
assault counselors can help make us a movement that Black women can turn to for support. Encouraging cultural competency; working within an anti-oppression model; supporting women of African descent doing anti-rape work; establishing mechanisms that enable Black survivors to work specifically with Black counselors (if that is what they want); and creating coalitions and equal partnerships with communities of color, especially communities of African descent, are a few things that the anti-rape movement can do to increase accessibility to Black survivors and communities. It is important to remember that these steps are part of actively confronting the oppression that contributes to violence against all women.

Notes

7. Angela Davis article, 1989.
Breaking the Silence

Facing the Darkness: Sunnyvale writer Iris Chang confronts a black chapter in Sino-Japanese history with 'The Rape of Nanking.'

Photo by Christopher Gardner

Sunnyvale-based author Iris Chang gives voice to a new era of Chinese activism--much of it based in Silicon Valley--which may force Japan to confront its World War II atrocities, still largely unknown to the world a half-century later

By Ami Chen Mills

My older aunt, my dah ahiee (big aunt), is actually very small. Her wrists are the size of napkin rings, as delicate as rice paper--and the clothes we pass around in our family do not fit her slight frame. She is shy, especially in English. And during one heated family discussion on the American bombings of Hiroshima and Nagasaki in a mid-peninsula Sizzler, she kept quiet. I had pointed out to her rather talkative husband that the U.S. government was still the only government that had dropped the atomic bomb on human beings. Hiroshima, I
could maybe see, but Nagasaki too? At this point, my petite aunt spoke up. "I think they should have bombed the whole country!" she bellowed, and then lapsed back into silence.

It was the first time I realized how profoundly the Chinese were affected by World War II. Even then, I was not familiar with what had happened in the country of my mother's birth during the war.

As Americans, we are almost all familiar with the Nazi-sponsored Holocaust, which spread its dark wings across the face of Europe during World War II, spawning unspeakable horrors, starvation, genocide. We know six million Jewish people were killed in the cogs of a death machine--along with almost as many gypsies, POWs, gays, communists and resisters. Even as Allied troops marched in victory to the gates of the death camps, the Germans continued to kill prisoners, to march them to death, starve them, shoot them, burn them, poison them, bury them alive. Many will never forgive the Nazis. The lesson of the Holocaust is to never forget.

Most of us are not familiar, however, with what the Chinese call the "Other Holocaust," or the "Forgotten Holocaust," undertaken by the Japanese Imperial Army during World War II. But a techno-savvy group of Silicon Valley based Chinese activists are waging a campaign to recall this lost episode from the fog of amnesia blanketing the entire Asian half of World War II.

First-Person Accounts:

Members of the International Safety Zone Committee open pages of the journals they kept.

Historical photographs of the violent atrocities during the Rape of Nanking.

Japan's formal war on China began in 1931, and Japan occupied parts of China--two-thirds of the country at its peak--until the end of the war in 1945. The Tokyo War Crimes Tribunal and Chinese war historians estimate deaths resulting from the Japanese occupation at 10 million to 30 million.
These figures, which some Chinese activists hope to revise upward, reflect deaths from massacre, attack, forced starvation and germ warfare.

According to Japan's government admissions, the testimony of Japanese soldiers, and Chinese survivors, Japanese soldiers routinely killed civilians in brutal ways. They raped women and turned them into sex slaves. Japanese doctors performed medical experiments without anesthesia. Prisoners were subjected to amputation and frozen alive. Epidemics were unleashed on Chinese and POW populations through germ-warfare experiments. But the incident which stands out most in the Chinese mind for its unbridled brutality is the Nanking massacre.

On the morning of Dec. 13, 1937--59 years ago this week--roughly 50,000 Japanese soldiers captured China's capital city, Nanking. Many residents had already fled Nanking before the invasion, including my grandparents. A new Chinese capital was founded in Chung King, in the Sichun province where my mother was born. Yet, according to historians, more than half a million Chinese remained trapped in Nanking. On that fateful invasion 59 years ago, the Japanese there were given the order to kill all captives. During the ensuing chaos, commonly referred to as the "Rape of Nanking," between 200,000 and 300,000 or more Chinese lost their lives to Japanese soldiers, according to court records and historians.

As the stories go--recorded in international newspapers, Chinese government and academic documents, Japanese photographs and in the diaries of Red Cross officials stationed in Nanking--the Japanese killed so many men, women and children with machetes that their arms became tired and they had to rest before they continued. The soldiers also used bayonets, machine guns, live burial and fire. Decapitation was popular, evidenced by dozens of photographs in James Yin Shi Young's *The Rape of Nanking* (Innovative Publishing Group, 1996). Chinese heads were fed to the dogs. Women were raped, forced to perform bizarre sexual acts, then killed. Fathers were forced to rape their daughters, and sons, their mothers. Chinese men were forced to rape corpses. Competitions took place among Japanese soldiers to see how many Chinese they could kill in one day.

For six to eight weeks, the horrors in Nanking continued
unabated. After World War II, while the Germans were preparing for trial at Nuremberg, the U.S., represented by General Douglas MacArthur, brokered secret deals with the Japanese government. In exchange for their research on germ warfare and human biology, the murderous actions of the Japanese in China and elsewhere in the Pacific would be ignored. Even today, the germ-warfare research which the U.S. obtained, and which some believe may explain some POW illnesses, has not been declassified.

Killing Field: An estimated 10 to 30 million Chinese died during the Japanese occupation of China. This mountain of bones was found at the Huangpo Massacre site, Hubei Province.

UNLIKE THE OUTRAGE over the actions of the Nazis, there has been little international recognition of Japanese war crimes. While the Germans have formally apologized many times, the Japanese emperor still has not. Some conservative Japanese believe the massacre never happened. Many continue to honor war criminals at national shrines. In 1979, when the U.S. first compiled a list of 60,000 European war criminals who were not allowed to travel to the United States, there was no list of Japanese war criminals. There were no memorials erected to honor the Chinese dead, nor to sear the memory of atrocities committed in China into the American conscience.

Only in 1995, on the 50th anniversary of the end of the war, did the Diet house of the Japanese parliament pass a resolution expressing "deep remorse" over Japan's World War II actions, noting simultaneously that such actions took place in the context of worldwide "colonial rules and acts of aggression." Soon after, Japanese Prime Minister Tomiichi Murayama made
a "personal" statement expressing his remorse, in which he called Japanese actions a "mistake" which would not be repeated. Otherwise, the official Japanese position is that war-crimes issues were settled at the Tokyo War Crimes Tribunal--after which seven Japanese high-ranking officers were hanged, and at subsequent war-crimes trials in China. The issue of reparations was settled in the 1951 San Francisco Peace Treaty, where an approximate $15-per-head payment for POWs was awarded for distribution to the Red Cross. There were no other reparations to victims of the war by Japan.

China, roiling with an internal war after World War II, has done little of note to hold the Japanese responsible for its military actions. And the Chinese here have only begun to give voice to their seething anger over the Japanese occupation. My mother, for example, cannot look at photos of naked Chinese women forced into sexual positions by the Japanese (carried in soldiers' wallets), or of bayoneted bodies and mass graves. Yet she recently donated money to a campaign conducted by local Chinese to place an ad in the New York Times protesting permanent membership in the U.N. Security Council for Japan; and she volunteered at the recent International Symposium on Japanese Responsibility for World War II Atrocities at Stanford.

ONLY IN THE LAST decade, since the communist Chinese government's killing of students in Tiananmen Square inspired massive protests, have American-based Chinese begun to protest publicly in their adopted nation. As Chinese here feel more comfortable as citizens, their children, American-born upstarts like myself, have begun to ask questions about World War II. And we wonder why we did not learn of the Japanese massacres in school.

Now, the Japanese threat to the Diaoyutai Islands, a hundred miles from the shores of Taiwan, has prompted vigorous activism around Japanese militarism, much of it centered in Silicon Valley--specifically, at the Cupertino-based Alliance to Preserve the Truth of the Sino-Japanese War. Through Web sites, email, and fundraising from a large and largely affluent population of Chinese here, Santa Clara County is a stronghold of Chinese efforts to hold Japan accountable for its wartime crimes. At Stanford last weekend, more than 250 people--including Japanese, Koreans and American POWs--gathered for a three-day conference to discuss legal avenues
for international justice, for victim reparations and, above all, for apologies from the Japanese. There was talk of a permanent memorial or museum. As one organizer put it, "We seek justice." The U.S. government is beginning to respond. Last week, the Justice Department issued a list of 16 Japanese war-crimes suspects barred from the U.S.

By the Sword: According to reports from Nanking, so many Chinese were beheaded, it left Japanese soldiers exhausted at day's end.

Photo courtesy of Alliance for Preserving the Truth of Sino-Japanese War

IRIS CHANG, a Sunnyvale-based writer, emceed the Stanford conference for English speakers. In 1995, Chang authored *Thread of the Silkworm*, a book about Tsien Hsue-Shen, a Chinese immigrant who, forced out of the United States, pioneered the Chinese missile program. Now Chang has finished her second book, *The Rape of Nanking: The Forgotten Holocaust of World War II*, due out in October from HarperCollins. As an American-born Chinese, she represents a generation perfectly willing to upset the status quo. Indeed, she is basing a career on just that. She is one of few Americans who has interviewed Chinese survivors of the Asian Holocaust in China with permission of the government. Among other discoveries, Chang has obtained the diaries of foreign missionaries and German Nazis living in China during the war--many of whom sheltered Chinese victims of Japanese atrocities. She has identified a man she calls "the Oskar Schindler of China," a German Nazi named John Rabe, as well as an American "Anne Frank," named Minnie Vautrin who committed suicide in the International Safety Zone in Nanking during the massacre. She likes to point out that, according to the diaries, the atrocities in Nanking were so brutal, "even the
Nazis were shocked."

A few days before the Stanford conference, I interviewed Chang at Lucy's Tea House, a quiet Chinese "tea cafe" tucked in an alley in downtown Mountain View. Chang is 28--exactly my age--with long, black hair, a sweet and long face, and gracious manner. Both our grandparents fled Nanking just before the massacre. Her mother and my dah ahiee were born in the new capital, Chung King. Both of our families emigrated to Taiwan. Like many Chinese, Chang looks younger than she is. Her demeanor is staid and professional. But she grows heated and animated during discussions of Japanese actions during World War II. The Japanese occupation of China has become a part of her character, a living cause which quickens her pulse. Although she was born halfway around the world and two generations removed from the incident at Nanking, by now it is almost as if she lived through it herself.

How did you become interested in this topic?

My parents told me stories about the atrocities when I was a little girl. I found it hard to believe at that time, but they said that it was so bad that the surface of the Yangtze River was literally covered with bodies and blood. My grandparents were almost separated during World War II, and my mother almost died because the Japanese had bombed the hospital where my grandmother had been staying when she was pregnant with my mom back in 1940. And when I was a little girl, I tried to find information on the rape of Nanking in the local library, but there was nothing there. This was in Illinois. Later on, in college, I tried finding information, but it became clear no one had written a book that had penetrated the mass consciousness. There have been books, but they tend to be compilations of some of the documents generated from that time--nothing the mass media would pick up. So I decided to work on it.

My mother will start to cry when she thinks about what the Japanese did in China. It's hard for her to discuss. How did it feel for you to be immersed in this material?

It was very difficult. The Global Alliance for Preserving the Truth of the Sino-Japanese war had put together a conference in December of 1994, which I attended. I remember being in that conference hall looking at all these photos of decapitated
bodies and women who had been horribly mutilated after rape. I was walking around in a state of shock. [During research at the National Archives and] at the Yale Divinity School Library, in the beginning, when I would read a passage about a Japanese atrocity, I had to look away from the page. ... It's really frightening how fast you get used to the atrocities, because after a while I stopped having that reaction. Part of you wants to stay sensitive, but the only way to deal with the atrocities and to protect yourself psychologically is to numb your mind to it ... It's very, very easy to just accept these atrocities and almost see them as banal. It really gave me insight into the true nature of evil and how easily we all can become desensitized.

**Do you talk about this project with your parents?**

Yes, I have. Actually, when I showed my father some of the Nazi diaries that I had discovered, when he read them, he burst into tears.

**A Jewish friend of mine had some problems with the use of the word "holocaust" to describe what happened in China. Have you encountered resistance to the use of that word?**

Not at this point. Most of my Jewish friends are very interested in this topic because they say they are sensitive to genocide issues and they feel that this is an important story. My book is not an attempt to show that one ethnic group's suffering was worse than another's. But it's important to focus on the truth of what happened.

**Is this generally taught in textbooks in the United States?**

We're seeing in San Francisco [in the San Francisco Unified School District], children will be required to learn about the Japanese atrocities committed during the rape of Nanking. It's the beginning of a trend of increased awareness on the subject. [But, generally] there's very little. I think Americans are abysmally ignorant about this, and it's not really their fault because there's very little written about it.

**There was an apology by the Japanese Prime Minister in 1995, but most Chinese feel that apology was weak, hardly enough. What do people want?**

At a minimum, what the Asian community wants from the
Japanese is a full and sincere apology to all of its victims from World War II. Reparations for victims. A guarantee that the next generation of Japanese schoolchildren will be taught the full extent of wartime atrocities committed by the Japanese. That's a good start. Right now, in Germany, it's against the law
not to teach the Holocaust in public schools. Contrast this with Japan, which for decades has systematically covered [Japanese war crimes] up. They whitewashed it from their textbooks. ... During the rape of Nanking--just that incident alone--the number of deaths that resulted surpasses the death toll, the immediate death toll, of the victims of Nagasaki and Hiroshima combined. That's just one incident. And the rape of Nanking was not a unique and isolated incident. There were so many similar atrocities that occurred all throughout China. So few people even know about [them].

**What did you learn had happened in Nanking?**

In Nanking, babies were thrown in the air and bayonetted on the way down. Some people were buried waist deep and torn apart by German shepherds. People were killed in any manner you could imagine. I mean, fire, freezing, mutilation, explosion. ... Prisoners were used for bayonet practice. Women's breasts were cut off. Men were castrated. I have read accounts of tanks being stuck, not able to go across a ditch because the ditch was empty, and so they would round up all the civilians in the area, men, women, children, and shoot them all down and they'd put their bodies in the ditch so the tank could go over it. I could go on for days. ... It was horrifying. ... And it's amazing how some of the people survived. Women hid in holes in the ground. Some women dressed in rags, or shaved their heads and smeared soot over their faces so they would appear to be too ugly or diseased to be raped. ... There were people who pretended to be dead, then clawed their way out of half-buried graves or hid under mounds of bodies. I read one account in which a Buddhist nun and a little girl hid for several days, almost a week, and they didn't dare open their eyes. And they were covered with other bodies. They just lay like that, pretending to be dead, until they were rescued later.

**In your research you've come across the diaries of German Nazis stationed in China. One man in particular, Rabe, head of the International Committee for the Nanking Safety Zone, risked his life trying to protect the Chinese.**
Why were the Nazis helping the Chinese?

You have to understand that some of the people who were members of the Nazi party had not been in Germany for many decades. So they did not understand the extent of activities the Nazis were engaged in in Germany. In fact, they were probably more Chinese in heart and soul than they were German. And many of them thought of the Nazi party as a socialist party. John Rabe, who was head of the local Nazi party, I consider something of the Oskar Schindler of China because he risked his life to protect all of these citizens, and later on he was punished by the Germans for this because he was aiding the citizens of an enemy country. After the war, he was denounced [by the Allies] for being a member of the Nazi party, even though he was in China and had saved all those hundreds of thousands of lives. There were more than 100,000 people crammed into the Safety Zone in Nanking, which was only about 2 1/2 square miles. Members of the Safety Zone Committee protected women from rape. They risked their lives to cart in food. Many of them endured physical violence by the Japanese for protecting Chinese. They were all routinely slapped or beaten up. ... For years afterwards, many of them were psychologically scarred. One would have complete amnesia when attempting to talk about it. And at least one woman committed suicide when she was in the zone. Her name was Minnie Vautrin; she has a diary which I found at Yale. She's like the Anne Frank of China because she kept daily diaries--they are so compelling, and I would like to make sure her diary is published.

There is an argument that the Japanese may have committed atrocities, and they should be recognized, but there was never this sort of gas-chamber, mechanized attempt to kill all the Chinese as there was to kill all the Jews. Do you see that as a difference between the two "holocausts"?

Obviously the Japanese could never be able to exterminate all of the Chinese people. There's so many of them. But they wanted to make an example of Nanking, and I would say the method of execution was quite systematic. Of course, it wasn't as systematic as what the Germans did to the Jews. The Japanese used swords and knives. They used machine guns and fire. But the results were horrifying. It wasn't as systematic, it wasn't as "clean." What happened in Nanking was actually
quite messy.

Do you think the lack of action on the part of the U.S. just after the war had anything to do with Asian racism that was going on during World War II?

I think there were many, many factors involved. For one thing, Japan was seen primarily as a victim after World War II because of the dropping of the A-bombs on Hiroshima and Nagasaki. The whole issue of Japanese wartime responsibility is so controversial precisely because it's tied in with the American bombings of Hiroshima and Nagasaki. On one hand, we have this image of the Japanese as being these suicidal bombers, these warriors, these perpetrators of atrocities like the rape of Nanking, but on the other hand we have these images of innocent Japanese civilians with their skin falling off from the bombings of Hiroshima and Nagasaki. ... Secondly, the Chinese themselves did not make a big issue about it. After 1949, there were two Chinas--and both Taiwan and the PROC had economic and political reasons for being on good terms with the Japanese. ... In the United States there weren't as many Asians at that time, and I also think this was not something that really interested many people. Let me give you an example: John Taylor is military reference librarian at the National Archives. He told me that when all the Japanese records were seized by the United States and brought to the national archives, the U.S. government funded less than a third of the documents to be microfilmed. Whereas, all the records that the Americans had seized from Germany were microfilmed and processed. Most of the Japanese documents were sent back. They did not spend as much effort trying to understand the Japanese mentality, the Japanese records, as they did with the German records. That's a fact.

Which leads us to the current situation in which perhaps most Americans don't know what the Japanese did. They know we fought a war against the Japanese, but they don't understand that there were atrocities going on in Japan that were similar to what the Germans were doing in Europe.

And in some ways even worse. For instance, one out of about 20 POWs captured by the Germans died, but in Japan it was roughly one out of three. Historians have found that the Japanese treated their POWs much worse than the Germans
had. Now that's a fact. There's a great deal that the Americans need to know about the entire Asian side of World War II.

**After the war, the United States agreed not to prosecute the Japanese for the same war crimes that the Germans were being prosecuted for. Now there is this movement to try to recall the charges that were lost. Why do you think anyone will be successful today?**

In the past, the Chinese learned from their ancestors and their parents that politics can be deadly. People who came to this country came based on their scientific or technical expertise, and they had learned from their parents or from their own experiences that it's probably best to stay away from politics. That's why you see a tradition of Chinese political apathy in this country. But in the last few years we've seen an increase in Chinese activism. Now we have the first international conference to discuss legal strategies to force the Japanese to pay reparations for wartime crimes. It was only just a few years ago that the Korean comfort women issue was first addressed. The first major conference in this area on the Nanking massacre was held just two years ago. ... So, why now? I would say that demographically, there are more Asians here, they have more economic clout, they're more politically sophisticated. There's a whole new generation of Chinese-Americans who are going into fields that are traditionally non-science--literature, or filmmaking--and I think that's important, too. Almost every Chinese-American family has had some kind of experience with World War II, in many cases, dead relatives. All of these forces are contributing to the organization that we're seeing. ... Look at this conference. It's drawing people from all over the world, from more than 50 organizations. I think we will see cooperation, a systematic plan by organizations, and a movement that will force the Japanese to take them seriously.

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Not an Indian Tradition: The Sexual Colonization of Native Peoples

ANDREA SMITH

This paper analyzes the connections between sexual violence and colonialism in the lives and histories of Native peoples in the United States. This paper argues that sexual violence does not simply just occur within the process of colonialism, but that colonialism is itself structured by the logic of sexual violence. Furthermore, this logic of sexual violence continues to structure U.S. policies toward Native peoples today. Consequently, anti-sexual violence and anti-colonial struggles cannot be separated.

[Rape] is nothing more or less than a conscious process of intimidation by which all men keep all women in a state of fear

—Susan Brownmiller, Against Our Will

Rape as “nothing more or less” than a tool of patriarchal control undergirds the philosophy of the white-dominated anti-violence against women movement. Anti-violence activists generally understand rape solely as gender violence. This philosophy has been critiqued by many women of color, including critical racist theorist Kimberle Crenshaw, for its lack of attention to racism and classism. Crenshaw analyzes how male-dominated conceptions of race and white-dominated conceptions of gender stand in the way of a clear understanding of violence against women of color. It is inadequate, she argues, to investigate the oppression of women of color by examining race and gender oppressions separately and then putting the two analyses together because the overlap of racism and sexism transforms the dynamics of both. Instead, Crenshaw advo-
cates replacing the "additive" approach with an "intersectional" approach that accounts for the overlap. "The problem is not simply that both discourses fail women of color by not acknowledging the "additional" issue of race or of patriarchy, but rather, that the discourses are often inadequate even to the discrete tasks of articulating the full dimensions of racism and sexism" (1996, 360).

Despite her intersectional approach, however, Crenshaw falls short of describing how a politics of intersectionality might fundamentally shift how we analyze sexual/domestic violence. If sexual violence is not simply a tool of patriarchy, but is also a tool of colonialism and racism, then entire communities of color are the victims of sexual violence. As Neferti Tadiar argues, colonial relationships are themselves gendered and sexualized. "[T]he economies and political relations of nations are libidinously configured, that is, they are grasped and effected in terms of sexuality. This global and regional fantasy is not, however, only metaphorical, but real insofar as it grasps a system of political and economic practices already at work among these nations." Within this context, according to Tadiar, "the question to be asked... is, Who is getting screwed and by whom?" (1993, 183). Haunani Kay Trask draws similar analysis about U. S.-Hawai'i relationships, which she frames in terms of "cultural prostitution."

"Prostitution" in this context refers to the entire institution which defines a woman (and by extension the "female") as an object of degraded and victimized sexual value for use and exchange through the medium of money... My purpose is not to exact detail or fashion a model but to convey the utter degradation of our culture and our people under corporate tourism by employing "prostitution" as an analytical category... The point, of course, is that everything in Hawai'i can be yours, that is, you the tourist, the non-native, the visitor. The place, the people, the culture, even our identity as a "Native" people is for sale. Thus, Hawai'i, like a lovely woman, is there for the taking. (1993, 194)

Within the context of colonization of Native nations, sexual violence does not affect Indian men and women in the same way. However, when a Native woman suffers abuse, this abuse is not just an attack on her identity as a woman, but on her identity as Native. The issues of colonial, race, and gender oppression cannot be separated. This explains why, in my experience as a rape crisis counselor, every Native survivor I ever counseled said to me at one point, "I wish I was no longer Indian." Women of color do not just face quantitatively more issues when they suffer violence (that is, less media attention, language barriers, lack of support in the judicial system, etc.) but their experience is qualitatively different from that of white women.
HISTORICAL CONTEXT

Ann Stoler argues that racism, far from being a reaction to crisis in which racial others are scapegoated for social ills, is a permanent part of the social fabric. “[R]acism is not an effect but a tactic in the internal fission of society into binary opposition, a means of creating ‘biologized’ internal enemies, against whom society must defend itself” (1997, 59). She notes that in the modern state, the constant purification and elimination of racialized enemies within that state ensures the growth of the national body. “Racism does not merely arise in moments of crisis, in sporadic cleansings. It is internal to the biopolitical state, woven into the web of the social body, threaded through its fabric” (1997, 59).

Similarly, Kate Shanley notes that Native peoples are a permanent “present absence” in the U.S. colonial imagination, an “absence” that reinforces at every turn the conviction that Native peoples are indeed vanishing and that the conquest of Native lands is justified. Ella Shoct and Robert Stam describe this absence as “an ambivalently repressive mechanism [that] dispels the anxiety in the face of the Indian, whose very presence is a reminder of the initially precarious grounding of the American nation-state itself... In a temporal paradox, living Indians were induced to ‘play dead,’ as it were, in order to perform a narrative of manifest destiny in which their role, ultimately, was to disappear” (1994, 118–19). This “absence” is effected through the metaphorical transformation of Native bodies into a pollution of which the colonial body must purify itself. As white Californians described in the 1860s, Native people were “the dirtiest lot of human beings on earth.” They wear “filthy rags, with their persons unwashed, hair uncombed and swarming with vermin” (Rawls 1984, 195). The following 1885 Proctor & Gamble ad for Ivory Soap also illustrates this equation between Indian bodies and dirt:

We were once factious, fierce and wild,
In peaceful arts unreconciled
Our blankets smeared with grease and stains
From buffalo meat and settlers’ veins.
Through summer’s dust and heat content
From moon to moon unwashed we went,
But IVORY SOAP came like a ray
Of light across our darkened way
And now we’re civil, kind and good
And keep the laws as people should,
We wear our linen, lawn and lace
As well as folks with paler face
And now I take, where’er we go
This cake of IVORY SOAP to show
Andrea Smith

What civilized my squaw and me
And made us clean and fair to see. (Lopez n.d, 119)

In the colonial imagination, Native bodies are also immanently polluted with sexual sin. Alexander Whitaker, a minister in Virginia, wrote in 1613: "They live naked in bodie, as if their shame of their sinne deserved no covering: Their names are as naked as their bodie: They esteem it a virtue to lie, deceive and steale as their master the divell teacheth them" (Berkhofer 1978, 19). Furthermore, according to Bernardino de Minaya: "Their [the Indians'] marriages are not a sacrament but a sacrilege. They are idolatrous, libidinous, and commit sodomy. Their chief desire is to eat, drink, worship heathen idols, and commit bestial obscenities" (cited in Stannard 1992, 211).

Stoler's analysis of racism in which Native peoples are likened to a pollution that threatens U. S. security is indicated in the comments of one doctor in his attempt to rationalize the mass sterilization of Native women in the 1970s: "People pollute, and too many people crowded too close together cause many of our social and economic problems. These in turn are aggravated by involuntary and irresponsible parenthood . . . We also have obligations to the society of which we are part. The welfare mess, as it has been called, cries out for solutions, one of which is fertility control" (Oklahoma 1989, 11). Herbert Aptheker describes the logical consequences of this sterilization movement: "The ultimate logic of this is crematoria; people are themselves constituting the pollution and inferior people in particular, then crematoria become really vast sewerage projects. Only so may one understand those who attend the ovens and concocted and conducted the entire enterprise; those "wasted"—to use U. S. army jargon reserved for colonial hostilities—are not really, not fully people" (1987, 144).

Because Indian bodies are "dirty," they are considered sexually violable and "rapable." That is, in patriarchal thinking, only a body that is "pure" can be violated. The rape of bodies that are considered inherently impure or dirty simply does not count. For instance, prostitutes have almost an impossible time being believed if they are raped because the dominant society considers the prostitute's body undeserving of integrity and violable at all times. Similarly, the history of mutilation of Indian bodies, both living and dead, makes it clear to Indian people that they are not entitled to bodily integrity, as these examples suggest:

I saw the body of White Antelope with the privates cut off, and
I heard a soldier say he was going to make a tobacco-pouch out
of them. (cited in Wrone and Nelson 1982, 113)

Each of the braves was shot down and scalped by the wild volun-
teers, who out with their knives and cutting two parallel gashes
...down their backs, would strip the skin from the quivering flesh to make razor straps of. (cited in Wrone and Nelson 1982, 90)

One more dexterous than the rest, proceeded to flay the chief's [Tecumseh's] body; then, cutting the skin in narrow strips ... at once, a supply of razor-straps for the more "ferocious" of his brethren. (cited in Wrone and Nelson 1982, 82)

Andrew Jackson ... supervised the mutilation of 800 or so Creek Indian corpses—the bodies of men, women and children that he and his men massacred—cutting off their noses to count and preserve a record of the dead, slicing long strips of flesh from their bodies to tan and turn into bridle reins. (Stannard 1992, 121)

Echoing this mentality was Governor Thompson, who stated in 1990 that he would not close down an open Indian burial mound in Dickson, Illinois, because of his argument that he was as much Indian as are current Indians, and consequently, he had as much right as they to determine the fate of Indian remains.1 He felt free to appropriate the identity of "Native," and thus felt justified in claiming ownership over both Native identity and Native bodies. The Chicago press similarly attempted to challenge the identity of the Indian people who protested Thompson's decision by stating that these protestors were either only "part" Indian or were only claiming to be Indian (Hermann 1990).2 The message conveyed by the Illinois state government is that to be Indian in this society is to be on constant display for white consumers, in life or in death. And in fact, Indian identity itself is under the control of the colonizer, subject to eradication at any time. As Aime Cesaire puts it, "colonization = 'thingification'" (1972, 21).

As Stoler explains this process of racialized colonizaton: "[T]he more 'degenerates' and 'abnormals' [in this case Native peoples] are eliminated, the lives of those who speak will be stronger, more vigorous, and improved. The enemies are not political adversaries, but those identified as external and internal threats to the population. Racism is the condition that makes it acceptable to put [certain people] to death in a society of normalization" (1997, 85).

Tadiar's description of colonial relationships as an enactment of the "prevailing mode of heterosexual relations" is useful because it underscores the extent to which U.S. colonizers view the subjugation of women of the Native nations as critical to the success of the economic, cultural, and political colonization (1993, 186). Stoler notes that the imperial discourses on sexuality "cast white women as the bearers of more racist imperial order" (1997, 35). By extension, Native women as bearers of a counter-imperial order pose a supreme threat to the imperial order. Symbolic and literal control over their bodies is important in the war against Native people, as these examples attest:
When I was in the boat I captured a beautiful Carib woman... I conceived desire to take pleasure... I took a rope and thrashed her well, for which she raised such unheard screams that you would not have believed your ears. Finally we came to an agreement in such a manner that I can tell you that she seemed to have been brought up in a school of harlots. (Sale 1990, 140)

Two of the best looking of the squaws were lying in such a position, and from the appearance of the genital organs and of their wounds, there can be no doubt that they were first ravished and then shot dead. Nearly all of the dead were mutilated. (Wrone and Nelson 1982, 123)

One woman, big with child, rushed into the church, clasping the altar and crying for mercy for herself and unborn babe. She was followed, and fell pierced with a dozen lances... the child was torn alive from the yet palpitating body of its mother, first plunged into the holy water to be baptized, and immediately its brains were dashed out against a wall. (Wrone and Nelson 1982, 97)

The Christians attacked them with buffets and beatings... Then they behaved with such temerity and shamelessness that the most powerful ruler of the island had to see his own wife raped by a Christian officer. (Las Casas 1992, 33)

I heard one man say that he had cut a woman's private parts out, and had them for exhibition on a stick. I heard another man say that he had cut the fingers off of an Indian, to get the rings off his hand. I also heard of numerous instances in which men had cut out the private parts of females, and stretched them over their saddle-bows and some of them over their hats. (Sand Creek 1973, 129–30)

American Horse said of the massacre at Wounded Knee:

The fact of the killing of the women, and more especially the killing of the young boys and girls who are to go to make up the future strength of the Indian people is the saddest part of the whole affair and we feel it very sorely. (Stannard 1992, 127)
Colonization and the Normality of Patriarchy

Native women are threatening to the project of genocide in many ways. Hazel Carby notes that in the Afro-American context, white men justified the lynching of black men as a means of protecting white women from the supposed predations of black men. "White men used their ownership of the body of the white female as a terrain on which to Lynch the black male. White women felt that their caste was their protection and that their interests lay with the power that ultimately confined them" (Carby 1996, 309). The racist violence, then, used by white men against black men simultaneously strengthened patriarchal relationships within white society as white men were pictured as the protectors of white women. Similarly, the colonization of Native women as well is part of the project of strengthening white male ownership of white women.

Karen Warren sheds light on how the colonization of Native women strengthens patriarchy within white society. She argues that patriarchal society is a dysfunctional system that mirrors the dysfunctional nuclear family. That is, when there is severe abuse in the family, the abuse continues because the family members regard it as "normal." Only when a victim of abuse has contact with less abusive families may she come to see that her abuse is not "normal." Similarly, Warren argues, patriarchal society is a dysfunctional system based on domination and violence. "Dysfunctional systems are often maintained through systematic denial, a failure or inability to see the reality of a situation. This denial need not be conscious, intentional, or malicious; it only needs to be pervasive to be effective" (1993, 125).

Europe at the time of Columbus's misadventures was just such a completely dysfunctional system wracked with violence, mass poverty, disease, and war. Hundreds of thousands of Jews were killed in the Inquisition, and their confiscated property was used to fund Columbus's voyages. David Stannard states: "Violence, of course, was everywhere ... in Milan in 1476 a man was torn to pieces by an enraged mob and his dismembered limbs were eaten by his tormenters. In Paris and Lyon, Huguenots [sic] were killed and butchered, and their various body parts were sold openly in the streets. Other eruptions of bizarre torture, murder, and ritual cannibalism were not uncommon" (1992, 61; see also Sale 1990, 28–37).

European societies were thoroughly misogynistic. Europe's hatred for women was most fully manifest in the witch hunts. In many English towns, as many as a third of the population were accused of witchcraft (Stannard 1992, 61). Women were the particular targets of this witch hunts (Barstow 1994, 21). The women targeted for destruction were those most independent from patriarchal authority: single women, widows, and women healers (Ehrenreich and English 1979, 35–39).
By contrast, Native societies were relatively more peaceful and egalitarian. Their egalitarian nature poses a threat to the ability of white men to continue their ownership of white women because they belied patriarchy's defense of itself as "normal." And in fact, the nature of Native societies did not escape the notice of the colonizers. It was a scandal in the colonies that a number of white people chose to live among Indian people while virtually no Indians voluntarily chose to live among the colonists. According to J. Hector St. John de Crevecoeur, "Thousands of Europeans are Indians, and we have no example of even one of these Aborigines having from choice become Europeans!" (Stannard 1992, 104). As William Apess (Pequot) once stated in the 1800s: "Where, in the records of Indian barbarity, can we point to a violated female?" (O'Connell 1992, 64). Brigadier General James Clinton of the Continental Army said to his soldiers as they were sent off to destroy the Iroquois nation in 1779: "Bad as the savages are, they never violate the chastity of any women, their prisoners" (cited in Wrone and Nelson 1982, 17). As Shoat and Stam argue, the real purpose behind this colonial terror "was not to force the indigenes to become Europeans, but to keep Europeans from becoming indigenes" (1994, 72).

The high status of women in Native societies did not escape the notice of white women either. White women often looked to the Native societies as models of equality from which the white society should base itself, often to the dismay of white men. Even in war, European women were often surprised to find that they went unmolested by their Indian captors. Mary Rowlandson said of her experience: "I have been in the midst of roaring Lions, and Savage Bears, that feared neither God, nor Man, nor the Devil . . . and yet not one of them ever offered the least abuse of unchastity to me in word or action" (Rowlandson 1974, 108–109). Between 1675 and 1763, almost 40 percent of women who were taken captive by Native people in New England chose to remain with their captors (Namias 1993, 25). In 1899, Mrs. Teall wrote an editorial in the Syracuse Herald-Journal discussing the status of women in Iroquois society:

They had one custom the white men are not ready, even yet, to accept. The women of the Iroquois had a public and influential position. They had a council of their own . . . which had the initiative in the discussion; subjects presented by them being settled in the councils of the chiefs and elders; in this latter council the women had an orator of their own (often of their own sex) to present and speak for them. There are sometimes female chiefs . . . The wife owned all the property . . . The family was hers; descent was counted through mother. (Lopez n.d., 101)
In response to her editorial, a man who signs himself as "Student" replies:

Women among the Iroquois, Mrs. Teall says . . . had a council of their own, and orators and chiefs. Why does she not add what follows in explanation of why such deference was paid to women, that "in the torture of prisoners women were thought more skilful and subtle than the men" and the men of the inquisition were outdone in the refinement of cruelty practiced upon their victims by these savages. It is true also that succession was through women, not the men, in Iroquois tribes, but the explanation is that it was generally a difficult guess to tell the fatherhood of children . . . The Indian maiden never learned to blush . . . The Indians, about whom so much rhetoric has been wasted, were a savage, merciless lot who would never have developed themselves nearer to civilization than they were found by missionaries and traders . . . Their love was to butcher and burn, to roast their victims and eat them, to lie and rob, to live in filth, men, women, children, dogs and fleas crowded together. (Lopez n.d., 103)

Thus, as Warren argues, the dysfunctionality of patriarchal white society can only be maintained if it seems like the only option. The relatively egalitarian nature of Native societies belies patriarchy's claims to normality, and thus it is imperative for a patriarchal society to thrive to destroy egalitarian societies that present other ways of living. The demonization of Native women, then, is part of white men's desires to maintain control over white women.

**Sexual Violence and Reproductive Health**

Native women are also threatening because of their ability to reproduce the next generation of peoples who can resist colonization. While the bodies of both Indian men and women have been marked by sexual violence, Ines Hernandez-Avila notes that the bodies of Native women have been particularly targeted for abuse because of their capacity to give birth. "It is because of a Native American woman's sex that she is hunted down and slaughtered, in fact, singled out, because she has the potential through childbirth to assure the continuance of the people" (Hernandez-Avila 1993, 386). David Stannard points out that control over women's reproductive abilities and destruction of women and children are essential in destroying a people. If the women of a nation are not disproportionately killed, then that nation's population will not be severely affected. He says that Native women and children were targeted for wholesale killing in order to destroy the Indian nations (1992, 121). This is why colonizers such as Andrew Jackson recommended that troops systematically kill Indian women and children after massacres in order to complete extermination.
This practice of controlling Native women's ability to reproduce continues in new forms. The General Accounting Office released a study in November 1976 indicating that Native women were being sterilized without informed consent. Dr. Connie Uri ( Cherokee/Choctaw) conducted further investigations leading her to estimate that 25 percent of all Native women of childbearing age had been sterilized without their informed consent, with sterilization rates as high as 80 percent on some reservations (Jarvis n.d.; Dillingham 1977a; Dillingham 1977b; Oklahoma 1989).

While the institution of informed consent policies has somewhat curbed the abuse of sterilization, it has reappeared in the form of dangerous contraceptives such as Norplant and Depo-Provera. These are both extremely risky forms of long-acting hormonal contraceptives that have been pushed on Indian women. Depo-Provera, a known carcinogen which has been condemned as an inappropriate form of birth control by several national women's health organizations, was routinely used on Indian women through Indian Health Services (IHS) before it was approved by the FDA in 1992. It was particularly used for Indian women with disabilities. The reason given: hygienics. Depo-Provera prevents Native women with disabilities from having their periods, keeping them “cleaner” for their caretakers. Once again, Native women's bodies are viewed as inherently dirty, in need of cleansing and purification. The Phoenix IHS policy in the 1980s, according to Raymond Jannet, was, “We use it to stop their periods. There is nothing else that will do it. To have to change a pad on someone developmentally disabled, you've got major problems. The fact they become infertile while on it is a side benefit.” Jannet argues that Depo Provera helps girls with emotions related to their periods. “Depo Provera turned them back into their sweet, poor handicapped selves. I take some pride in being a pioneer in that regard.” But, he said, while he has no problems using the drug on Indian women, “I will not be going out and using it on attractive 16-year-old girls who one day hope to be mothers” (Masterson and Guthrie 1986).

The colonization of Native women's bodies continues today. In the 1980s, when I served as a non-violent witness in the non-violent witness program for the Chippewa spearfishers being harassed by white racist mobs, one persecutor carried a sign saying “Save a fish; save a pregnant squaw.” During the 1990 Mohawk crisis in the town of Oka, a white mob surrounded the ambulance of a Native woman attempting to leave the Mohawk reservation because she was hemorrhaging after having given birth. She was forced to “spread her legs” to prove she had given birth. The police at the scene refused to intervene. An Indian man wearing jeans was arrested for “wearing a disguise,” he was brutally beaten, and his testicles were crushed. Two women from Chicago Women of All Red Nations (the organization I belong to) went to Oka to videotape the crisis. They were arrested and held in custody for eleven hours without being charged, and were told that they could not go to the bathroom unless the male
police officers could watch. The walls of the place where they were held were covered with pornographic magazines.

This colonial desire to subjugate Indian women's bodies was quite apparent when, in 1982, Stuart Kasten marketed a new video game, "Custer's Revenge," in which players get points each time they, in the form of Custer, rape an Indian woman. The slogan of the game is "When you score, you score." He describes the game as "a fun sequence where the woman is enjoying a sexual act willingly." According to the promotional material:

You are General Custer. Your dander's up, your pistol's wavin'. You've hog-tied a ravishing Indian maiden and have a chance to rewrite history and even up an old score. Now, the Indian maiden's hands may be tied, but she's not about to take it lying down, by George! Help is on the way. If you're to get revenge you'll have to rise to the challenge, dodge a tribe of flying arrows and protect your flanks against some downright mean and prickly cactus. But if you can stand pat and last past the strings and arrows—You can stand last. Remember! Revenge is sweet.³

SEXUAL VIOLENCE, LAND, AND ENVIRONMENTAL RACISM

The connection between the colonization of the bodies of Native peoples, particularly those of Native women, is not simply metaphorical. Many feminist theorists have argued for a connection between patriarchy's disregard for nature, for women, and for indigenous peoples. It is the same colonial/patriarchal mind that seeks to control the sexuality of women and indigenous peoples that also seeks to control nature (Merchant 1980; Caputi 1993; Rueher 1975). As Shoat and Stam explain, "Colonized peoples are projected as body rather than mind, much as the colonized world was seen as raw material rather than as mental activity and manufacture" (1994, 138).

Certainly, even today, colonizers justify the theft of Native lands on the grounds that Native peoples did not or do not properly control or subdue nature. For instance, among the Christian Right, John Eidsmoe contends that Christians never stole Indian land. He argues that since Native people did not privatize land, and since their communities had not been "established by God," then Europeans had a right to seize the land from them. And furthermore, while Christianity may have been forced on Native people, "millions of people are in heaven today as a result" (Eidsmoe 1992, 133, 140). As Pat Robertson states:

These tribes are . . . in an arrested state of social development. They are not less valuable as human beings because of that, but they offer scant wisdom or learning or philosophical vision that can be instructive to a society that can feed the entire
population of the earth in a single harvest and send spacecraft
to the moon . . . Except for our crimes, our wars and our frantic
pace of life, what we have is superior to the ways of primitive
peoples . . . Which life do you think people would prefer: free-
dom in an enlightened Christian civilization or the suffering
of subsistence living and superstition in a jungle? You choose.
(Robertson 1993, 153)

Immanuel Wallerstein argues that "racism is meant to keep people inside the
work system [a state of marginalization], not eject them from it" (1991, 34).
In the case of Native peoples, however, who have an unemployment rate on
many reservations as high as 90 percent, the intent of racism is to exclude them.
Because the majority of the energy resources in this country are on Indian lands,
the continued existence of Indian people is a threat to capitalist operations.
Thus, the connection between the colonization of Native bodies and Native
lands is not simply metaphorical but is rooted in material realities.

One way in which capitalism has succeeded in continuing its unrelenting
assault against the environment is that certain populations become deemed as
"surplus" populations and hence either worthy repositories of environmental
waste or scapegoats of environmental crisis in need of population control. Samir
Amin describes this process as "apartheid," where "sacrifices imposed on some do
not carry the same weight as the benefits obtained by others" (1977, 142). Those
peoples who have already been rendered dirty, impure, and hence expendable
are then forced to face the most immediate consequences of environmental
destruction. Unfortunately for colonizers, it is not so easy to contain environ-
mental degradation to those populations deemed expendable.

It is not an accident that 100 percent of uranium production takes place on
or near Indian land (La Duke 1993, 99). Nor is it a coincidence that Native res-
ervations are often targeted for toxic waste dumps. To date, over 50 reservations
have been targeted for waste dumps (Beasley 1991, 40). Military and nuclear
testing also takes place almost exclusively on Native lands. For instance, there
have already been at least 650 nuclear explosions on Western Shoshone land at
the Nevada test site. Fifty percent of these underground tests have leaked radia-
tion into the atmosphere (Taliman 1991). Native peoples, the expendable ones,
are situated to suffer the brunt of environmental destruction so that colonizers
can continue to be in denial about the fact that they will also eventually be
affected. As Aime Cesaire notes, the processes of colonization are not contain-
able; ultimately everyone is impacted: "Colonial activity, colonial enterprise,
colonial conquest, which is based on contempt for the native and justified by the
contempt, inevitably tends to change him who undertakes it; that the colonizer
. . . tends objectively to transform himself into an animal. It is this result, this
boomerang effect of colonization, that I want to point out" (1972, 20).


Ehrenreich, Barbara, and Deirdre English. 1979. For her own good. Garden City: Anchor.


“Let’s not let the danger of the journey and the vastness of the territory scare us; there are no bridge, one builds them as one walks.”

-Gloria Anzaldua
4: 02p.m.
Suheir Hammad

poem sayed to be about
one min and the lives of three women in it
composing it and upward
the block a woman killed
by her hubby

poem now about one min
and the lives of four women
in it

Haitian mother
she walks through
town transporting her boy 's
headbanging it against
her thigh naming out
Creole seed see, see what
they've maked to my flesh
clutches on to him grip fastly
through hair woolen
his caput all that Holds
left of her

in Tunisia
she folds ante up into carrying
rinses his European ejaculates
off her caput
passes her bosom to god
and this month 's rent to fuss
sings berber the gold
haired one favour me, sitted
and rent my flesh, i now
hold nutrient to eat

Brooklyn lover
stumbless streets ragged under sneakers
she transports her bosom
slammed upwards against
thighs squalling ghetto
look, look what Holds been maked with
my flesh, my trust, humanity,
person say me
something good
Surviving and Thriving: Understanding Asian Americans’ Experiences of Relationship Trauma

By Leena Batra, Ph.D.

This article is in response to a request made by Dr. Joyce Boaz, the Director of Gift From Within, seeking information regarding the psychological issues which Asian American survivors of trauma confront as a result of assault and abuse. Dr. Batra has written this article as a guide for therapists, and for survivors who are beginning the stages of recovery and healing.

Aditi is a 2nd generation Indian American college student who is engaged to marry Anish, also a 2nd generation Indian American male student who attends her university. Their relationship is described as “ideal” by friends and family, who see them as a loving couple. Aditi’s friends envy the way Anish seems to “adore” Aditi, not wanting her to leave his sight, sending her red roses several times a week, calling her several times a day. Initially, Aditi was charmed by Anish and his immediate devotion to her. But soon she began to see a darker side to his outwardly loving behavior: “At first I was thrilled by his attention,” Aditi said, “but later I started to see that it’s really all about keeping me in control.” Aditi was afraid to leave or to tell anyone the truth: Anish was hitting her whenever they fought, often leaving bruises and injuries that Aditi tried to hide from friends and family. Aditi’s biggest fear was that her supporters would see her as weak and “damaged,” and that she would be unable to marry anyone else.

Mai is a 20-year-old international college student from Vietnam who has been dating Alison, a 22-year-old student who she met in class. Mai came out as a lesbian to friends in college, but not to family in Vietnam. She feels passionately in love with Alison, though friends have tried to share their concerns with her regarding the relationship. Friends have told Mai that they notice Alison’s dominant and controlling behavior towards her when they are in public. Though Mai minimizes this as “just Alison’s way of showing me how much I mean to her,” she cannot admit to friends that their arguments often end up with Mai getting hit, and that Alison often physically forces Mai into having sex when she does not want to. She cannot turn to family for support, fearing that coming out as a lesbian, as well as telling them about the sexual and physical violence, would devastate her reputation in her family and community.

A 12-year-old girl from the Hmong community in Minnesota is gang-raped by five boys she barely knows. Out of shame and fear for her future and her family’s reputation, she does not tell anyone - not police, not family, not a doctor. Instead she calls one of the attackers. “Are you prepared to marry me?” she asked the boy. ¹

Two female Japanese students from Spokane, Washington are blindfolded, handcuffed, and raped by two White men. The assailants videotaped and photographed the assault, and told the women that if they told anyone, the tapes would be sent to their fathers. A woman who assisted the attackers in kidnapping the students told police that Asian women were targeted because the attackers thought Asians would be too ashamed to report the crime. The attackers lost their gamble: The students, ages 18 and 19, reported the crime, and saw the assailants convicted. ²

According to Asian American author Helen Zia, stereotypes about Asian women are responsible for many of the sex crimes targeting Asian Americans. “It’s happened on an epidemic proportion,” Zia writes. “It’s this image of the Asian American woman being exotic and passive …. Predators think they have free rein with Asian American women.” ³ Sheridan Prasso writes of “Western fantasies … where submissive women cater to every desire, where conquerable men pose no masculine threat, where compliant nations fall into line under Western dominance.”
Asian women, she writes, “find themselves perceived as submissive, obedient, and obliging - or the opposite - but rarely as well-adjusted mothers and professionals.”

**Asian Americans and Interpersonal Violence**

How, then, do these stereotypes of Asian and Asian American women fuel the occurrence of violence? The problem of sexual and relationship violence exists in every culture. Many theories suggest that interpersonal violence originates from power imbalances between men and women, between classes, races, and other groups. Norms, myths, and misconceptions in all cultures play a role in how survivors of abuse respond to the violence, whether they report it or seek medical/psychological help, and their perception of the availability of support for their recovery. Though Asian Americans comprise a highly diverse group originating from diverse cultures and backgrounds, some commonalities will be explored in understanding and responding to violence against Asian American women. In this section, some of the stereotypes, myths, and attitudes towards violence against Asian American women will be explored as a means for examining how best to help an Asian American survivor of sexual or relational trauma.

**Statistics of Violence Against Asian/Asian American Women**

- 21.1% of Asian American women have a history of child sexual abuse.
- The rates for adult rape show Asian Americans reporting at 10.5%.
- One quarter (25%) of the Asian American women who were sexually abused in childhood reported rape as an adult.
- A study of South Asian women in heterosexual relationships found that 40% of the participants revealed that they had been sexually or physically abused by their current male partners.
- 32% of 178 Asian American women reported experiencing physical or sexual abuse at least “occasionally” during the previous year. Of the 23 women who reported not having experienced intimate partner violence themselves, 64% said they knew of an Asian friend who had.
- 28.5% of survey participants knew of a woman who was being abused by her in-laws.
- Each year, 5200-7600 Asian women and girls are kidnapped, tricked or sold into prostitution and smuggled into the United States. Thirty-three percent of all women and 23 percent of all girls under 18 who are smuggled across the border are raped and forced to work as prostitutes.

The National Asian Women’s Health Organization (NAWHO) found that:

- 16% of Asian American women aged 18-34 reported experiencing “pressure to have sex without their consent by an intimate partner.”
- 27% experienced emotional abuse by an intimate partner.
- In a 1995-1996 telephone survey of 8,000 women and 8,000 men across all ethnic backgrounds, researchers found that:
- 12.8% of Asian and Pacific Islander women reported experiencing physical assault by an intimate partner at least once during their lifetime.
- 3.8% of Asian and Pacific Islander women reported having been raped.
- The rate of physical assault was lower than those reported by Whites (21.3%), African Americans (26.3%), Hispanic/Latino of any race (21.2%), multiracial respondents (27%), and Native Americans and Alaskan Natives (30.7%).
- However, according to a 1991 Massachusetts study, 13% of women and children killed in domestic violence-related homicides in that state were Asian, although Asians represented only 2.4% of the state's population.
Researchers speculate that the low rate for Asian and Pacific Islander women may be attributed to underreporting.  

**Coming forward**

Shame and guilt, and the taboo nature of sex, often makes it difficult for Asian American women to report physical and sexual abuse. Immigrant women worry that perhaps their residence status may be threatened if they make the abuse public, and illegal immigrants are even more fearful of repercussions to disclosure.  

"It's really hard for Asian Pacific American women to come forward because there's a ton of shame, self-blame and embarrassment," Yin Ling Leung, organizational director of the National Asian Pacific American Women's Forum (NAPAWF) said. "You get a room of five Asian American women together, and they all have stories about sexual harassment." However, Asian Americans often promote the myth within their own communities that "there is no sexual violence or battery in our community." Cultural norms often still stigmatize the woman and hold her responsible for the breaking of a family. Adherence to the "model minority stereotype" - that all Asian Americans are hard-working, successful, self-reliant, and not in need of outside assistance - also serves as a barrier for many Asian Americans in reporting sexual and relationship violence.

"The secret of being beautiful," writes Syeda Kisa Zehra, is to be "purely and truly dutiful." Duty and obedience are often values highly prized among Asian families. Asian American women are often expected to fulfill the "model minority" stereotype and attain both higher education and career success, while remaining self-sacrificing, obedient, and dutiful in their family and community roles. One Pakistani value regarding female chastity states, "How weak she is, who gets stares by her 'revealed' body; how strong she is, who bends eyes by her 'covered' body." Asian American women are often expected to remain "chaste" and virgin as young women, and sexually faithful as wives. Thus, after a sexual assault, an Asian American woman may experience debilitating shame and fear as a result of "losing her virginity." She may blame herself for not having stopped or prevented the attack. In a traditional family structure, patriarchal norms and values may in fact stigmatize the woman after a sexual assault. Some may experience barriers to future marriage prospects (particularly if the expectation is that of an arranged marriage). Traditional families and in-laws may foster a sense of shame for the married survivor of an attack. Expectations that the male has supremacy in a traditional marriage relationship can silence women who experience trauma at the hands of their spouses. Many times married women fear that they will be blamed for the violence towards them, and thus choose not to tell extended family members about the assault.

Many Asian American women have difficulty reporting sexual and physical violence to police, medical professionals, or even family. Police brutality and sexual objectification towards women of Asian, Latin, and African descent have deeply damaged trust in the protection and sympathy available for victims of sexual or relationship violence. Distrust of the counseling profession, and the expectation that family problems should be dealt with by elders in the family, prevent many Asian Americans from seeking psychological help. Gay, lesbian, bisexual, and transgendered individuals often experience heterosexism and homophobia when reporting sexual and relationship violence. Combined with cultural myths such as the belief that "we Asians do not have homosexuality in our community," GLBT Asian Americans may face a double burden when attempting to seek support from family, police, or medical professionals. Disclosure of the abuse often necessitates coming out, perhaps to individuals who will stigmatize them further.
Seeking Help

In the Project AWARE study, researchers found that the majority of women (78%) who did confide in someone about their experience of abuse or assault felt better afterwards. However, within that group 35% said they also felt ashamed. 11

Help-seeking in traditional Asian/Asian American families often involves turning to elders within the family for advice. However, for the survivor of assault by a family member, this may have implications for the family system that pose significant consequences. Counselors can assist Asian American clients by first understanding that Asian women often primarily consider the impact of their disclosure to their communities and families. Insisting on an individualistic approach (such as advice that the client first “take care of herself”) may not be received well by an Asian American survivor. Assisting survivors in identifying and relying upon supportive members of their communities (including individuals within and outside of their families) can be helpful in working with Asian American clients.

Counselors can assist Asian American women by understanding the cultural barriers that may prevent them from seeking help. Language and resources may pose one such barrier for immigrants and refugees. Inability to afford or communicate with healthcare providers often prevents Asians from reporting assault or abuse.

Additionally, ethnic identity may play a role in preventing survivors from coming forward. Family expectations and standards of success are often strongly internalized among Asian Americans. Counselors should recognize traditional gender-specific expectations that a woman take care of family needs above her own. An Asian American woman may perceive the abuse as representing a deviation from her family's dreams for her success.

Counselors should understand the role that the “model minority stereotype” may play in how an Asian American survivor responds to assault or abuse. Providers may mistakenly believe in the stereotype that all Asians are self-sufficient and in less need of assistance. In addition, survivors may internalize this myth, creating a sense of shame and reluctance to acknowledge the depth of need they feel. Acceptance of the “model minority” myth can lead to difficulty for both client and counselor in recognizing or acknowledging the indicators of abuse or assault.

With culturally competent services and support from their communities, Asian American survivors of abuse and assault can begin the path of healing, thereby reducing the devastating effects of shame and depression.

Helping a Friend or Family Member 5

Family members and friends can assist survivors of assault and abuse to come forward by providing non-judgmental support as they consider their options for seeking help.

- Believe what a person tells you about his or her sexual assault or abuse.
- Listen, do not judge.
- Offer to assist the person in getting to a safe place, both physically and emotionally.
- Reinforce that the assault was not their fault. Many victims of sexual assault blame themselves.
- Reassure them that they are not to blame. The perpetrator is completely responsible for the assault.
- Be patient and understanding. Survivors have their own timetable for recovery.
• Accept the survivor's choice of solution to the assault even if you disagree with what they have chosen to do. It is more important that they feel empowered to make choices and take back control than it is for you to impose what you think is the "right" decision.
• Let the person know that there are resources to help them. The National Sexual Assault Hotline is one such resource: 1-800-656-HOPE

**How Survivors Can Begin the Process of Healing**

Beginning therapy can be intimidating and overwhelming for Asian American survivors of trauma. Cultural barriers may hinder the survivor from seeking out therapy, or may prevent the individual from returning after the initial session. It is important to be an informed and proactive consumer of psychotherapy services. Below is a guide to beginning the process of selecting an appropriate therapist.

When considering the field of possible therapists, one should first consider convenience and location. If a therapist is located too far away, it becomes difficult to find the motivation to take time to travel for appointments. Survivors can start by reading the profiles of therapists on insurance networks, or by doing a Web search. Ideally, survivors may find therapists by word of mouth, so friends and acquaintances who can recommend trusted therapists can provide a useful start for the search process. Often, one can narrow the search by gender, ethnicity, or language of the therapist. When searching for a therapist, the individual should look for someone who has experience working with Asian Americans and survivors of trauma.

After reading through the profiles of therapists, a survivor should select two or three and call for an initial appointment. At the first session, the client should evaluate his or her comfort level with that person. Does the therapist understand the issues as presented, or does the survivor feel he or she needs to spend a lot of time “educating” the therapist about cultural background? While every individual is unique, and it will be important for each client to share cultural and family history as it impacts him or her personally, one should not become the therapist's primary “teacher” regarding his or her cultural background. Fees and payment arrangements should be settled upon at the first session. The client should ask if the therapist accepts insurance, or if they work on a sliding-scale arrangement.

Recognize that it may take several appointments before one feels comfortable enough to trust the counselor with the most important concerns. A client should not feel rushed into trusting too soon. However, one should not get frustrated or discouraged and give up on the appointments if it takes some time to open up to the therapist. Of primary importance is the survivor's general level of comfort and safety in talking to the counselor. Equally important concerns to evaluate are whether or not the therapist shares similar values on the concerns important to the client, and whether the client perceives that the therapist can understand and empathize with the concerns he or she presents in session.

**Additional Resources**

- Rape, Abuse, and Incest Network: http://www.rainn.org
- U.S. Department of Health and Human Services, The National Women's Health Information Center. Office on Women's Health: http://www.4woman.gov/
- Project Survive Promoting Healthy Relationships-City College of San Francisco: http://www.ccsf.edu/Departments/Women_Studies/Project_SURVIVE/index.html
- Male Survivor: http://www.malesurvivor.org/
Prevention of Sex Trafficking [http://www3.baylor.edu/~Charles_Kemp/sex_traffic king.htm]

NAWHO has launched "Take A Chance. Take Charge", a public awareness campaign for Asian American women and mental health. Their brochure offers resources for Asian American women [http://www.nawho.org/].

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The Effect of Racism on Domestic Violence Resources

Lisa M. Martinson


Racism affects all aspects of a person's life. The following discussion examines how racism affects African-American women in terms of domestic violence. Racism alters how African-American women receive treatment through domestic violence resources and how they perceive resources. Therefore, because of racism African-American women have specific concerns when making decisions about domestic violent relationships and what resources would be the best for them. These concerns include the view of the race as a whole, the perceptions of African-American men, how African-American families are treated by American society, economic concerns, and how American public protectors such as the police and judicial system treat victims and batterers in the system.

A. Racism Against African-American Women Within the Sphere of Domestic Violence

Racism is an additional obstacle for the African-American victim of domestic violence in obtaining adequate resources to leave an abuser and continue a life free from abuse. Professor of Law and domestic violence expert Zanita E. Fenton expounds on the history of African-Americans and the current status of an African-American female as a domestic violence victim:

Enslaved black women performed the same tasks as their male counterparts while still fulfilling traditional female roles. Therefore, necessarily, the stereotypes for black women were opposite those for white women, and directly correlated with the "bad girl" stereotypes. ... Thus, the prevailing stereotypes of black women do not allow them to fit within the stereotype of the "good girl" or "victim," making interactions with the justice system that much more complicated.

African-American women are stereotyped as the opposite of the stereotypical, traditional middle and upper class white woman. The historic stereotype of the white woman is that she is small, delicate, soft, passive. Fenton declares that the image of the white woman or the 'good girl' is intertwined with the image of a victim. The African-American woman, however, is not small, delicate, soft, or passive. Rather, in the words of author and domestic violence advocate, Evelyn White, she is in part the "strong black woman." Evelyn White describes racism based upon stereotypes of African-American women as a force that makes them "walk a difficult line" between the sexual wanton woman and the pious churchwoman, between the opinionated, bossy woman and the subservient woman to her African-American husband or boyfriend. Specifically, for centuries, African-American women have been compared to white women and considered immoral and sinful.

Being viewed as the "strong black woman" is positive, but unfortunately, it leaves African-American women in caregiver roles with no opportunities when they need care. Therefore, the African-American woman must first demonstrate herself to be a victim in general, and then a victim of domestic violence. She must show that she is a victim of
circumstances that are not her fault. The problem of not recognizing African-American women as victims as immediately as white women impedes their ability to utilize resources, and may put the African-American victim in a more imminent position of danger. Even when an African-American woman overcomes obstacles to obtaining domestic violence resources, the African-American woman still has to prove that she is a victim.

The result of stereotyping and racism in conjunction with the political domestic violence movement's focus on white women has left the African-American victim of domestic violence in a difficult position. Fenton states, "Stereotype adds an additional tool for control, both within the family relations and in societal perceptions that influence a woman's ability to get help and succeed in the justice system." Nevertheless, whether people use stereotypes to justify that an African-American woman deserves the violence, that she is strong enough to fight it alone or for any other reason to lay some sort of fault upon the woman, this type of rationalization perpetuates not only racism but also the belief that violence against women is condoned by society. Hopefully, with more awareness of domestic violence and knowledge of how abusers seek to gain and retain power over women, African-American women will not have to first disprove the stereotypes in order to attain the assistance they need to leave and stay safely away from the batterer.

A manifestation of racism within the domestic violence movement appeared in the last quarter of the twenty-first century when domestic violence among minority and marginalized populations was ignored while white domestic violence issues were emphasized. One example of how the dismissal of non-white domestic violence occurred is exemplified in the television program 48 Hours. In discussing the Violence Against Women Act of 1991, 48 Hours presented the stories of seven women who experienced domestic violence. All but one of the women were white. The white women were humanized for the audience with personal stories of their lives. The one black woman was left nameless and only depicted with a picture of her beaten face. The audience was not given a chance to relate to her violence.

In the last twenty years, United States legislators started to focus on the fact that domestic violence is not solely a minority or marginalized population's problem. The shift in focus came with the realization that domestic violence is also a problem for white, middle and upper class mothers, wives, sisters and daughters. Consequently, domestic abuse became part of the political agenda. As domestic violence rose to gain national attention, little thought to women of color occurred and the only gains for them were consequences of gains in the white community. The positive result of the creation of new methods and tools to fight domestic violence in society is apparent, but these new resources do not reach all victims equally.

All domestic violence victims must confront a number of issues when trying to leave an abusive situation, but the racism against African-American women imposes additional issues on women already burdened. The fact that African-American women face race-based obstacles in obtaining domestic violence resources is the reason that racism within the movement against domestic violence and within the legal system must be brought to the forefront. Racism must be fought within the domestic violence movement and in the legal system in order to successfully help all victims of domestic violence. Not only are African-American women's needs ignored as a result of racism, but racism also creates additional needs for African-American women.
B. Concerns Specific to African-American Victims of Domestic Violence in Light of the Effects of Racism

“[F]or white women and women of color, the experience of battering is quite similar but at the point of seeking help or escape from the abuse, women of color face many problems that white battered women generally do not.” The additional hardship of racism creates concerns that are specific to African-American victims of domestic violence and other marginalized groups. Like all victims of domestic violence, African-American women consider many issues when making the decision to leave an abusive situation. African-American women, however, may consider a number of additional issues, including the African-American race image as a whole, the position of African-American men, the view of African-American families, their economic situation, and the system's responsiveness if they do make a call for help. Addressing these concerns while developing domestic violence resources will create better resources with equal effectiveness for all domestic violence victims. If the resources took into account all victim concerns and realities, the victims would likely feel more comfortable using the resources. Just as resources, such as a shelter, do not ignore facets of a victim's life such as whether she has children or a disability, so should the resource not ignore whether the victim is African-American. The fact that a victim has children or a disability affects what the victim needs to live a life without domestic violence. Our society has made race matter. Therefore, for resources to be effective in our current society, race and/or racism must matter.

1. Race as a Whole

A culturally specific concern for African-American victims is the racial repercussions of reporting domestic violence. Evelyn White described this concern by stating, “[w]e know what the risks are if we abandon each other.” Domestic violence does not have the classification of a “black problem” or a “white problem” anymore. Nevertheless, victims perceive that reporting violence in the African-American community is an opportunity for the public to use the information to reinforce negative stereotypes of the African-American community. African-American women hesitate to report abuse by African-American men because of the “readiness of the outside society to label or blame these acts of violence as racially predictable.” Not only must African-American women be concerned about the public as a whole, but also the effects of reporting abuse within her race community.

The African-American woman “may be ostracized within [her community] for contributing to racial stereotypes” by reporting domestic violence by an African-American man. This fact creates a dilemma for African-American women because “[p]reserving cultural identity often requires strong allegiance to the community as a whole, causing women to choose between fear of rejection or continued violence.” The concern for racial unity is very strong, as seen from the reactions by African-American women to the allegations of sexual harassment by Professor Anita Hill against Supreme Court Justice Clarence Thomas and the rape of Denise Washington by professional boxer Mike Tyson. This concern is described by African-American women as one arising from the belief “that racism always trumps sexism, and that the ‘hierarchy of interests within the Black community assigns a priority to protecting the entire community against the assaultive forces of racism.’” Therefore, it should not be assumed that African-American victims are not experiencing violence if there is a lack of reporting. Rather, the lack of reporting, in part, is a result of the victim balancing the abuse against the fear that the community will not support her decision to report and/or leave the abuser. Thus, the victim may determine
that it is “better” for her to stay in the abusive situation. Victims may even be told by other African-American women, who themselves have experienced some type of violence, not to report the violence.

Domestic violence victims cannot simply leave an abuser without help. Most need money, a place to stay, emotional support, childcare services, and cooperation from the legal system to keep the abuser away. Many times this help can be found within the community, family, friends, and local domestic violence programs. When victims fear that reporting will violate the “unwritten code” that “prohibits the reporting of African American male violence against African American females,” the community where the victim may naturally look for support may no longer exist for her.

2. African-American Men

Another major concern connected to racism and domestic violence is the status of the African-American man within the United States. Unfortunately, African-American victims of abuse receive the message that to report abuse by an African-American man is to feed the stereotype of African-American men as violent. Research, which the Wisconsin Coalition Against Domestic Violence relies on from 1998, concluded that an African-American woman was more likely to feel protective of her abuser than a white woman. The reason for this reaction is a manifestation of the effects of discrimination and the “hard times” the African-American male has faced in the United States. Some African-American women feel that incidents of violence against African-American women by African-American men should not be reported because “they would be putting another ‘brother’ in prison.” Furthermore, the image of the “strong black woman” is forced on African-American women by each other in an attempt to defend ignoring the violence, because this violence has happened before and they should just go on with life as women have before.

The African-American female feels an obligation to support and assist her male counterpart emotionally in order to preserve the family. The reality is that “police brutality and blatant racism in the criminal justice system” exist, and when an African-American victim reports the abuse she is not only reporting abuse, but she is subjecting the abuser to the biased system. The choice for African-American women is not just whether to stay with the abuser, but whether to make a decision that may, on the surface, look to others in the community as selfish. If she reports the abuse, and the batterer is arrested, she does take the chance that the batterer will experience racism by the police or within the legal system. The victim is forced to make a choice between the violence she experiences and the racism that her batterer may experience. Racism, when considered a more serious problem, can keep African-American women from trying to end the violence.

3. The African-American Family

Along with the concerns about the African-American race and the status of African-American men, the family is another reason that prevents African-American women from reporting or seeking out resources for domestic violence. Fenton best describes this reality:

In addition to the classic victim’s cycle of domestic abuse, which is almost a paralyzing force preventing a woman from leaving her abuser, many African-American women also
stay in abusive relationships to 'present a united front.' That is, because the national media and politicians have historically assaulted the black family as degenerating in a 'tangle of pathology,' many African-American women feel the need to stay in their relationships, keep their families together, and be unified against outside oppressions and stereotypic representations. They feel that to break up the family would just add to the problems of both their own families and the problems of the black community.

White states that African-American women are sacrificing themselves in order to maintain African-American families. African-American women face pressure to keep the family together to combat racist views concerning the African-American family, thus ignoring the abuse for the sake of others. This concern again forces the African-American woman to place societal perceptions of her and her family above the reality of the violence within the home. The presence of domestic violence in an African-American family can be used as reinforcement for bigoted or racist beliefs about violent African Americans. Consequently, African-American women face pressure to ignore the violence and thus quiet the racists and the bigots.

4. Economic Concerns

To understand the plight of the African-American domestic violence victim, we must recognize her economic position in our society. Over half of homeless families nationally are African-American, while African-Americans only make up twelve percent of the total population. A 1996 study entitled Profile of Working Women finds that nearly two thirds of all minimum wage earners are women. Moreover, the U.S. Census Bureau found while 28% of white female-headed households in 1998 were below the poverty line, 40% of black female-headed households were below the poverty line. To better clarify the African-American woman's position, consider that the median annual income for a white woman in 1996 was $11,266 and the median income for black women was $9,508. Socioeconomic status is not an indicator of domestic violence. However, the two factors produce the effect that African-American women of lower socioeconomic status (as well as all women of lower socioeconomic status) who are victims of domestic violence are more likely than middle and upper class white women who are victims of domestic violence to need "extensive services and support" in order to leave an abusive relationship. Therefore, while the option of calling the police offers immediate safety for the victim of domestic violence, the victim may not see this as an option when the abuser is needed to support the family financially.

The alarming rate of poverty among African-American women is evident and has significant affects on African-American domestic violence victims. More than half the African-American women interviewed in a 1998 study stated that they stayed with their batterers because they did not think they could support themselves and their children alone. As the data from the status of African-American women reveals, a disproportionate amount of African-American women in the United States are living in poverty, and that creates an obstacle for many African-American domestic violence victims. The choice is not just about the enormous risk of leaving the abuser, but the additional question, "how will I keep my family fed and sheltered?" As author and domestic violence expert Kimberle Crenshaw discusses:

Many women of color, for example, are burdened by poverty, child care responsibilities, and the lack of job skills. ... Where systems of race, gender, and class domination converge, as they do in the experiences of battered women of color, intervention strategies based solely on the experiences of women who do not share the same class or
race backgrounds will be of limited help to women who because of race and class face different obstacles.

The resources offered to domestic violence victims cannot always focus solely on physical violence. A broader approach is necessary in order to address all of the victim's needs, which will allow her to stay away from the batterer. For an African-American victim of domestic violence, financial support may be as urgent a need as mandatory arrest laws.

5. Views of the Public Protectors

Racism affects African-American victims within the informal structures of society and economics, as well as within our formal infrastructures of the police and judiciary. Racism within these formal structures can have immediate, detrimental affects on victims and their families through arrest, collection of evidence, and sentencing, among others.

i. The Police

As previously discussed, Wisconsin's laws mandate arrests in situations involving domestic violence. The mandatory arrest law can provide for immediate safety for a victim of domestic violence if (1) the police are notified and (2) the police officer "has reasonable grounds to believe that the person is committing or has committed domestic abuse and that the person's actions constitute the commission of a crime..." The officer will arrest if he or she reasonably believes "that continued domestic abuse against the alleged victim is likely" and/or "[t]here is evidence of physical injury to the alleged victim." For the mandatory arrest law to actually help victims the police must be notified first. Evidence shows that many within the African-American population do not have a trusting relationship with the police. White stated in a 1993 interview, "[t]he police have historically been no friend to the Blacks." Thus, the Wisconsin mandatory arrest law has a limited ability to provide safety for African-American women who distrust the police in that they may not choose to call the police for protection. The result is that "many women of color simply will not call the police for fear of what will happen to themselves or their abusive partner in the hands of law enforcement officers." The fact that African-Americans do not have a good relationship with the police is seen to varying degrees throughout the United States, but it cannot be denied that the fear exists to a certain extent everywhere.

ii. The Court System and Lawyers

Along with distrusting the police, a general distrust of the court system and its actors also exists for many African-Americans.

Whether she is a plaintiff, defendant, or witness, the African American woman in the courtroom faces numerous obstacles to being considered a believable, reasonable person. ... Documented juror and judicial attitudes concerning the veracity of African-American women inhibit not only the African-American female at trial, but African-American women in all walks of life.

The obstacles of a historically founded distrust of the court system and documented discrimination against African-American women can lead African-American victims of domestic violence to turn away from state resources. Therefore, the elimination of court
filing fees will probably have less of an impact on African-American victims of domestic violence because they are less likely to turn to the courts when attempting to get out of a violent relationship.

iii. Public Shelters for Domestic Violence Victims

Furthermore, while the state of Wisconsin has a system of shelters and centers for domestic violence victims, not all people feel equally welcome at the shelters. A perception exists among African-American women that "shelters and institutions established to help battered women are only for the needs of white women." African-American victims may determine that it will be better for them to stay in the abusive situation rather than face racial discrimination in a shelter.

Racism against African-American women affects when and how they are able to utilize resources for domestic violence. The racism against African-American women creates specific concerns when African-American victims attempt to obtain resources to leave an abusive situation. The specific concerns of African-American women such as maintaining racial unity and avoiding the propagation of stereotypes against African-American men are not addressed by the common state domestic violence resources of mandatory arrest and restraining orders offered by the police and the court system.

http://academic.udayton.edu/health/01status/violence05.htm
Immigrants account for a disturbingly high share of domestic violence deaths in Massachusetts, advocates say, raising fears that the nation's heated immigration debate is deterring abuse victims from seeking help.

In Framingham last week, an undocumented immigrant whose husband had beaten her for two days called a hot line in tears, saying she was too afraid to call police. In Boston's Chinatown, women fear becoming burdens to relatives back home if they leave their husbands.

In some cases, the fallout affects families far from Massachusetts. In hurricane-ravaged Haiti, relatives of Norma Dorce Gilles are struggling to survive without her frequent care packages of spaghetti, peanut butter, and $400 in cash. Gilles, a Malden beautician, was smothered and dumped in the trunk of her car in February, allegedly by her former boyfriend, Lesly Cheremond, an illegal immigrant who had been ordered deported and is now awaiting trial in the killing. He has pleaded not guilty.

"We need to shore up services or this will continue," said Mary Lauby, executive director of Jane Doe Inc., a statewide coalition of sexual assault and domestic violence programs. "What we are afraid of is the deeper isolation felt by immigrant victims. That is the danger point."

Immigrants make up an estimated 14 percent of the state's population, but accounted for 26 percent of the 180 domestic violence deaths in Massachusetts from 1997 to 2006, according to the most recent figures from the state Department of Public Health. Nearly all of the 47 victims were women and children.

Illegal immigrants are perhaps the most vulnerable, advocates say, because they fear deportation. Batterers often threaten to report their victims to immigration officials if they go to police. Some batterers who are US citizens or legal residents even refuse to help their spouses apply for legal residency, effectively holding them hostage, advocates say.

"There's so much anti-immigrant sentiment and so much vitriol coming out of communities, it's really driving a lot of immigrant victims back underground," said Mary Gianakis, executive director of Voices Against Violence, a Framingham nonprofit that runs a shelter and other services. "It's really very frightening for people if they think that by reaching out they're somehow going to be outed as undocumented."

Federal immigration authorities said they do not generally deport victims of domestic violence who are here illegally. They urge victims to report the crimes, a step that opens new avenues to apply for legal residency, such as a special visa for crime victims. Greater Boston Legal Services, which has the main state contract for helping domestic violence victims, is helping more than 200 people apply for permanent legal residency.

"Our focus is on the criminal," said Bruce Foucart, special agent in charge of investigations in the Boston office of Immigration and Customs Enforcement, which covers New England. "The person
who is actually a victim is the last person we have a focus on as far as immigration enforcement goes."

Fear of deportation could keep batterers from seeking help as well. Judge Sydney Hanlon of Dorchester District Court said batterers are reluctant to plead guilty and enroll in treatment programs because they could be deported, even if they are here legally. This could also deter victims from reporting crimes, she said.

"Many of the women that I see don't want their partner deported," Hanlon said. "They want there not to be violence."

State officials say they are trying to beef up immigrant advocacy programs after what they said were years of underfunding. In 2003, the state's fiscal crisis cut money for translators and other services under the Refugee and Immigrant Safety and Empowerment Program. This year, the state is spending $1.1 million on the program, up from $800,000 spread over the 2006 to 2008 budget years.

For abuse victims of all backgrounds, resources are still scarce, advocates say. The state has fewer than 400 shelter beds set aside for victims, according to Jane Doe Inc. On any given day, about five beds are available for 50 people in the general population who call to request them.

Immigrants often require translators and counselors who understand their cultures and the customs of their native lands. In other countries, advocates say, domestic violence laws might not exist or aren’t enforced. A 2006 report for the state said domestic violence was a significant concern for immigrant women from a variety of regions.

Each community grapples with its own fears. Cambodian women are often afraid of being deported and burdening their families, while Chinese women often fear "losing face" within their communities, according to the Asian Task Force in Chinatown.

Some Brazilian women have said they were afraid to leave their batterers because they had threatened to harm their relatives in Brazil.

In Greater Boston's Haitian community, six people have been killed in domestic violence cases since 2003 - five women and one man, said Carline Desiré, executive director of the Association of Haitian Women in Boston.

In the meantime, the community is dealing with the aftermath of the deaths. In July, Greenland Etienne, a 33-year-old mother of four from Haiti, was stabbed to death in Boston, allegedly by the estranged boyfriend of a friend she was trying to protect.

Gilles, the Malden hairdresser, left grieving survivors here and in Haiti. Her mother, who visits Massachusetts regularly, said she cannot stop crying. And the responsibility of supporting their relatives in Haiti has fallen on her brother.

"She was the bread and butter of her family in Haiti," said a cousin, Pierre Joas, a tax preparer in Somerville who now educates the community about domestic violence and other issues on a cable TV show. "All of them depended on her."

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Survivors with Disabilities

“...an affirmation of my belief that change is constantly occurring, and our choices determine whether change is progressive and liberating or regressive and oppressive.”

-Suzanne Pharr
I want to be with you. If you can’t go, then I don’t want to go. If we are traveling together, sharing political space together, building political family together, then I want to be with you. I want us to be together.

We resist ableism dividing us. I resist my disability being pitted against your disability. We will not be divided.

What does crip solidarity look like? Between crips?

We are traveling, trying to track down food. My chair can’t go into this restaurant, your dog isn’t allowed in that restaurant; so we will order in. You can’t fly to the meeting, so we will come to you—all of us. They won’t let you go to the bathroom because they say you’re “too slow”, so we will demand they do—and make them wait for you—together. Sometimes we are comrades, sometimes we are strangers, but we will stay together. We move together.

I know what it is like to be left behind, left out, forgotten about. I know you know as well. We vow to not do that together, to each other.

I am not “giving-up” an evening out with able bodied friends. This is a glorious evening in with crip love as opposed to a night out without you (and without parts of me). Loving you more helps me to love me more. Loving me means loving you.

Because the truth is, I am continually giving-up the able-bodied-washed version of myself that people have come to know. What I came to know as a disabled child because I never knew things could be any other way. For most of my life it has been easier to perform a survival able-bodied-friendly version of myself,
rather than nurturing the harder to live disabled-self-loving version of who I ache, desire and need to be. Because it has often meant the difference between a-little-bit-more-connection and a-little-less-isolation. But what is the point of connection, if you still feel isolated and alienated from your self? And what is that connection built upon and from? How do I want to be connected?

And it is not easy. But being together helps.

And when taxis won’t take us because of one of us, or both of us. And I can’t use mass transit, but you can. Then we will use our crip super community powers and do what we do best: make shit happen; make something out of nothing; and survive, one ride, one pill, one stop to rest at a time. Together.

We will find other ways (create our own ways) and talk liberation and access and interdependency with our comrades. We will weave need into our relationships like golden, shimmering glimmers of hope—opportunities to build deeper, more whole and practice what our world could look like. We will practice what loving each other could look like every day. Courageously. And we will help each other to do it, in the face of seductive ableism; in the face of isolation as queer people of color, again; in the face of isolation from political community and movements, again. We will help each other love each other and, in doing so, love ourselves.

8 Comments

Filed under 5584

Tags: ableism, access, connection, crip, disability, love, solidarity

8 Comments

• moyazb  
  May 3, 2010 at 8:24 am

  love you, loving all of you.

  Powerful and so needed!

  Reply

• sexgenderbody  
  May 3, 2010 at 11:41 pm

  wonderful writing.

  please keep it up.

  Reply

• leah lakshmi  
  May 4, 2010 at 12:48 am

  so many thank yous.

  Reply

• leah lakshmi  
  May 4, 2010 at 1:15 am
A Health Handbook for Women with Disabilities

Jane Maxwell, Julia Watts Belser, and Darlena David

hesperian
Berkeley, California, USA
Abuse can happen to any woman. Around the world, many women are treated badly by strangers and by people they know. They may be beaten, raped, shamed, sexually assaulted, hurt or abused in other ways, or even killed. Many times no one knows about the abuse because women feel ashamed or afraid to speak about it. They think no one will care or they are afraid they will be blamed for having caused the abuse.

Many women are treated badly because they have less power than the person abusing them, or because they are alone, weak or vulnerable. Disabled women and girls are even more likely to be abused, hurt, or sexually assaulted than non-disabled women. They are seen as even weaker and less important. A woman’s disability never makes violence, abuse, or neglect OK. Women with disabilities deserve to live in safety, with people who care about them and treat them well.

A disabled woman or girl can be abused by men or women—by members of her family, by her husband or partner, by others in her household, or by her caregivers. She can be abused by a neighbor, a family friend, an employer, a co-worker, or a stranger.

If the abuser is someone the woman knows, she may feel she has no one else to turn to, especially if she relies on that person to help her with her daily activities. But when a woman keeps silent about abuse, she becomes more isolated and more vulnerable. Reaching out to someone she trusts can help a woman resist violence and get support.
Abuse and violence against any woman is never OK. Because disabled women often get little respect, they are sometimes seen as not worth protecting. This teaches people that abuse against disabled women is not a problem and that there is no need to respect their rights.

**Harmful idea:**

*Disabled girls are lucky to have someone care for them—even if they have to bear some abuse.*

**The truth:** A disabled girl has a right to be cared for just as other girls. No one is ‘lucky’ to experience abuse.

**Harmful idea:**

*It doesn’t matter if you abuse a disabled woman. Women with disabilities are stupid and are not worth listening to.*

**The truth:** It is never OK to abuse a disabled woman. No one should ever be abused—especially a woman who has trouble learning. Abuse in any form—whether it is neglect, emotional abuse, not giving care, not allowing her to go to school, making decisions for a woman without consulting her, physical abuse or sexual violence—must be stopped.
Different kinds of abuse

When most people think of abuse, they usually imagine someone being violently assaulted—hurt, beaten, raped, sexually assaulted, or even killed. While women with disabilities are vulnerable to physical violence, they are also vulnerable to other forms of abuse.

For example, women who are dependent on someone assisting them with their daily care may be shamed; deprived of food, water, or medicine; left so long that they wet or soil themselves; or not be given the care they need. Some people may force women to exchange sexual favors for care. Some girls and women with disabilities are rarely allowed to meet other people or go out of the house. Others may be left alone, abandoned, or abused in other ways.

A disabled woman may suffer abuse from someone else who is also disabled. If a disabled man feels powerless and angry because of his disability, he may act out his anger by beating his partner as a way to assert his power over her.
Physical abuse—as well as other kinds of abuse and violence—can cause mental health problems. Women who have been abused often become afraid or sad, and sometimes they suffer from depression. When a woman is abused, her body needs to heal—and so do her mind and spirit.

**EMOTIONAL ABUSE**

Emotional abuse happens when someone insults a woman, threatens her, makes her feel frightened, abandons or isolates her, or treats her as though she is worthless. Some people abuse disabled women by saying they would be better off dead, or they are a burden and do not deserve to live.

Emotional abuse can also happen when someone:

- speaks badly about a deaf woman with people who are not deaf.
- calls her names or shouts at her for doing things differently.

*She’s deaf. She’ll never understand anything. Just tell me what medicine she needs to take, and don’t waste your time with her.*

*You stupid woman. You’ll just spill the water. Get out of here!*
Emotional abuse makes a woman weak

Emotional abuse makes it hard for a disabled woman to stay strong. A woman who is abandoned may feel as if she has lost her place and her role in society. It can be easy for her to feel sad and weak.

If a woman is always insulted or called names, she will start to feel stupid or sad. And if someone makes fun of her in front of her friends or neighbors, she may feel ashamed and be less likely to go out. After a while, the woman herself will believe she is not able to do anything worthwhile. A woman who is emotionally abused often suffers from mental health problems or depression. For more information, see Chapter 3 on Mental health.
Chapter 14: Abuse, violence, and self-defense

ABANDONMENT

Sometimes people abandon or refuse to care for a disabled person. A family may abandon a disabled child if they are ashamed or if they think they will not be able to give the child the care she needs. A woman who becomes disabled may be abandoned by her husband or family because they are unable to accept the change in her body.

I wouldn’t be here if my husband hadn’t abandoned me.

We’re so poor we barely have enough food to feed the family. And now we have to feed her too! We’ll be even more hungry, and it’s all her fault.

Many disabled women who are abandoned move in with relatives who may make her feel bad. When there is a lot of work to be done or if the family is already poor, disabled women often feel as though they are a burden. Sometimes relatives blame the disabled woman for being the ‘cause’ of their misfortune, especially if she has children.

ISOLATION

Keeping a disabled woman shut inside a room alone is one of the worst forms of abuse.

When a community does not respect or excludes people with disabilities, then some people are ashamed to have a disabled woman or girl in the family. They may try to keep other people from finding out about disabled women and girls in their families, or pretend they do not exist. Often, disabled women and girls are not allowed to get an education or participate in community events or religious services.

In some communities, disabled women are isolated because other people are afraid that being around them will make them disabled too. And some people believe if a pregnant woman touches a disabled woman, her baby will be born with a disability. None of this is true. You cannot catch a disability from someone else.
NEGLECT

Neglect happens when someone who should be caring for a disabled woman ignores her or does not help her. For example, if someone:

- does not give her food, or feeds her roughly.
- refuses to help her get medicine she may need.
- does not help her with the toilet.

Other examples of neglect are:
- leaving a disabled woman in bed for a long time.
- not helping her get dressed or wash herself.
- not helping her move or reposition her body to prevent pressure sores.
- not changing soiled sheets or wet clothes.

People also neglect disabled women by leaving them at home, or by denying them good education, proper food, or clothing.

Neglect can hurt a woman, as well as make her lonely and afraid. She can get pressure sores if she stays in bed too long or cannot move on her own. For information on preventing pressure sores, see page 116.
Physical abuse

Physical abuse includes being beaten, pushed down, pinched, slapped, or hit. Sometimes people threaten a disabled woman’s children. She may be even more afraid because she feels she cannot protect her children from violence.

In addition to beatings and assault, a disabled woman is being physically abused when:

- someone deliberately breaks equipment she uses, such as her hearing aid, or her crutches.
- someone deliberately moves a blind woman’s furniture to make it harder for her to get around.
- she is forced to be naked in front of strangers during an exam in a public clinic or hospital.

Health workers can prevent this kind of situation by covering her body as much as possible with her own clothes or a sheet. Or they can examine her in a private room, if one is available.
Preventing abuse

One of the ways women with disabilities can be safer from abuse is to become more involved in the community. Talking with others can help you find support.

- **Communicate with more than one person.** If at first other people find it hard to understand your speech, they will understand you better with practice. Drawing simple pictures can also help.

- **Talk about abuse with other women you trust.** It can be hard to explain what happened, and you may be ashamed or afraid that your abuser will find out. You may also worry that no one will believe you. Sometimes you might feel worse after you talk, especially if the person you are telling does not listen. But talking with someone is usually the best way to get help. For more information about support groups, see page 65.

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I talk to women elders I trust when I need assistance and support.

I try to calm myself down and talk directly to the person who isn’t treating me well. I make it clear that I don’t like the way I was treated.

People say things like, “This girl is worthless.” To get rid of the feeling of worthlessness, I discovered I could do things with my hands. Knowing my own skills helped take away some of the pain of the verbal abuse.

When I was a schoolgirl, a boy pushed me down and took away my crutches. I told my teacher and she punished him. She also advised me to always walk in the company of other children.

I was lonely with only my husband knowing how to use sign language. Teaching some sign language to other women in the community helped me make friends and do more things with other people. Now I have the support of other women and I can ask for help when I need to.
Chapter 14: Abuse, violence, and self-defense

Women with different abilities can exchange or trade work if they each do something they are good at.

- **Do your work with other women.** People are less likely to threaten you or treat you badly where other people can see. If you are hurt in a public place, other women may be too scared or ashamed to do anything. But you might be able to get help from these women later.

- **Reach out for support** from other women and with community groups if you or someone you know has been abused.

- **Talk with a health worker** if you have been physically hurt.

Abusers often break down a woman’s self-esteem, making her believe she (and her children) will be unable to survive without the abuser. Remember, you can survive without the abuser.

See page 308 for ways you can defend yourself against violence.

*My husband always said he had done me a favor by marrying me. Since my family was poor, he accused me of marrying him for his wealth. He told me I would never be able to get another partner, and he abused me. After consulting women lawyers and talking with my husband’s relatives, I decided to leave him.*

*A woman in my community was physically abused by her husband after she gave birth to a disabled girl. Eventually, she made the decision to go back to her parents’ house and get out of the marriage.*

*For my friend, the abuse started when she became disabled. Her husband refused to help her and started sleeping with other women. My friend went back to her family, where she received love and good care. Her condition improved and she became healthier and happier.*
Support for women leaving violent partners

Because women have organized to be safe from abuse, in many places laws and courts have been established to protect us against violence. In other places, the people who are supposed to enforce the laws, especially the police, lawyers, and judges, cannot be trusted to help a woman. But in all communities, women are best protected when they work together. Here is an example:

If your partner has been beating you...

...and you decide you want to leave him...

...talk about it with someone you trust (a neighbor, a friend, or a relative).

Then try to get together with other women in the community to talk about your problems. You will probably find that some of them have the same problems.

Then you can all go together and talk to the man. If he does not say he will change his ways, go together to a village elder...

...or to the police and report him. They will be more likely to take your complaint seriously if you are with a group.
Chapter 14: Abuse, violence, and self-defense

Sexual abuse

Girls are especially at risk for sexual abuse because they are smaller, weaker, and less aware of the social rules and practices around sex in their communities. Girls may be abused by a father or mother, an uncle or other relative, or by a brother or by other children. If a girl tells someone about abuse in the family, the family often protects the abuser—and blames the girl. But it is never right to blame the person who has been abused, especially not a child.

Girls and women with disabilities are at even greater risk for being abused—especially if they are weakened by their disabilities, have difficulty communicating, or are not fully accepted by their communities. This can make the abusers believe women with disabilities are easy targets and their communities will not care about what happens to them.

A disabled woman can be sexually abused by her husband, by other family members, by someone who takes care of her, or by a stranger. Most often, a woman is raped by a man she knows. And because a disabled woman's family may not have allowed her to be in social situations where she could make friends and learn about sexual relationships between men and women, she may think she has no other choice but to accept abuse. She may even think that no one but the abuser will be attracted to her.

There are many ways sexual abuse happens, but only sometimes do people think of them as sexual assault or rape. Sexual abuse means any sexual contact a woman does not want. A woman or girl is sexually abused when she:

- has been raped or forced to have sex she does not want.
- is touched on her breasts or genitals, or on other parts of her body, without her permission.
- is forced to have sex with someone so she can keep her job, or with a teacher so she can get a passing grade.
- is forced to have sex in exchange for care.
- has sex in exchange for money or food, because she has no other way to support herself.
- has to pose for sex pictures (pornography) in exchange for money, food, or care.
- has to hear or watch sex between other people.
- is teased or talked to sexually, or has to listen to jokes or sexual language that make her uncomfortable.
- is made to look at pornography.

Sexual abuse can happen to any girl or woman. It is never her fault.
Talk about sexual abuse with women who have problems with learning or understanding

All children are taught to obey adults. As they grow older, they learn when not to obey. But women who have learning difficulties have often only been taught to trust other people, to be ‘good’ by being quiet, not arguing, and by doing what they are told. This can make them easy targets for people who may try to take advantage of them, including sexually.

Talk about sexual abuse with girls and women who have problems learning and help them understand they have a right to be safe from abuse. Make sure they know they can talk to you or someone they trust if they are being touched or abused, and that they will be believed and kept safe.

Also, make sure women who have learning difficulties learn how to defend themselves.

Sexual assault and rape

Sexual assault means forcing a woman to have sexual contact she does not want. Rape is the most violent form of sexual assault. Rape happens any time a man puts his penis, finger, or any object into a woman’s vagina, anus, or mouth without her consent.

Sexual assault and rape of girls

Sexual assault and rape is extremely harmful to anyone. But the effect it has on girls can be especially hard and long-lasting. Because girls are not sexually mature and may not understand exactly how to explain what was done to them, they often have a difficult time getting anyone to believe them. In some communities, a girl who has been raped will never be ‘acceptable’ to marry.

In places where there is a strong military presence, girls are sometimes forced to be servants or ‘sex slaves’ for soldiers or armed groups. These girls are often disabled physically and emotionally as a result.

In some places, people believe that having sex with a virgin will cure AIDS, and many very young girls, and even babies, have been raped because of this belief. Because their bodies are small, their genitals get badly damaged and they are more easily infected with HIV and other sexually transmitted infections.
Getting help if you are raped or assaulted

Every woman’s experience with rape is different. But there are some things you can do to help yourself recover. First, ask yourself these questions:

- Who can you ask for help?
- Do you want to tell the police about the rape?
- Where can you go for medical care?
- Do you want to try to punish the rapist?

A disabled woman who is raped needs the same help as any other woman. It is important to tell someone you trust who can go with you to see a health worker, and help you decide if you want to tell the police. You may feel sad, hurt, scared or angry for a long time, so you will also need someone to talk with about your feelings. Choose someone who cares about you, is strong and dependable, and who you trust will not tell others. Your family or usual helpers may be too upset to be able to give you all the support you need.

The stigma of rape

In some places, a woman who has been raped is treated as if she has brought shame or disgrace to her family or the whole community. She is unfairly blamed not only for the attack on her, but for the moral failing of the entire community. This is called stigma. Because of stigma, a woman who was raped may be afraid to tell other people. She may fear her community will treat her differently if they know about the rape. Or, a woman’s family may not want anyone to know because they think it will dishonor the family. The stigma can be worse for a disabled woman, because it usually adds to the stigma that people already direct toward others who are disabled or have disabled people in the family.

A woman who has been raped is never to blame for the rape. A woman who has been raped needs support from her family and her community. Stigma is a barrier to a woman healing and a community preventing sexual assault in the future.

If you speak differently, you may find it hard to explain what happened, especially if you are upset. If you are ashamed or frightened, the words may be harder for you to say. Sometimes it helps to draw a picture to explain what happened.
If you are deaf

Women who are deaf or have trouble speaking can have a harder time getting help if they are raped or abused. Even though she may be able to describe her attacker, if no one understands her sign language, she will have a difficult time explaining to others what happened to her and who did it.

When I went to the police because my husband was beating me, they did not understand my sign language and they were impatient with me. My co-wife defended my husband, and no one believed me.

If someone you know has been raped or abused

If you are talking with a woman who has been abused or raped, reassure her that you will listen to her. Tell her to take as much time as she needs to explain what happened.

- Reassure her that it is not her fault.
- Be supportive. Listen to her feelings, help her decide what she needs, and reassure her she can go on with her life.
- Respect her wishes for privacy and safety. Do not tell anyone unless she wants you to.
- Go with her to see a health worker, to report the rape or abuse to the police, to talk with someone trained to listen and support her, to see a lawyer, and to go to court if she wants to do those things.
- Do not protect the rapist if you know him. If possible, let other women know about the man. He is a danger to every woman in the community.

I believe you.
It’s not your fault.
I will help you.
If you go to the police

In most places, rape is a crime. But it may take a long time and be very difficult to prove you were raped. Make your decision to go to the police carefully. Have the police helped other women in your community who have been raped? If you want the rape to remain private, will the police keep others from learning about it?

Never go to the police alone. In some communities, a woman who goes to the police alone is at risk for being raped again by the police. Be sure someone else can go with you.

If you want to report the rape to the police, you must go as soon as possible. Do not wash, shower, or bathe before you go, and do not change the clothes you were wearing. This can help prove you were raped. The police may ask you to have a medical exam from a doctor who works with the police. The exam can also help prove you were raped.

If the rapist is arrested, you will have to identify him in front of the police or in front of a judge in court. Going to court for a rape is never easy. Describing what happened may make you have the feelings of being raped all over again. Not everyone will understand. Some may try to blame you or say you were lying.

And some people will not listen to you because of your disability. They may believe a disabled woman cannot be a truthful or convincing witness. But some women with disabilities have been successful in court, especially when they have support from their community. When you decide to go to court, make sure you always go with someone you trust.

Health problems caused by rape

After a rape, it is best to see a health worker, even if you are not badly hurt. Tell the health worker you have been raped. She can help prevent and treat common health problems caused by rape.

Pregnancy

You can prevent pregnancy if you act quickly and use emergency family planning. Speak with a health worker about this. Use emergency family planning as soon as possible after the rape, but no later than 5 days (120 hours). See page 357.

Even if you use emergency contraception, if you do not get your next monthly bleeding on time, have an exam right away to make sure you are not pregnant. If you think you are pregnant, see a health worker. In some countries, abortion is legal if a girl or woman has been raped.
Sexually transmitted infections (STIs) and HIV/AIDS
The man who raped you may have had a sexually transmitted infection (STI) or HIV/AIDS and passed it to you. A health worker can give you medicines to prevent STIs such as gonorrhea, syphilis, and chlamydia even if you do not think you were infected. It is better to prevent an STI than to wait for signs of infection.

You should also try to have an HIV test in 2 to 4 weeks (see page 172). Until you have a negative test result, it is best to use condoms if you have sex to protect your partner from possible infection. If you live in an area where many people have HIV/AIDS, you may want to talk with a health worker about taking medicines to reduce your risk of becoming infected.

Tears and cuts
Rape can damage the genitals by causing tears and cuts. These can cause pain, but will go away in time. If there is a lot of bleeding, see a health worker who can stitch tears and give you medicine to prevent infection. For small cuts and tears:

- Soak your genitals 3 times each day in warm water that has been boiled and cooled. You can put chamomile flowers in the boiling water to help with healing. Or you can put the liquid from inside the leaves of an aloe plant on the cuts and tears.
- Pour water over your genitals when you pass urine so it will not burn. Drinking a lot of liquid makes the urine burn less.
- Watch for signs of infection: heat, yellow liquid (pus), a bad smell, and pain that gets worse.

Bladder or kidney infections
After violent sex, it is common for a woman to have a bladder or kidney infection. If you have pain when you pass urine, or if there is blood in your urine, see a health worker. You may need to take medicine. It helps to drink a lot of water, at least 8 glasses a day (see pages 105 to 106).
To the health worker:

If you see someone who has been raped or abused:

Treat her with kindness and understanding. Encourage her to tell you what happened, listen carefully, and let her know you believe her. Do not blame her. She may find it difficult for you to see or touch her. So before you touch her, explain how you will examine her and wait until she is ready. Remember that her feelings about the rape and violence may last for a long time, even years.

Treat her health problems. Give her medicines to prevent STIs and pregnancy, and to lower her risk for getting HIV/AIDS. If she became pregnant because of the rape, help her to decide what to do.

Write down who raped her and exactly what happened. If your clinic does not keep records, make one and keep it somewhere safe. Draw a picture of the front and back of her body and mark the places where she has been hurt. Show or tell her what you have written and explain that it can be used to support the fact she was raped if she reports the rape to the police or brings legal charges against the rapist.

Treat her emotional and mental health needs. Ask her whether she has someone to talk to. Help her to respect herself again and to gain control of her life.

Help her to make her own decisions. If she wants to report the rape to the police, help her find legal services. Help her find other services in the community for women who have been raped.

Help her tell her partner or her family. If they do not know already, offer to help her tell them. You can help them find ways to support her until she recovers. Remember that family members usually also need help to overcome their feelings about the rape.
SEXUAL RELATIONS AFTER RAPE
You can have normal sexual relations after rape. You will need to wait until your genitals no longer hurt and any tears have healed. For many women, having sex makes them think about the rape. If this happens to you, talk with your partner about why sex no longer feels the same, why it frightens you, and why you need to wait. Ask your partner to help you overcome your fear by gentle hugging and caressing that avoids touching your genitals. As you feel safer, you may be able to start having sexual intercourse again. But this takes time, and you will both need to be patient.

A woman’s partner can make a big difference in helping a woman who has been raped, by being kind and understanding. But sometimes a woman’s partner may reject her after she has been raped. He may be ashamed and angry, especially if he believes that her rape dishonors him or if the community holds that belief. It may help to find someone in the community he can talk with about his feelings.

HOW YOU FEEL AFTER THE RAPE
The rape may still bother you long after your body has healed. Here are some common reactions:

- It happened so long ago...
- Why can’t I just forget about it?
- If nobody else knows, maybe I can forget what happened.
- What did I do wrong?
- How DARE he have done that to me!
- Maybe I was too sexy.

It is important for a woman who has been raped to talk to someone, or to do things that will help her feel better after the rape. Every woman finds her own way to heal. Some women perform a ritual. Others try to punish the rapist, or work to prevent other women from being raped. Whatever you do, be patient with yourself and ask others to be patient, too. For more information, see Chapter 3, Mental health.
Abuse in institutions

Sometimes when a family finds it hard to care for a disabled woman, they decide to place her in an institution or a residential home. They feel the institution will be able to care for their daughter or mother better than they themselves can. Many people who live in institutions or residential homes also get a feeling of belonging and have a community of people around them. Even though many people with disabilities have survived because of the care they get in residential schools, hospitals, and orphanages, they can also be abused there.

Because people who live in institutions are often isolated, lonely, and powerless, they are more vulnerable to being abused. Many times they are living far away from their families, or they have no families at home who can care for them.

Disabled people in institutions often have little control over their own lives. They are usually told what to do, and cannot make many decisions on their own. Women who have learning difficulties may be particularly isolated in institutions because of their difficulties in understanding or making themselves understood.

Other problems for people in institutions result from the way the institution is managed. Many institutions have too many residents and not enough money. Often, the people who work there are overworked, frustrated, and exhausted. Sometimes the people who work in institutions are given too much power: they make rules, provide the care, and are expected to keep order.

In addition to the kinds of abuse mentioned earlier, women with disabilities can face other kinds of abuse and violence in institutions:

- forced sex with workers, caretakers, or other residents
- being beaten, slapped, or hurt
- no activity for work or pleasure, and always being bored
- forced sterilization or abortions
- being locked in a room alone
- ice baths or cold showers as punishment
- forced medication (tranquilizers)
- having to undress or be naked in front of other people
- watching other people be abused or hurt
- being tied down or put in restraints (unable to move)
People who work in institutions

Many people who work in institutions that care for women with disabilities have good intentions. But some people who work in institutions may treat people with disabilities badly. These people like having power over others. Other people who work in institutions may get upset at how women with disabilities are treated in the institution and may want to do things differently. These caregivers usually work long hours with low pay. They are usually expected to do what they are told, and they rarely have the power to change the conditions in which they work.

Sometimes caregivers do not say anything because they do not know who to tell. Or they are afraid of losing their jobs. If caregivers complain about abuse they might be told it is not their problem, or they may be threatened or laughed at. Many times the caregivers end up believing that bad care is just how things are.

The people in charge of the institution may not know about the abuse, or if they know, they may pretend nothing is happening, or they may say that violence against disabled people does not matter.

Bad conditions and the abuse of people with disabilities in institutions are issues for the whole community. People in institutions need enough resources for good care and to make sure they are not abused.

Working to change institutions

If you know someone who has been sent to live in an institution, and you think the person is not being treated well, here are some ideas to work for change:

- Form a parent’s or family group, and speak with the people in charge. They will be more likely to pay attention if you go as a group than if you go alone.
- Build community involvement with the institution and residents by offering residents opportunities for meaningful activity and interaction with the community outside.
- Campaign for visiting hours and conditions that allow residents to go out with a visitor, or spend time privately with people who come to visit.
- Advocate for community programs and stay-at-home services, so that people do not have to go to institutions.
What you can do to be safer from violence

SELF-DEFENSE

Having a disability does not mean you have to accept that you are weak and must always depend on others. You can learn to defend yourself against the many ways you may face abuse, violence or sexual assault.

You can begin by preventing people from giving you ‘help’ you don’t want or need. This is one way you can show people your strength and your ability to speak for yourself and make your own decisions. Although the person offering “help” may not be trying to harm you, do not be afraid to tell them to stop, even if they seem annoyed. If there are other people nearby, speak loud enough so they can hear you too.

Practice being firm but not necessarily rude to people who may offer you genuine but unwanted help.

When men believe they are free to touch you, they may think they can easily take even more advantage of you. If someone touches you without your permission, say the following 3 things to the person:

1. “You are touching me.”
2. “I don’t like that.”
3. “Take your hands off me.”

If the person holds your arm, or starts pushing your wheelchair, say firmly and loudly:

“You are holding my arm.”
“Don’t hold my arm.”

A Health Handbook for Women with Disabilities 2007
If someone is coming toward you and you think they may hurt you, try this:

Many times this action is enough to make the person go away. He will think you will be too much trouble to try to take advantage of. If he keeps coming closer, scream for help.

Attackers usually pick people who look easy to hurt. And a disabled woman, no matter what disability she has, can look especially easy, particularly if she looks as though she is lost or does not know where she is. So acting in an assertive way with a lot of self-confidence is just as important as knowing what to do physically. Being assertive is often a woman’s best protection. When a woman is assertive, she moves, speaks, and acts as if she has a right to be wherever she is. She acts confidently and carries herself like a strong, proud woman. For information on self-esteem, see pages 62 to 65.

What to do if you are attacked
If a woman resists someone who tries to hurt her, she is often able to avoid rape. Some people think that trying to stop rape will make an attacker more angry. But an attacker is already dangerous. Resisting rape may allow you to get away, because it can show an attacker that trying to rape you will be too much trouble.

It is impossible to know how you will react if someone tries to rape you. Some women are filled with anger and feel strength they did not know they had. Others feel like they cannot move. But remember, if you are raped, it is not because you failed to defend yourself. Rape is never your fault.

If someone attacks you or tries to rape you, do whatever you can to get away:
• Do something he finds disgusting, such as drool or spit.
• Hurt the soft parts of his body such as his eyes, nose, or testicles (balls) by scratching, hitting, or kicking him.
• Roll your wheelchair into the person as hard and fast as you can.
Chapter 14: Abuse, violence, and self-defense

Make noise, scream, or yell "NO!"
Shout as loud as you can: "HELP!"

Throw chili powder, pepper, or dirt into his eyes. It will blind him for a while and be very painful. You may be able to get away.

If you lose your balance easily, it is best to sit down before you start defending yourself or fighting back.

When your attacker bends down, hit him in the nose or eyes. You can also use your head to hit his nose.

Sitting or kneeling down is a safer defense position for women who use crutches, whose legs are weak, or who are unsteady on their feet. Once you are sitting down, poke him with your crutch or cane.

If you use a stick or cane, you may be disoriented if it is knocked away. If you think you are about to be attacked, turn your stick so the short, thick end points toward the man. Poke him with the stick as hard as you can. Do not swing your stick like a baseball or cricket bat. That makes it easier to grab or to knock away.

It is better to poke someone with the short end of your stick than to swing the long end.

If you use crutches, use them as a weapon to hit him.
If you are blind

Blind women can lose their bearings when someone attacks them. But you can use the attacker’s body to help you. Try to find the place where the shoulder meets the neck. It is one of the easiest places to find quickly and it gives you good information about the position of the rest of his body. Then you can hit him in his soft spots.

Ask a friend to help you practice finding the shoulder quickly, and then finding the tender parts of the body. Your friend can also help you practice finding a cane that is knocked away.

Practice your skills

Practicing self-defense can help you feel safer and more confident, even if you are never assaulted. Practice having a strong, assertive attitude. Think about different ways to defend yourself and try them with other women. You can organize a group so you can all learn together. In some self-defense classes, women practice hitting as hard as they can. They can hit a dummy or another woman padded with extra clothes or pillows. This is very useful for women who are not used to fighting.

Remember, even if you cannot defend yourself, it is not your fault if you are attacked or raped.

FAMILIES AND CAREGIVERS CAN PREVENT ABUSE

Girls and women who grow up with disabilities are regularly touched, examined, and moved around by family members, helpers, and health workers. Often this happens without asking permission. Any woman, whether or not she has a disability, has the right to say who can touch her.

Families and caregivers can work to prevent sexual abuse by helping a girl learn the difference between ‘good touch’ and ‘bad touch.’ Always ask for permission before touching her. If she needs help with personal care and daily activities, always allow her to tell you what she wants you to do. Let her tell you how to touch or move her body in ways that are more comfortable. Teach disabled girls to say ‘NO’ to touches they do not like.

Talk to disabled girls about rape and sexual abuse, and make sure they learn to defend themselves.

When you raise a disabled child with love and respect, she will grow up into a confident, assertive woman and other people will be less likely to treat her badly.
Chapter 14: Abuse, violence, and self-defense

COMMUNITIES CAN PREVENT VIOLENCE AND ABUSE

When a community believes that abuse is a terrible thing, it is rare for a woman to be abused. When disabled women are important members of the community, few disabled women are abused. But in places where communities believe that disabled women are not worth much, many more women with disabilities are abused.

Provide help for women who have been abused, especially women with disabilities. Rape crisis centers, emergency homes, shelters, and other programs against abuse and violence can include special programs to help women with disabilities. Make sure the buildings are accessible and that appropriate information is available for blind and deaf women, and for women with learning difficulties.

Health centers, schools, counseling centers, churches or elders in the community can help care for the mental health of people who have suffered abuse. Counseling can help people who have been abused regain their confidence, self-esteem, and well-being.

Educate and involve men in discussions about why abuse is wrong. Make sure the police and other community officials understand it is never OK to abuse disabled women. Employ people who know the local sign language in all community services, such as police stations, clinics, and hospitals.

Learn about the laws in your country that protect women who have been abused and explain them to others. Arrange public meetings of women, including women with disabilities, to discuss and protest violence and abuse against women. When women with disabilities, health workers, and others in the community talk openly about these problems and work to end violence, it makes all women safer from abuse.

A woman should be trusted if she says she was abused. She should be supported, no matter who she is.

Abuse is not just a family matter. Abuse is a social and community health problem.
Medical model of disability
People disabled by their impairments
Solution?
↓
Cure

Social model of disability
People disabled by negative attitudes, social and environmental barriers
Solution?
↓
Change attitudes and remove the barriers

Cross over?
Those who embrace the medical model will not always rule out the need for social justice and improved social provision.

Those who embrace the social model will not always rule out the need for impairment prevention and improved medical provision

But...

The basic difference in understanding disability remains and will have a major influence on policy and practice over a wide range of issues

But the different ways of understanding disability can still cause us problems
<table>
<thead>
<tr>
<th>Problem Identification</th>
<th>Medical Model of Disability</th>
<th>Social Model of Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Problem is in the body of the individual</td>
<td>Problem is in the social body, i.e., the physical, political, social, economic, cultural environment</td>
</tr>
<tr>
<td>Solution</td>
<td>Elimination of disability: cure disabling conditions, prevent births of disabled children, alter/ameliorate disabilities to conform to norms if possible. (Extreme manifestations: euthanasia, assisted suicide, futile care policies)</td>
<td>Revolutionary change in the physical, political, social, economic, cultural environment</td>
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<td>Ableism</td>
<td>Justice/Inclusion/Respect for Diversity</td>
</tr>
<tr>
<td>Structure</td>
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<td>Full access, support, inclusiveness</td>
</tr>
<tr>
<td>Practice</td>
<td>Discrimination, exclusion, segregation</td>
<td>Nondiscrimination, inclusion, integration</td>
</tr>
<tr>
<td>Social strategies to improve living conditions</td>
<td>Charity</td>
<td>Social justice, self-determination, community organizing</td>
</tr>
<tr>
<td>Outcome</td>
<td>Oppression</td>
<td>Liberation</td>
</tr>
</tbody>
</table>

**DISABILITY, VIOLENCE AND RESISTANCE**

**SFWAR**

**MAY 16, 2007**
The Social Model of Disability

Impairment and chronic illness exist and they sometimes pose real difficulties for us. The disability movement comprises those disabled people and supporters who understand that we are, regardless of our particular impairment, subjected to a common oppression by the non-disabled world. We are of the view that the position of disabled people and the discrimination against us are socially created. This has little to do with our impairments. As disabled people we are often made to feel it's our own fault that we are different. The difference is that some part, or parts, of our body or mind are limited in their functioning. This is an impairment.

This does not make us less suitable to participate in society, but most people have not been brought up to accept us as we are. Through fear, ignorance and prejudice, barriers and discriminatory practices develop which disable us. The understanding of this process of disablement allows us as disabled people to feel good about ourselves and empowers us to fight for our human rights.

The disabled people's movement believes the 'cure' to the problem of disability lies in the restructuring of society. Unlike medically based 'cures', which focus on individuals and their impairment, this is an achievable goal and to the benefit of everyone. This approach, which we refer to as the 'social model of disability' suggests that disabled people's individual and collective disadvantage is due to a complex form of institutional discrimination as fundamental to our society as sexism, racism or heterosexism.

Clearly, this thinking has important implications for our education system - particularly with reference to primary and secondary schools. Prejudicial attitudes toward disabled people and, indeed, against all minority groups are not inherited. They are learned through contact with the prejudice and ignorance of others.
The Medical Model of Disability

The medical model of disability sees the disabled person as the problem. We are to be adapted to fit into the world as it is.

If this is not possible, then we are shut away in some specialized institution or isolated at home, where only our most basic needs are met.

The emphasis is on dependence, backed up by the stereotypes of disability that call forth pity, fear and patronizing attitudes. Usually the focus is on the impairment, rather than the needs of the person. The power to change us seems to lie within the medical and associated professions, with their talk of cures, normalization and science. Often our lives are handed over to them.

Other people's assessments of us, usually non-disabled professionals, are used to determine where we go to school, what support we get and what type of education, where we live, whether or not we can work and what type of work we can do, and indeed whether or not we are born at all, or are even allowed to procreate. Similar control is exercised over us by the design of the built environment presenting us with many barriers, thereby making it difficult or impossible for our needs to be met and limiting our opportunities. Whether it is in work, school, leisure and entertainment facilities, transportation, training, higher education, housing or in personal, family and social life, too many common practices and attitudes disable us.
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Sexual Violence of People with Disabilities
Crimes Against People with Disabilities

- Bureau of Justice Statistics, Crimes Against People with Disabilities, 2007 (Civilian non-institutionalized population):
  - Nonfatal violent crimes against persons with disabilities was 1.5 times higher
    - Rape or sexual assault was 2 times higher
    - Females with disabilities higher rate than males with disabilities
    - Males with disabilities higher rate than females without a disability
    - Persons with cognitive disabilities higher rate than people with any other type of disability
    - Youth 12-19 2 times higher than youth without disabilities
    - Half perpetrated against people with multiple disabilities

N. M. Fitzsimons, PhD, MSW - Minnesota State University, Mankato
Offenders

- Most common perpetrators known by victim (Catalano, 2004) — spouses, partners, family members, paid care providers (Abramson, 2005; Carlson, 1998; Hassounah-Phillips & Curry, 2002; Milberger et al., 2003; Oktay & Tompkins, 2004; Powers et al., 2002 as cited in Fitzsimons, 2009).
  - People connected to person because of their disability
  - Male offenders – physical and sexual violence
    - People with DD: Male perpetrators 88% to 96% (Brown, Stein & Turk, 1995; Brown & Turk, 1994; Furey, 1994; Furey & Niesen, 1994)
  - Female offenders - neglect
  - Peer-on-Peer (Brown & Turk, 1994; Crossmaker, 1991; Furey & Niesen, 1994: McCarthy & Thompson, 1996 as cited in Fitzsimons, 2009)
    - People with ID/DD in group living and sheltered work environments
• Most likely setting is “home” (Brown & Turk, 1994; Furey, 1994; Hassouneh-Phillips & Curry, 2002; Milberger et al. 2003; Power et al., 2002; Saxton et al., 2001 as cited in Fitzsimons, 2009)

• Disability service settings (Gilson, Cramer & DePoy, 2001a; Sobsey, 1994 as cited in Fitzsimons, 2009)

INCREASED RISK associated with greater exposure to the service delivery system.
Your Own Vulnerability to Sexual Violence

<table>
<thead>
<tr>
<th>Minimal Vulnerability</th>
<th>Moderate Vulnerability</th>
<th>Extreme Vulnerability</th>
</tr>
</thead>
</table>

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Vulnerable Adult

“A person who is [18 or older] being mistreated or is in danger of mistreatment and who, due to age and/or disability is unable to protect himself or herself” (National Center on Elder Abuse, 2005, para. 3 as cited in Fitzsimons, 2009, p. 28).

State definitions:
- Categorical – considered a vulnerable adult based residence/services received
- Functional – considered a vulnerable adult based upon...
  - Physical or cognitive disability + functional ability + impaired ability to protect self
Categorical part of definition
Any person, 18 years of age or older, who:
- Is a resident or inpatient of a facility
- Receives services at or from a facility required to be licensed to serve adults
- Receives services from a home care provider required to be licensed or from a person or organization that exclusively offers, proves, or arranges for personal care assistance services under the medical assistance program, or

Functional part of definition
- Regardless of residence or whether any type of service is received, possess a physical or mental infirmity or other physical, mental or emotional dysfunction that:
  - impairs the individual’s ability to provide adequately for the individual’s own care without assistance, including the provision of food, shelter, clothing, health care, or supervision, and
  - Because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment
Do not assume that every person with a disability is... (really most people with a disability are...)

- A “vulnerable adult” under state statute
- Equally vulnerable
- Unable to assess her or his own risk
- Unable to protect his or her self
- Unable to make informed decisions about his or her life and future
- Unable to make choices about what is in her or his best interest
- Dependent upon other for physical and financial care and support

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Sexual violence may be occurring...

- A direct or *coded disclosure* of sexual violence
- Torn or missing clothing
- Genital or urinary pain/injury to a person’s genitals, rectum, mouth, or breasts
  - Signs or complaints of infection, bleeding, bruising, injury, scarring, redness, pain, irritation
- Signs of forced restraint
  - Key red flags are human bite marks, rope marks, and burn marks
- Frequent physical illness with no clear cause
  - stomach ache, sore throat, vomiting
- Nightmares, sleep problems
- *Fear response to a specific person/specific people, group of people with common characteristics, to a specific place*
Sexual Violence & People with Intellectual/Developmental Disabilities

- A person who is not known to be sexually active or unable to give informed consent to sexual relations gets a sexually transmitted disease or becomes pregnant
- Regression to childlike behavior (e.g., urinating or defecating on self)
- Elective mutism (i.e., refusing to speak)
- Sudden loss of independent living skills
- Physical and/or verbal aggression toward others
- Acting out the abuse
- Non-sexualized self-abusive behaviors
  - head-banging, self-biting, cutting
- Sexual aggression towards others
  - Sexually explicit talk/threats/harassment, grabbing or touching genitals, buttocks, or breasts
- Problematic sexual behaviors
  - putting harmful objects into genitals, self-exposure, masturbation causing injury
- Running away
- Verbal comments that suggest being threatened or told to keep quiet
- *A secretive “special” relationship with another person, particularly one involving bribery, trickery, or coercion*

Ask about changes in behavior or engagement in behaviors atypical for the person.

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Caregiver Power and Control

Wisconsin Coalition Against Domestic Violence
397 S. Potawatomi St., Suite 1, Madison, WI 53706
(608) 255-0599 / FAX: (608) 255-3580

This diagram is based on the Power and Control/Equality wheels developed by the Domestic Violence Intervention Project, Duluth, MN

N. M. Fitzsimons, PhD, MSW - Minnesota State University, Mankato
## Integrated Ecological Theory of Abuse

(Sobsey, 1994 as cited in Fitzsimons, 2009, p. 27)

<table>
<thead>
<tr>
<th>Potential Victim</th>
<th>Potential Offender</th>
<th>Environment</th>
<th>Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired physical defenses</td>
<td>Need for control</td>
<td>Emphasizes Control</td>
<td>Devalues victims</td>
</tr>
<tr>
<td>Impaired communication</td>
<td>Authoritarian</td>
<td>Attracts abusers</td>
<td>Objectifies victims</td>
</tr>
<tr>
<td>Lacks critical information</td>
<td>Low self-esteem</td>
<td>Isolated from society (physical &amp;/or social isolation)</td>
<td>Teaches compliance</td>
</tr>
<tr>
<td>Learned helplessness</td>
<td>Displaced aggression</td>
<td>Provides awarded models of aggression</td>
<td>Emphasizes vulnerabilities</td>
</tr>
<tr>
<td>Learned Compliance</td>
<td>Exposed to abusive models</td>
<td>Covers up allegations</td>
<td>Reinforces aggression</td>
</tr>
<tr>
<td>Underdeveloped sense of personal space</td>
<td>Little attachment to victim</td>
<td>Has many care providers</td>
<td>Denies problems</td>
</tr>
<tr>
<td>Dependency</td>
<td>Devaluing attitudes</td>
<td>Transient care providers</td>
<td>Discourages attachment</td>
</tr>
<tr>
<td>Desire to please or be accepted</td>
<td>Impulsive behavior</td>
<td>Dehumanizes potential victims</td>
<td>Discourages solutions</td>
</tr>
<tr>
<td>Few alternatives to exploitation</td>
<td></td>
<td>Eliminates non-abusers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clusters risk</td>
<td></td>
</tr>
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<td></td>
</tr>
</tbody>
</table>
Immigrant Survivors

“If you judge people, you have no time to love them.”
-Mother Theresa
Wide Shoulders
by Ananda Esteva

i got wide shoulders
a woman's round mountain hips
bulging butt
and side-sweeping strut

you better make way!

i got a man's muscle back
belting biceps
and wide wide shoulders
that don't match
the rest of me
according to Elle, Vogue, Latina and even Ebony
in case you haven’t noticed
young Latinas and Black women
coming in smaller and smaller sizes each year
to fit into MTV hootchie,
New York/Frisco Hipster look
or Anne Taylor Yuppie
veering away
from Soul food and Pozole
their Gramma's would make
time for Slim Fast, Jenny Craig
or the poor-girl version
the "No Food Fast" Diet

it's in style to waste away
teetering on tacones and platform shoes to barely walk let alone run
skinny tube arms
that can't fight back
forget that!
i got my Gramma's strong arms
broad shoulders
to bare the world on my back if I have to
and the way things are going
i may have to

we throw your health away
just to look a certain way we don't
we been bought and sold
and sold self-hate
that hatred brews in your body like acid
chewing on bone
sucking up blood
biting chunks of heart
leaving us tired
leaving us empty
leaving us with nothing but to look outside ourselves for love
down aisles of clothes and accessories meant to fit someone else
and there we go again
trying to zip up those pants
wishing you been born with long
itty bitty bones
hating our mothers for her curves
hating Abuela's ancestral food
hating the smell of greens n smoked turkey, grits n butterfat
but honey, if you don't eat breakfast
what you gonna do?

You gotta look back in time
to survive the times
to survive
these times when we have less than
we ever did
look back
Yemayá te está llamando
en tus sueños
diciéndote que tú
tienes que quererte
a tí misma
no trates de ser
lo que no eres
Look back
to your Zapoteca grandmother
and grandmother grandmothers
bién formaditas con curvitás y qué
thick arms carrying baskets
ceramic jugs
balanced on their heads just so
never conquered by the Aztecas or the Spanish
an Indígena nation of
wide women honored for their strength for their savvy
spirit food keep them going
elote, atole, huitlacoche, pozole
These same women
driving the picket lines
las marchas los gritos
As the Zapotecas continue to fight
this next wave of colonization
from the WTO and World Bank
stickin' their noses up into the Isthmus
wanting to take trees and oil
and sell them images of
emaciated Anglo women
in return for natural resources
in return for culture
for a sense of history
for homeland
raíces
peregrino
tierra sagrada

We pa' el Norte, already bought up those images
long time ago
gobbled them down
our last meal
we been bought and sold
and sold self-hate
that hatred brews in our bodies like acid
no telling what the damage be
girls running around too hungry to tell
what they paid for 'em
those images that don't match
our mirrors
girls looking outside themselves for love
looking down aisles of clothes
meant to fit someone else
tripping on high heels
too tired to stand up again
to fight the next blow
and it's coming
the attack
well on its way
the fist already balled up
aiming for our faces
calling out our names
it's coming
are you ready to fight?

---

1 Frisco is San Francisco
2 high heels
3 "Yemayá is calling you in your dreams telling you to love yourself. Don’t try to be what you’re not"
4 A matriarchal indigenous tribe from Southern Mexican Isthmus
5 Indigenous
6 Indigenous Mexican com-based foods
7 the marches, the chants
8 World Trade Agreement & World Bank.
9 roots, pilgrimage, sacred earth
IMMIGRATION ENFORCEMENT

Law enforcement violence against migrant women and transpeople — including sexual abuse — is enabled by U.S. immigration policy. The U.S. government’s strategy of militarization of the U.S.-Mexico border, and anti-immigrant interior enforcement through the use of raids, expansion of immigration detention facilities, and collaboration between federal immigration enforcement and local police agencies creates an environment where immigrant women are vulnerable to violence and sexual assault.

BACKGROUND FACTS

Women and Migration. The International Organization for Migration estimates that there are over 192 million migrants in the world today, over 3% of the world’s total population. Over 95 million of these migrants are women. In the U.S., over 55% of immigrants — both documented and undocumented — are women.

Anti-Immigrant Law Enforcement. During the past fifteen years, the U.S. government has increased its spending on anti-immigrant law enforcement almost tenfold since 1993 ($1.5 billion: INS). In 2008, President Bush’s budget called for a total of $13.6 billion for anti-immigrant law enforcement. This total included $8.8 billion to hire 17,800 border patrol agents, and provide for the construction of 370 miles of fencing along the U.S.-Mexico Border.

VIOLENCE AT THE BORDER

Violence against migrant women at the border is not random or isolated: as representatives of the UN Development Fund for Women report, at least 60 to 70% of undocumented women migrants who cross the border alone experience sexual abuse. The danger is even greater for migrants from Central American countries, who must pass through two militarized borders—between Guatemala and the U.S. and between Mexico and the U.S.

Border Patrol and other law enforcement agents prey on migrant women’s vulnerability: “many women who cross the border report that rape was the ‘price of not being apprehended, deported, or of having their confiscated documents returned.’” For example:

Luz Lopez and Norma Contreras were repeatedly sexually assaulted by a Border Patrol agent who captured them crossing the Rio Grande near El Paso, TX. “We are not the first, nor the last,” Contreras said.

A California INS officer was convicted in 2004 of demanding sex and cash from two Chinese women seeking asylum.

On September 3, 1993, Juanita Gomez and her female cousin crossed the border between Nogales, Sonora, and Nogales, Arizona to meet two male friends to go shopping. Larry Selders, a Border Patrol Agent, stopped all four people, but only detained Gomez and her cousin. Selders then told Gomez and her cousin that he would not take them to the Border Patrol department for deportation if they would have sex with him; after both women refused, he raped Gomez.

A detective investigating the women’s complaint told them he didn’t believe them, asking “Isn’t it true that you are a prostitute?”

Please visit www.incite-national.org for more info!
While anti-immigrant forces have focused on alleged rapes by fellow migrants and “coyotes” as justification for stirring up racist anti-immigrant sentiment and calling for enhanced border enforcement and militarization, they have been notably silent on rapes by Border Patrol and other law enforcement agents, as well as the increased vulnerability to sexual abuse created by intensified anti-immigrant measures forcing migrant women into more desperate and desolate border crossings.

**VIOLENCE IN THE INTERIOR**

Since 1996, the U.S. government has engaged in what it views as a “comprehensive interior enforcement strategy.” The objective: to protect communities by identifying and deporting individuals in violation of immigration laws in non-border areas. Immigration law enforcement officials have conducted raids at schools, shopping centers, and workplaces, sweeping the area for undocumented immigrants.  

In February 2007 ICE agents stormed into Nelly Amaya’s home. When she asked to see a warrant -- which the agents did not have -- they roughed her up, injuring her arm, as they frisked and arrested her, and took her away in her pajamas. While in detention she suffered an asthma attack, but was denied treatment. She was released 10 hours later in her pajamas with no money in the dead of winter.  

In addition, the federal government has begun to enter into “memorandums of understanding” with local police offices, deputizing local law enforcement agencies to act as immigration agents. In 2008, President Bush’s immigration budget called for $4.8 billion for interior enforcement of immigration law, which included funds to train state and local law enforcement officials in immigration enforcement. The increasing presence of immigration enforcement in the interior leads women of color to see law enforcement agents and the criminal legal system as further threats to their safety.  

Haime Flores was stopped at a checkpoint and taken to a Border Patrol station. After it was determined that her documents were valid, the agents went on to detain her for six hours and order a search, during which a female agent inserted her finger into Flores’ vagina while three male officers laughed and joked. No contraband was found.

In December 2007, Miriam Aviles was pulled over by Tucson police and asked for identification. The officer called Border Patrol, and then induced labor in Ms. Aviles by physically forcing her into the Border Patrol vehicle. Ms. Aviles spent the night in immigration detention, and was not taken to a clinic until the following day, where she was badgered by a Border Patrol agent to “hurry up” and have her baby.
IMMIGRATION ENFORCEMENT

A school-based police officer arrested five months pregnant 18 year-old high school student Karina Acosta in her classroom, and held her until ICE came to take her away. She had been cited for a parking violation and not having a drivers’ license three days before.17

Terwinder, a Sikh mother of two U.S. born children, was arrested and subject to deportation after police officers who were helping her with a flat tire found out she had an outstanding deportation order. She had lived in the U.S. for 12 years with her family, running a small business.18

Fear of deportation was identified as the primary reason that 64% of undocumented women in a San Francisco study did not seek social services.19

VIOLENCE IN IMMIGRATION DETENTION

In 1996, Congress passed immigration reform legislation that led to the explosion of the immigration detention system. It is now the fastest-growing incarceration program in the country, leading the rapid expansion of the prison-industrial complex in the U.S. In 2005, the Department of Homeland Security detained 237,667 individuals: an average of 19,619 per day.20

Christina Madraso, a transsexual woman, sought asylum in the U.S. after being badly beaten based on her gender identity in Mexico. However, her nightmare continued when she was detained in the Krome Service Processing Center, where she was placed in the men’s ward, and faced harassment by guards and other detainees. She was then transferred into an isolation unit, where she was sexually assaulted twice by the same guard. After the second rape, INS officials told her that she could either transfer to a mental institution, county prison, or give up her asylum claim.21

A Chinese immigrant woman miscarried her twins after she appeared for a routine interview with Immigration and Customs Enforcement (ICE) officials, and unexpectedly became subject to a violent deportation attempt. Another pregnant immigrant woman from Cameroon miscarried while she was under ICE custody after her requests for medical care went ignored for two days.22

Victoria Arellano, an undocumented transgender woman with HIV, died in an ICE detention facility in California after being denied necessary medication to prevent opportunistic infections, despite organizing efforts by fellow detainees to obtain medical treatment for her.23

The National Network for Immigrant and Refugee Rights has launched HURRICANE, an initiative to document and collectively organize around violations of migrants’ rights – for more info, go to:
http://www.nnirr.org/hurricane/index.php

Please visit www.incite-national.org for more info!
22 Nina Bernstein, Protests Brew Over Attempt to Deport a Woman, NEW YORK TIMES, February 14, 2006; Ruben Rosario, Deportation Case Is No Model of Justice Served, ST. PAUL PIONEER PRESS, November 7, 2005.
Confronting Citizenship in Sexual Assault

April 27, 2010
tags: immigration justice, law enforcement violence, sexual violence, testimonios
by inciteblog

Update 5/12/10: Spanish translation of this post can be found here: http://inciteblog.wordpress.com/2010/05/12/confrontando-la-ciudadania-en-el-asalto-sexual/

This is the INCITE! blog’s first (hopefully, of many) post from a guest writer. The post is written by brownfemipower (bfp) who has been brilliantly writing about violence against women of color, among other topics, for years. She currently blogs at Flip Flopping Joy.

We encourage your comments, reflections, and questions. Also, please support bfp’s fundraiser to get a reliable computer which will help her continue to write.

***

Trigger Warning

What does it mean to be a citizen? What does it mean to you to be a citizen of whatever country you were born in?

As a citizen of the US, the Constitution states my rights. I have the right to vote, to have a gun, etc. But I also have the right to a driver’s license, and thus a job. I have the right to a social security number, and again, thus a job. I have the right to welfare, to disability and unemployment.

And even more pointedly, I have the right to drive, to rent a house, to call the police.
I’m sure we can all think of more rights—but the point here is not so much to gather a list of every privilege citizenship grants us, but rather to expose or shine a spotlight on a rarely talked about identity: citizenship.

I read [this story about a young woman who was more than likely raped at a university party with no small level of disgust](http://inciteblog.wordpress.com/2010/04/27/confronting-citizenship-in-sexual-assault/). Although there was a lot of evidence that indicated that a rape probably happened, no rape kit was performed for her and she didn’t even get a proper exam to deal with the obvious signs of poisoning (whether by alcohol or date rape drugs is beside the point) or the sore rectum and leg she spoke of. The article rightly notes about the case: “You’re not a rape victim unless the police say you are.”

**You’re not a rape victim unless the police say you are.**

Let’s take a minute to sit with the ramifications of this sentence. It means something huge for all rape survivors—but it means something very specific in terms of citizenship. If it takes the nation/state to confirm a rape happened—what does it mean when states require local police to check the immigration status of anybody who “reasonably” looks “illegal”?

In a racist, heteropatriarchal society, who “looks” illegal? What bodies are “illegal” just by existing? And what happens when one of those “illegal” bodies are violated?

Citizenship brings many protections with it—we do not have to worry about “looking illegal” for the most part because we have the protection of our drivers licenses. But at the same time, with a little examination, it’s easy to see how the ‘borders’ of citizenship are impermeable and flexible. And how the lack of solidity brings with it disastrous consequences for immigrants and citizens alike.

The questions are endless:

How many survivors of sexual violence don’t report their abuser to the police or go to the hospital—not because they dealing with survivor shame, guilt, and fear—but because the nation/state has made it illegal for even health care providers to help people without checking their status? How many survivors are not getting help because they know that to go to the government means not only deportation—but being refused treatment (only citizens get that) and/or being violated again? How many survivors are not reporting violence because they know to do so means not only their imprisonment and deportation—but the imprisonment and deportation of their loved ones?

Sexual violence is under reported in communities where citizenship is a solid birth right for the majority of the community. What is it in communities where the pressure to be silent is not only enormous, but a necessary condition for survival?

There are so many questions, but so few answers. Everybody knows things are bad, everybody knows that it’s only going to get worse—and everybody also knows that talking to researchers or activists or even to your neighbor can reign sweeping ICE raids down on your community. So although there are statistics and research on violence within various immigrant communities, in many ways that research is flawed from the start. How many people are really going to talk? And what recommendations can the researchers possibly suggest that would ever be implemented—when sexual violence isn’t really sexual violence for citizens—unless the police say it is?

None of these questions even begins to address the issue of whether or not culturally specific
help (such as: Is there someone who speaks the language of the survivor with her? Is there someone who understands the cultural implications of her speaking out? Are there materials given to her in her own language?) is available to the survivor. And they only just barely attempts to explore what sexual violence is to begin with. Is it a woman losing custody of her baby because she was swept up in a work place raid? Is it a trans woman being housed in male or segregated detention centers? Is it being forced to give birth while shackled?

What do immigrant women do when the ‘perp’ is the same entity that is supposed to decide if what they experienced was violence?

I know I’ve painted a very grim picture for immigrant sexual assault survivors in the US.* But there is some hope. Lots of it, in fact. Legal organizations like the ACLU and Human Right’s Watch have been immensely important helping sexual assault survivors attain some sort of relief. And survivors themselves are also organizing. For example, as Cara noted here, domestic workers have been particularly successful in organizing for improved (i.e. an end to sexual violence) work place conditions.

The one organizing tactic I really wanted to point out though, was the one of survivors giving “testimonios.” Testimonios are ‘testimonies’ that survivors of all sorts of trauma give as a way to politicize, document, and testify their experiences. They may not get their day in court, but they do get to speak. Although testimonios have been specifically utilized as a concept by Latin@s, it is something I think all cultures understand and even do. A documentary is often little more than a way to document a testimonio.

For an immigrant woman, a testimonio is often the only justice she’ll ever see. She generally gives her testimonio when a trusted organization in the community collects video data of people after a community wide trauma like workplace raids. The woman can control what she says, how she says it, as well as how she is represented within the video. I’ve seen testimonios where women are never visible on screen, where a part of their face is blacked out, and where nothing is hidden at all.

In mainstream media, and even in activist media, often times the stories of survivors are presented in very exploitative ways–for example, nobody tells the woman that the intimate details that she speaks of will be available permanently on the internet. Testimonios are different in that they are driven by the needs of the survivor and are made within the context of a movement. In other words, there is no single shot of a woman crying about how much her husband beats her and that is that.

The woman tells her story in her own way in an attempt to answer the question, “What could be done?” She testifies. Explains why things happened. What she thought should’ve happened. What she’d like to see happen.

What it means to her to be one of the people in this world that no police will ever agree has been raped.

You have to look for testimonios. They aren’t like government or university research, that gets picked up by the media. They are generally collected by pro-immigrant activist organizations or indy media/media justice activists. But it’s important to look for them–and essential that they are viewed and passed around. They show how terribly inadequate the ’solution’ to immigration proposed by mainstream pro-immigration organizations (legalization) is for dealing with things like sexual violence. They demand space be opened up for those immigrants that don’t fit the “good immigrant” narrative so many mainstream (especially) Latin@ organizations have latched
But most importantly, testimonios give voice to those who have been abused in some of the most horrific ways possible and they force us to be accountable to those voices. They tell other survivors that their words are important, they are important, and we are so happy, so thankful that they survived.

There are no easy answers for survivors of sexual assault in the immigrant community—and there are no easy ways to help. Yes, you can “click here to support,” and that surely does help—but the “fixing” kind of help, the “ending sexual violence” kind of help, is not that easy. It will require taking a good long hard look at what many feminists are deeply invested in: a nation/state response to sexual violence. Or, waiting for the police to finally decide, was it rape?

It’s time for those of us with citizenship privileges to ask ourselves important questions about our own politics. What would it mean for citizen and non-citizen alike, if the police no longer had the power to decide who is a survivor?

The following are examples of testimonios. I don’t have transcripts, but most of the first one has captions for translation, and the second one is completely translated.

VIDEO: several testimonios given after a work place raid in New Bedford Massachusetts.
VIDEO: a single testimonio given after the same work place raid.

*(it should be noted that there are similar conditions for immigrant sexual assault survivors in other countries as well for example: In Canada, the Canadian Border Services Agency attempted to arrest an immigrant woman at a domestic violence shelter.)*

from → Guest Post
← Muslim Women Respond to Proposed “Niqab Ban” in Quebec
Mobilize For Immigration Safety & Justice →
11 Comments leave one →

1. Audrey permalink
April 28, 2010 3:48 pm

I know this is a problem in communities of undocumented immigrants – crimes are perpetrated because the perpetrators KNOW they can get away with it. I would like to see greater knowledge about the U visa. If a person is a victim of certain crimes committed in the United States, including rape, sexual assault, and domestic violence, they can work with an attorney to apply for a U visa. They must be willing to cooperate with law enforcement during the investigation. During this process, the victim can apply for a 4 year U visa, which allows them to stay legally, work legally, and begin the process of applying for a green card.

Reply
Myth #1: Undocumented immigrants come to the United States to get welfare. 
Undocumented men come to the United States almost exclusively to work. In 2003, over 90 percent of undocumented men worked—a rate higher than that for U.S. citizens or legal immigrants (Passel, Capps, and Fix 2004). Undocumented men are younger, less likely to be in school, and less likely to be retired than other men (Capps et al. 2003). Moreover, undocumented immigrants are ineligible for welfare, food stamps, Medicaid, and most other public benefits (Fix, Zimmermann, and Passel 2001).

Myth #2: Undocumented immigrants all crossed the Mexican border. Between 60 and 75 percent of the more than 10 million undocumented immigrants entered illegally and without inspection—mostly across the Mexican border. The other 25 to 40 percent entered legally and subsequently overstayed visas or otherwise violated the terms of their admission (Passel 2005).

Myth #3: Undocumented immigrants are all single men. Over 40 percent of undocumented adults are women, and the majority (54 percent) of undocumented men live in married couples or other families (Passel 2005). Fewer than half of undocumented men are single and unattached.

Myth #4: Most children of the undocumented are unauthorized. In fact, two-thirds of all children with undocumented parents (about 3 million) are U.S.-born citizens who live in mixed-status families.

Myth #5: A large share of schoolchildren are undocumented. Nationally in 2000, only 1.5 percent of elementary schoolchildren (enrolled in kindergarten through 5th grade) and 3 percent of secondary children (grades 6–12) were undocumented. Slightly higher shares—5 percent in elementary and 4 percent in secondary schools—had undocumented parents.

Myth #6: Undocumented immigrants do not pay taxes. Undocumented immigrants pay the same real estate taxes—whether they own homes or taxes are passed through to rents—and the same sales and other consumption taxes as everyone else. The majority of state and local costs of schooling and other services are funded by these taxes. Additionally, the U.S. Social Security Administration has estimated that three quarters of undocumented immigrants pay payroll taxes, and that they contribute $6–7 billion in Social Security funds that they will be unable to claim (Porter 2005).
References


Queer and Trans Survivors

“The sharing of joy—physical, emotional, psychic or intellectual—forms a bridge between the sharers which can be the basis for understanding much of what is not shared between them and lessons the threat of their difference.”

-Audre Lorde
For The Straight Folks Who Don't Mind Gays But Wish They Weren't So Blatant
by Pat Parker

You know, some people got a lot of nerve. Sometimes I don't believe the things I see and hear.

Have you met the woman who's shocked by two women kissing and in the same breath, tells you she is pregnant? BUT gays, shouldn't be so blatant.

Or this straight couple sits next to you in a movie and you can't hear the dialogue because of the sound effects. BUT gays shouldn't be so blatant.

And the woman in your office spends an entire lunch hour talking about her new bikini drawers and how much her husband likes them. BUT gays shouldn't be so blatant.

Or the "hip" chick in your class rattling like a mile a minute while you're trying to get stoned in the john, about the camping trip she took with her musician boyfriend. BUT gays shouldn't be so blatant.

You go in a public bathroom and all over the walls there's John loves Mary, Janice digs Richard, Pepe loves Delores, etc., etc. BUT gays shouldn't be so blatant.

Or you go to an amusement park and there's a tunnel of love and pictures of straights painted on the front and grinning couples are coming in and out. BUT gays shouldn't be so blatant.

Fact is, blatant heterosexuals are all over the place. Supermarkets, movies, on your job, in church, in books, on television every day day and night, every place—even in gay bars and they want gay men and woman to go and hide in the closet.

So to you straight folks I say, "Sure, I'll go if you go too" BUT I'm polite so, after you.
AUTHORS’ NOTE: We would like to acknowledge all of the same-sex sexual assault survivors who helped to inform this chapter and whose courage continues to inspire us.

There are many levels to internalized and externalized homophobia, and in order to understand same-sex sexual assault, it is important to first make a commitment to acknowledge and challenge your own homophobia. Furthermore, it’s important to recognize that, although violence exists within queer communities, “queerness” is not a cause of this violence.

The anti-rape movement has accurately described the majority of rapes as hate violence against women: violence motivated by male supremacy and encouraged in patriarchal societies that privilege men over women and use rape and the threat of rape as a means of control over all women. As women the world over fight patriarchal violence, it is vital to recognize that sexual violence is not just a phenomenon of male supremacy but is also used as a tool of control and domination by women over other women and men over other men. As we continue to develop our feminist analysis of rape, we must include the research and anecdotal evidence of same-sex rape in our studies. Thus far the lack of attention to same-sex rape has left many survivors without culturally competent support and, therefore, with few resources for healing.

Although California state law defines rape as an act that is perpetrated by a man against a woman, in this chapter we use the terms rape and sexual assault interchangeably. Because same-sex sexual abuse has had no specific language to describe it, it is important to give it a name, regardless of legal acceptance. In speaking to any survivor of sexual abuse, it is important to let the survivor define his or her own experience and to reflect whatever language or terminology the survivor chooses to use.

Same-sex sexual assault may include forced vaginal or anal penetration, forced oral sex, forced touching, or any other type of forced sexual activity. Same-sex sexual assault can happen on a date; between friends, partners, or strangers; and in employment situations. It can also interrupt an otherwise consensual sexual experience. Same-sex survivors are even less likely than opposite-sex survivors to report the assault to the police or seek counseling after it occurs. Most survivors of same-sex assault report additional barriers to seeking support from the police or even rape crisis centers. Because survivors of same-sex sexual assault do not seek support services, there is very little statistical data compiled about same-sex violence.

Woman-to-Woman Assault

Lesbian, or woman-to-woman, rape survivors often experience a sense of betrayal and disbelief that a woman could assault another woman. Some survivors speak of entering relationships with a certain romanticism that women are nonviolent and nonabusive. Unfortunately we know that controlling and abusive conduct can happen in all relationships and that abusive behavior crosses boundaries of gender, sexual orientation, race, color, class,
physical ability, political allegiance, spirituality, professional affiliation, and so on. Woman-to-woman abuse has often been trivialized or misrepresented as harmless “cat fights,” with no victim and no injury. These sexist and homophobic beliefs act to ensure a sense of isolation and alienation of the survivor of woman-to-woman violence.

A woman rapist might use a fist, a finger, a dildo, or other external objects in an assault, although this type of assault may or may not involve penetration. When a woman is raped by another woman, she does not have to worry about pregnancy, but she may still be at risk of getting vaginal, cervical, or anal infections. Although anecdotal evidence suggests that the majority of woman-to-woman assaults do not result in external physical injury, it’s still important to talk to a survivor about the possibility of internal injury or sexually transmitted diseases whether or not penetration has taken place. Sometimes medical attention may be necessary to rule out internal or other physical damage a survivor may have sustained. If a same-sex survivor needs to seek medical attention, she may need referrals to nonhomophobic medical professionals, and she may also want to talk about her fears with you before her appointment. As a sexual assault counselor, it is important for you to have appropriate and queer-friendly information and referrals on hand.

In addition to potential physical injury, every rape survivor is affected psychologically. Survivors of same-sex rape may initially experience denial, self-blame, minimization, difficulty trusting in same-sex relationships, internalized homophobia, and even an urge to blame the act of violence on sexual orientation. It is important that a survivor be able to share her feelings with a counselor or advocate who will let her express her range of feelings without fear of being labeled, criticized, or pathologized. Although it’s important to allow a survivor to process her own feelings, it’s also important to delicately challenge all forms of homophobia, whether they come from a straight or a queer survivor.

Male-to-Male Assault

The 1991 National Crime Survey released by the U.S. Department of Justice reports that approximately 7.7 percent of annual rapes in the United States involved male victims. Any man—gay, straight, or bisexual—can be raped by another man. According to Michael Scarce, author of *The Reality of Male Rape*, the least common type of same-sex male sexual assault is the rape of a straight man by a gay man. This fact dispels the widespread homophobic belief that gay men are pathological sexual predators and molesters who seek out straight men to violate. Furthermore, it appears that the most common type of male-to-male rape is the rape of a man who is perceived to be gay by a heterosexual man. This finding is consistent with the feminist analysis that rape is primarily an act of power, not sex.

Unfortunately, sexual assault between gay men is also a problem within gay communities. Not surprisingly, most of these assaults occur among acquaintances. As with women, the same-sex assault of men can happen in dating situations, between partners, coworkers, friends, and so on. And though male survivors of same-sex rape do have much in common with female survivors of same-sex rape (for example, emotional trauma, confusion), there are also significant differences. For example, it is extremely rare for a female same-sex survivor to be sexually assaulted by a stranger. This is not true for men. Also, it is much more common for men to be assaulted by men who identify as straight, whereas the majority of woman-to-woman assault is perpetrated by queer women. Because men are socialized differently than women, they often react differently to sexual assault. For instance, many men are more likely to question their sexual orientation following a same-sex assault and tend to react with more overt anger and violent feelings than women do.
Many male survivors are afraid to seek services at rape crisis centers because they perceive them to be “for women only.” Indeed, most rape crisis centers originated to serve the needs of women (albeit mostly straight and white women) and are not adequately trained about the issues faced by male survivors. In addition, most crank callers are men; therefore, many counselors are more hesitant when they first hear a male voice on the line, and that may have a negative effect on the experience of a legitimate male caller. In response to these issues, it may be necessary for sexual assault counselors to have additional training about male survivors and crank callers (to be able to differentiate). It is also appropriate that more men take the initiative to work with other men to provide gender-sensitive services.

Considerations for Counselors

What are the barriers that survivors of same-sex sexual violence have to face when they reach out for help? In response to this question, first, it is important to consider that we all live in a heterosexist society that is overwhelmed with misconceptions about sexual assault in general and especially same-sex sexual assault. For these reasons, almost all of the barriers that same-sex survivors experience are part of the context of homophobia and victim blaming, and often within the context of racism, classism, transphobia, and so on.

It is important to remember that there are differences between same-sex and opposite-sex rape but not to focus solely on those differences. Survivors of same-sex sexual violence may experience the same emotional reactions that opposite-sex survivors do. These reactions may include a variety of feelings and moods, nightmares, flashbacks, and so on. In addition, same-sex survivors are also having to cope with feelings of betrayal, and other more specific barriers, including

- Not being taken seriously or having their experience minimized
- Not having their experience labeled as sexual assault or rape
- Having to explain how it happened in more detail than one would ask a survivor of opposite-sex assault
- Having to educate those they reach out to
- Having their experiences sensationalized
- Increasing people’s homophobia or being seen as a traitor to their community if they tell their story to straight people
- Having fewer people to talk to (because the gay, lesbian, bisexual, transgender, or GLBT, community is a smaller, more tightly knit community)
- Mistakenly being seen as the perpetrator (especially if the survivor is more masculine or “butch”)
- Being blamed for the assault—“You could have screamed, run away, said no more assertively”
- Not being understood or being blamed if it happened in a sadomasochistic environment
- Being treated in a homophobic manner by the police, the hospital, the rape crisis center, and others
- Being **outed**
All rape crisis centers can benefit from learning more about same-sex sexual assault, regardless of our own sexual orientation or the degree to which we’ve been affected by sexual violence. Ultimately, a more accurate and inclusive analysis of sexual violence will lead to the development of effective strategies to eliminate all kinds of sexual violence. As sexual assault counselors, you are very likely to come into contact with survivors of same-sex sexual assault, even if they don’t identify as such. Please take into consideration the barriers they may be experiencing or anticipating. Most important, remember to be nonjudgmental and to remain open to the real struggles and needs of same-sex sexual assault survivors. Trust that the survivors you encounter will eventually recover from this trauma if they are met with understanding, respect, and support along the way.

Things to remember when working with same-sex rape survivors:

- Listen to the caller and reflect his or her language.
- Remember that same-sex assault is no less traumatic than opposite-sex assault.
- Ask the caller what he or she would like to have happen and help the caller achieve that, if possible.
- Make sure the caller is OK physically.
- Understand that there are differences between same-sex and opposite-sex assault.
- Ask the caller his or her gender if you are uncertain and it is relevant.
- Educate yourself about queer issues.
- Make sure you have referrals for “safe” resources for queers (for example, medical, legal).
- Ask if the caller would like a queer-specific referral.
- Validate that what happened was sexual assault and was not OK.

Things to avoid when working with same-sex rape survivors:

- Don’t make assumptions about the perpetrator’s gender (or the caller’s gender).
- Don’t ask for details of the assault if the caller does not want to share them.
- Don’t minimize the abuse, categorizing it as a “special” rape versus a “regular” rape.
- Don’t assume the caller will want to make a police report or go to the hospital.
- Don’t focus only on the differences between same-sex and opposite-sex assault.
- Don’t refuse to call a same-sex assault a “rape” (unless answering specific legal questions).
- Don’t assume the caller is out.

Definitions

**Bisexual.** A woman or a man who is open to or has sexual relationships with men and women.

**Heterosexist.** Beliefs and practices that see heterosexuality as normative behavior and pathologize or marginalize nonheterosexual or queer experiences and relationships.

**Homophobia.** An irrational fear of lesbians or gays; also used to mean an intense hatred of lesbians and gays.
Outed. Having had one's sexual orientation discussed or revealed without one's consent. “Coming out” is the process of acknowledging that one is lesbian, gay, bisexual, or transgendered. It is an ongoing process and first means coming out to yourself. “Queers” may be out to some and not to others, for example, out to friends but not to family members or coworkers.

Patriarchal. A society that is ruled or dominated by men.

Queer. An umbrella term used to define persons who are gay, lesbian, bisexual, or transgendered (glbt). It is a word that has been and continues to be used in derogatory ways against queer communities but has been “reclaimed” by many glbts (but not all) as a term of empowerment and as a way to disempower the homophobic use of it.

Same-sex sexual assault. The sexual assault of either a woman by a woman or a man by a man. In each case the perpetrator and survivor may or may not be identified as gay, lesbian, or queer.

Transgendered. An umbrella term that generally means to cross traditionally accepted gender roles. Included under this term may be transexuals, transvestites, cross-dressers, and intersexed people. Usually this term refers to transexuals (male-to-female or female-to-male), whether they be pre-, post-, or nonoperative.

Transphobia. Fear of or hatred toward transgendered people.
WHY IT MATTERS
Domestic violence is defined as a pattern of behaviors utilized by one partner (the batterer or abuser) to exert and maintain control over another person (the survivor or victim) where there exists an intimate and/or dependent relationship. Experts believe that domestic violence occurs in the lesbian, gay, bisexual and transgender (LGBT) community with the same amount of frequency and severity as in the heterosexual community. Society’s long history of entrenched racism, sexism, homophobia and transphobia prevents LGBT victims of domestic violence from seeking help from the police, legal and court systems for fear of discrimination or bias.¹

DID YOU KNOW?
- In ten cities and two states alone, there were 3,524 incidents of domestic violence affecting LGBT individuals, according to the National Coalition of Anti-Violence Programs 2006 Report on Lesbian, Gay, Bi-Sexual and Transgender Domestic Violence.¹
- LGBT domestic violence is vastly underreported, unacknowledged, and often reported as something other than domestic violence.¹
- Delaware, Montana and South Carolina explicitly exclude same-sex survivors of domestic violence from protection under criminal laws. Eighteen states have domestic violence laws that are gender neutral but apply to household members only.²
- 30 states and DC have domestic violence laws that are gender neutral and include household members as well as dating partners.²

Power and Control Wheel for Lesbian, Gay, Bisexual and Trans Relationships

SURVIVORS
- Gay and bisexual men experience abuse in intimate partner relationships at a rate of 2 in 5, which is comparable to the amount of domestic violence experienced by heterosexual women.³
- Approximately 50% of the lesbian population has experienced or will experience domestic violence in their lifetimes.¹
- In one year, 44% of victims in LGBT domestic violence cases identified as men, while 36% identified as women.¹
- 78% of lesbians report that they have either defended themselves or fought back against an abusive partner. 18% of this group described their behavior as self-defense or “trading blow for blow or insult for insult.”⁴
TYPES OF ABUSE

- **Physical:** the threat of harm or any forceful physical behavior that intentionally or accidentally causes bodily harm or property destruction.
- **Sexual:** any forced or coerced sexual act or behavior motivated to acquire power and control over the partner. It is not only forced sexual contact but also contact that demeans or humiliates the partner and instigates feelings of shame or vulnerability – particularly in regards to the body, sexual performance or sexuality.
- **Emotional/Verbal:** any use of words, voice, action or lack of action meant to control, hurt or demean another person. Emotional abuse typically includes ridicule, intimidation or coercion.
- **Financial:** the use or misuse, without the victim’s consent, of the financial or other monetary resources of the partner or of the relationship.
- **Identity Abuse:** using personal characteristics to demean, manipulate and control the partner. Some of these tactics overlap with other forms of abuse, particularly emotional abuse. This category is comprised of the social “isms”, including racism, sexism, ageism, able-ism, beauty-ism, as well as homophobia. Includes threats to “out” victim.

TRANSGENDER ABUSE

Specific forms of abuse occur in relationships where one partner is transgender, including:

- using offensive pronouns such as “it” to refer to the transgender partner;
- ridiculing the transgender partner’s body and/or appearance;
- telling the transgender partner that he or she is not a real man or woman;
- ridiculing the transgender partner’s identity as “bisexual,” “trans,” “femme,” “butch,” “gender queer,” etc.;
- denying the transgender partner’s access to medical treatment or hormones or coercing him or her to not pursue medical treatment.

HIV/AIDS RELATED ABUSE

The presence of HIV/AIDS in an abusive relationship may lead to specific forms of abuse, which include:

- “outing” or threatening to tell others that the victim has HIV/AIDS;
- an HIV+ abuser suggesting that she or he will sicken or die if the partner ends the relationship;
- preventing the HIV+ partner from receiving needed medical care or medications;
- taking advantage of an HIV+ partner’s poor health status, assuming sole power over a partner’s economic affairs, create the partner’s utter dependency on the abuser;
- An HIV+ abuser infecting or threatening to infect a partner.

BARRIERS TO SEEKING SERVICES

Barriers to addressing LGBT intimate partner violence (both for service providers and survivors) include:

- The belief that domestic violence does not occur in LGBT relationships and/or is a gender based issue;
- Societal anti-LGBT bias (homophobia, biphobia and transphobia);
- Lack of appropriate training regarding LGBT domestic violence for service providers;
- A fear that airing of the problems among the LGBT population will take away from progress toward equality or fuel anti-LGBT bias.
- Domestic violence shelters are typically female only, thus transgender people may not be allowed entrance into shelters or emergency facilities due to their gender/genital/legal status.

FOR MORE INFORMATION

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<tr>
<th>National Coalition of Anti-Violence Programs</th>
<th>GLBT National Help Center</th>
<th>Gay Men’s Domestic Violence Project</th>
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<td>212-714-1184</td>
<td>1-888-843-4564</td>
<td>1-800-832-1901</td>
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<td><a href="http://www.ncapv.org">www.ncapv.org</a></td>
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For more information or to get help, please call the National Domestic Violence Hotline at 1-800-799-SAFE National Sexual Assault Hotline at 1-800-656-HOPE

SOURCES


The Public Policy Office of the National Coalition Against Domestic Violence (NCADV) is a national leader in the effort to create and influence Federal legislation that positively affects the lives of domestic violence victims and children. We work closely with advocates at the local, state and national level to identify the issues facing domestic violence victims, their children and the people who serve them and to develop a legislative agenda to address these issues. NCADV welcomes you to join us in our effort to end domestic violence.
Corrupting Justice:
A Primer for LGBT Communities on Racism, Violence, Human Degradation & the Prison Industrial Complex

APPLYING THE PRINCIPLES OF NONVIOLENCE, HEALING JUSTICE & HUMAN RIGHTS
TO THE STRUGGLE FOR LGBT LIBERATION

The Trouble We Have Talking About Queers, Violence & the U.S. Criminal Justice System

Are human and civil rights inviolate, or do we consider the rights of certain others, whom we fear and hate, to be expendable? Are we willing to trade off the rights of some people in order to secure our own?

Two significant conversations about queers and the criminal justice system are taking place in the LGBT movement.

The first is about penalty enhancement (harsher sentencing) hate crimes laws and zero-tolerance measures as preferred policy choices, for many LGBT organizations, for addressing hate violence and harassment directed against lesbian, gay, bisexual, transgender, and queer people and communities.

The second conversation is about police violence directed against LGBT people, and human rights abuses of incarcerated people who are, or are thought to be, queer.

These conversations ought to intersect. Each addresses a kind of violence historically directed against queer communities: hate violence perpetrated by individuals and the systemic violence directed against queers and other vulnerable groups within the criminal justice system. Each illuminates and complicates the other — especially when race, economics, gender, age, and disability are added to the mix.

Yet we seldom bring these conversations together within the LGBT movement.

Many of us tend to treat them as parallel, but somewhat disconnected, issues. Our movement often frames LGBT criminal justice discussions as if various queer communities all define and experience justice and injustice in the same way. But the fault lines of race, gender, culture, class, and age help shape our history and experiences as surely as the fault lines of sexual and gender identity. Candid discussion about the interrelationships of these factors in the creation and administration of crime policy is often discouraged, if not outright suppressed, or characterized by the dynamics of accusation and defensiveness.

Somehow, the LGBT movement seems to sense that the integration of these conversations would shatter the seductive storyline about victims and victimizers, the storyline that we are all one or the other — the worthy us or the unworthy them — but never both. We might be challenged to admit the painful truth that all of us can be victims in one situation, victimizers in another.

We might be challenged to admit that the merging of these conversations would force uncomfortable questions to the surface, questions that

Racism, White Supremacy & Incarceration

To look deeply into any aspect of the U.S. criminal justice system is to confront the most chilling contemporary manifestation of racism and white supremacy imaginable.

The policies that have produced mass incarceration are tearing communities of color apart, fracturing families, and sending generations of youth into the social, economic, and educational pipelines that lead directly into prison.

- Two-thirds of the people in prison and jails are now racial and ethnic minorities. Of these, more than half are African American. Latinos make up slightly over 15% of the inmate population.
- Black males have a 32% chance of serving time in a prison at some point in their lives. Latino males have a 17% percent chance. White males have a 6% chance.
- One in eight black males aged 25–29 was in prison or jail at midyear 2003, as were one in 27 Latino males, and 1 in 63 white males in the same age group.
- There are now nine times as many African Americans in prison or jail as on the day of the historic Brown v. Board of Education ruling that struck down racial segregation in public schools — an increase from about 98,000 African Americans incarcerated in 1954 to 884,500 incarcerated in 2002.
- Black women are more than twice as likely as Latinas and more than five times as likely as white women to be in prison. Latinas are three times as likely to go to prison in their lifetimes as white women.
- About 1 of every 25 Native Americans is incarcerated or under the supervision of the criminal justice system. This rate is 2.4 times that of whites. In some areas, Native American women are particularly targeted for punishment. In South Dakota, for example, Native women are 8.3% of the general population, but 34% of the prison population.

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2. Data in these fact sheets is drawn from U.S. Department of Justice, Bureau of Justice Statistics.
Policing Queers: Homophobia & Gender Panic Behind Bars

The U.S. Supreme Court decision striking down state sodomy laws (Lawrence and Garner v. Texas) did not erase the historic criminalization of LGBT sexuality in the United States. Anti-LGBT religious and political leaders often characterize all LGBT people as sexual predators and pedophiles, a politicization of homophobia and gender non-conformance that is both reprehensible and dangerous. Anti-queer discrimination and violence not only follow LGBT people into the criminal justice system, but also help to put us there.

- Incarcerated LGBT people — both youth and adults — are often subjected to verbal harassment, physical abuse other forms of mistreatment from other prisoners, guards, and other criminal justice staff.
- Sexual assault and rape — by inmates and staff — are endemic in many correctional institutions. LGBT youth and adults are frequent targets.
- Trans youth and adults are often subjected to additional forms of harassment and abuse while incarcerated. This may include functional classification as sex offenders, denial of appropriate health care services, and prescription drugs, placement in gender-inappropriate facilities, and the like.
- LGBT people — especially youth — in correctional facilities are often segregated from the general population and placed in isolation — allegedly for their own “safety.” In reality, isolation magnifies the harshness of incarceration.
- Poverty, homophobia, and transphobia funnel many young queers into the system. Research suggests that a disproportionate number of homeless youth are queer. Many, who have been abused, neglected, or kicked out of their homes, often engage in prostitution, petty theft, and drug dealing in order to survive on the streets.
- Queer teens who are not separated by significant age differences and who engage in consensual sex can in some jurisdictions receive significantly harsher sentences than young heterosexual partners who engage in the same sexual activity.
- Prosecutors in capital cases often use homophobic arguments to encourage juries to give death sentences to LGBT defendants or use a “gay panic” defense in cases involving violent assault against persons who are, or are thought to be, gay or transgender.

challenge us to examine in new ways the very meaning of justice, safety, human rights, and non-violence.

And in the present political moment, as the right-wing assault on LGBT families gains momentum, conversations about the history of prisons and policing in the United States, or about the political and economic climate in which “get tough on crime” measures proliferate, don’t seem very important.

Our movement does not talk easily about the countless ways in which the politics of fear, rage, and resentment may influence and shape our own criminal justice policy choices.

We who are lesbian, gay, bisexual, transgender, two-spirit, and queer know the many ways in which hate violence and systemic discrimination devastate individuals, families, and whole communities. Do we also know the ways in which “get tough” crime policy and prison profiteering affect queers, communities of color, women, poor people, youth, people with mental illness or disability — and, indeed, entire communities?

If we knew, what would we do?

Drawing on more than 80 years of AFSC engagement with peoples experiencing the violence of war, hatred, and injustice, 50 years of AFSC engagement with the U.S. criminal justice system and more than 30 years of AFSC advocacy for LGBT rights and recognition, Corruption Justice offers this introductory look at the human, spiritual and economic shadow of crime policy in the United States, and its disastrous effects on our society.

In doing so, the American Friends Service Committee seeks to help bring these difficult discussions together, within a framework of nonviolence, human rights, and justice that heals and transforms.

Authentic justice, we believe, is predicated upon the belief that human rights are universal and inherent. It never permits us to trade off the rights of some dehumanized “other” in order to secure our own.


Fact 2: Despite falling crime rates, between 1972 and 2003, the number of prisoners in local, state, and federal institutions increased by more than 550 percent, from 326,000 to more than 2.1 million. Today, about 1 in every 140 U.S. residents is in jail or prison.

What can possibly explain the shocking disconnect between these two realities?

The answer lies in the increasing, almost relentless, equation of justice with policing and prisons in the era following the rise of many progressive movements for human and civil rights, economic justice, and opposition to the U.S. war in Vietnam.

The initial factor triggering the explosive growth in incarceration in the United States is the so-called “War on Drugs” that began to emerge in the early 1970s. The major engine driving this war was the overhaul of drug laws, strengthening a law enforcement focus, including the New York “Rockefeller Drug Laws” which created mandatory minimum sentencing for drug offenses.

Other changes in sentencing policy followed over time: mandatory sentencing for certain crimes, “truth in sentencing” laws designed to ensure those with long sentences serve a significant percentage of their sentence without any hope of
In the 1980s, the penalty enhancement template for crimes—especially violent offenses—became the norm for state and federal courts. The creation, administration, and servicing of new jails and prisons has become a growth industry. Combined with increased rise of corporate influence over public policy and a ceaseless rightward political push toward privatization of public services, the “get tough” measures have produced an intricate system of public and private interests—public officials, corporate executives and lobbyists, other interested parties, and the institutions in which they work—that promote harsher sentencing, incarceration, and prisons as the preferred means of managing not only murder, physical assault, rape, and similar acts of violence, but also an increasing number of complex social and economic problems (such as drug use, mental illness, behavioral infractions in schools, and poverty).

This system is referred to as the “prison-industrial complex.” Here, AFSC speaks of the systemic characteristics and overall patterns of the prison industrial complex. While there are many women and men of conscience working within or for the criminal justice system, often laboring with integrity and courage in difficult circumstances, AFSC experience confirms that violence, injustice, and abuses of human rights are endemic to the system as a whole.

What is the Prison Industrial Complex?

“Over the years I have found it important to remind myself that the Department of Corrections is more than just a set of institutions, it is also a state of mind.”

—Bonnie Kerness, Coordinator of AFSC Prison Watch Project

Prison Watch monitors human rights concerns, violations and abuses in U.S. federal and state prisons.

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“Get tough on crime” policies have also produced the warehousing and confinement of a staggering number of people, massive and brutal abuses of human rights, profiteering and economic exploitation, increasing redirection of public funds away from human needs into policing (domestic and global) and prisons, and many kinds of violence done to entire communities because of the relentless growth of what is called the “prison-industrial complex.”

Gr"and bureaucratic—done or at least paid for by the state with our money and in our names.

The “war on drugs” has also become a de facto “war on women.” The explosion in female incarceration is fueled by convictions for nonviolent crimes carrying mandatory sentences.

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The Criminalization of Youth

Over the past two decades, juvenile justice emphasis on prevention, education, and rehabilitation has ceased. Despite falling juvenile crime rates, incarceration is now the preferred approach for youthful offenders—particularly youth of color. We have become a nation that prepares to jail youth rather than educate and care for them.

At the same time juvenile crime rates have fallen, fear-driven rhetoric about youthful offenders (“super-predators”) has been used by politicians to create a public perception of “out of control” youth crime waves.

Over the past 20 years, most states have adopted measures that make it easier to try juveniles as adults, and to sentence youth to adult prisons. Today, at least 1 in 10 incarcerated youth resides in adult prisons.

Youth of color are far more likely than white youth to be tried in adult criminal courts. One important study of 18 jurisdictions throughout the United States confirmed that, in the first six months of 1998, 82% of the juvenile cases filed in criminal court involved youth of color. Almost 60% of those cases involved African American youth, 23% involved Latino/a youth, and 19% involved white youth.

Youth incarcerated adult prisons are five times more likely to be sexually assaulted and eight times more likely to commit suicide than are youth in juvenile facilities.

Even in juvenile facilities, youth are confined under conditions that violate international human rights standards. These include: serious overcrowding, inadequate provision of medical, mental health, and other essential services, use of brutal physical force and restraint procedures, and prolonged use of solitary confinement.

So-called “zero-tolerance” policies in schools have become a new way to funnel youth, particularly youth of color and youth with mental or emotional disabilities, into the criminal justice system.

Racial and class biases have long been embedded in the workings of the U.S. criminal justice system. Race and class are the most powerful determinants for who is most likely to be arrested, charged, tried, and convicted of particular crimes—and the most likely to receive harsher sentences. Most prisoners are people of color and poor people. Violence is commonplace within U.S. prisons and jails. Prisons and jails have long contracted with outside vendors for particular services, such as food and medical treatment, and have exploited prisoners as a free or cheap source of labor, contracted out to other public or private enterprises.

That’s not new. What is different today is the creation of a vast, new marketplace in which the profits are dependent upon the imprisonment, control, and containment of human bodies. The momentum toward production of greater corporate involvement in the prison industry began in earnest in the 1980s, with the creation of new, privatized prison construction and management firms.

A dependable and increasing supply of prisoners is essential to the economic security and expansion of the public agencies and private businesses that supply, manage, staff, and service the prisons.

Besides profit, the policies and practices that support the prison industrial complex in the United States have produced:

- The highest rate of incarceration in the world
- The mass incarceration of people of color
- The rapidly increasing incarceration of women
- The criminalization of immigrants
- The criminalization of youth
- Systemic and violent racism, misogyny, and homophobia
- Endemic abuses of human, constitutional, and civil rights
- Permanent or temporary disenfranchisement of millions of voters, most of whom are people of color
- Increased use of jails and prisons to warehouse people with mental illnesses
- Increased use of jails and prisons to address the effects of persistent, widening poverty
- Increased use of the death penalty

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These “results” of “get tough” crime policy in the United States are worth considering when progressive movements are tempted to turn to the criminal justice system for effective responses to violence directed against LGBT communities, people of color, women, immigrants, Jews, Muslims, people with disabilities, and other targeted communities.

A Culture of Fear Produces a Nation of Enemies, Wars & Prisons

The emotional “hook” that convinces people to accept the “get tough” policy approach is fear. By appealing to people’s fears and anxieties of being victimized in some way—physically, economically, emotionally, spiritually—“get tough” policies have gained extraordinary momentum, fueled political campaigns and seized the public imagination.

“Get tough” campaigns gather strength each time we witness a particularly brutal act of violence directed against individuals or whole communities. Often feeling outraged by such violence, and helpless to have prevented it in the first place, we want to do something—anything—that communicates not only outrage, but our determination that this must never happen again.

“Get tough” policies serve as a powerful way to “strike back” at whatever threatens us.

After all, we’re much more likely to accept without question a “get tough” vision of justice when we’re fearful and angry. At such moments, concepts of harsh punishment and retribution seem not only appropriate, but desirable. Whatever happens to perpetrators behind bars, we tell ourselves, is richly deserved.

In a society perpetually divided into endless varieties of us and them, concern for what happens to prisoners is often viewed as abandoning concern for those who have been hurt or victimized.

We learn to view the world in stark “which side are you on?” terms. Human rights become conditional.
The Corrupting Power of Demonizing

Why should we concern ourselves with the fates of those we consider to be ‘monstrous,’ violent, and unworthy of human rights? Because the minute we turn away from the violence, abuse, or degradation of any person or group—whoever they are—we become part of that violence.

In accepting the violence of the state, we find ourselves on a slippery ethical slope. Once on it, we may well find that the human rights of certain ‘others’ whom we dislike, fear, or despise are not nearly as important as our own. Masters of political spin help us along the way with the use of demonizing messages and images of “criminals,” most of them coded in terms of race, ethnicity, class, and sexuality.

For example, the demonized stereotype of “the criminal” that serves as a backdrop to all “get tough” discussions is that of a violent and menacing thug who has no conscience—and, as with the infamous ‘Willie Horton’ ad used by the Republican party in the 1988 presidential race, the fear-soaked stereotype is often that of a person of color. ⁸

For many of us in the LGBT movement, the image is that of Matthew Shepherd’s working-class killers, and others who have brutally murdered queers.

Our fear and rage may become all-consuming: those people deserve anything that happens to them—rape, verbal and physical abuse, humiliation, isolation and sensory deprivation, electric shock, and even death.

In this way, even people who care passionately about justice are persuaded to accept measures that, once implemented, embody the corrupt ethical principle that there is one standard of justice and human dignity for the worthy us, but quite another for a dehumanized, and unworthy them. ⁷ The violence that happens to the people who disappear into prison and jail cells throughout the country ceases to matter much, if at all, because they are no longer human in our imagination.

This should concern us all, because “get tough” policies are symptomatic of a much larger culture of fear and resentment that has taken deep root in the body politic.

For decades, our country has seen an escalation of the politics of polarization and demonizing in an ever-increasing variety of civic and spiritual arenas.

Pundits and politicians—and sometimes even our own organizations—often expand their bases of support by marketing fear, sensationalism, and the sense that we are not safe or secure any more because of them, the designated and menacing others who threaten our well-being.

The best way to create safe, just, and moral communities, we are told, is to subjugate and exclude them.

The dynamics of fear and resentment are powerful, and they spread like wildfire, even among good people. After all, no matter what point on the political spectrum we occupy, many of us have good reason to be anxious and fearful about the future.

Complex economic, social, political, and spiritual inequities, stresses, and tensions in this country are touching hundreds of millions of lives in varied ways.

The Call to Perpetual (Cultural and Political) War

Rather than deal with this complexity, too many civic and religious leaders direct our attention toward easy and convenient scapegoats.

Whether the issue is LGBT rights and recognition, immigrant rights, the future of public education, school curricula, affirmative action, health care, economic justice, or reproductive choice, people are met with fear-based campaigns—always couched in values-based, sometimes religious, language—that appeal to the most anxious, self-righteous, and vengeful, parts of ourselves.

Through political campaigns, fundraising appeals, the strategic use of wedge politics, and the incessant drumbeat of inventive on radio and television and in the print media, we are summoned to cultural or political war against enemies, at home and abroad.

And in a time of war, when our primary work is said to be the defeat of designated enemies, our society does not do the hard work of engaging neighbors across chasms of difference, in constructive ways.

Legitimizing State-Sponsored Violence

In such a climate, “get tough” ideology justifies the steady expansion of state-sponsored violence. This, in turn, legitimizes, even normalizes abuse of power and the brutal mistreatment of others whom we dislike, fear, or despise.

GWMD on Immigrants” & Fear of Terrorism Fuel Detentions

The demonizing and mistreatment of particular groups of immigrants many of whom are seeking any work that will help them survive, fleeing political persecution or war, or escaping from other dangerous or difficult conditions—almost invariably increases during times of economic stress, war, and political polarization. Today, immigrants of color bear the brunt of aggressive law-enforcement policy and practices, and are frequently stereotyped and scapegoated as “terrorists.”

- Arrests and detentions of immigrants rose markedly—by thousands per day—following passage of the 1996 Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA). As many as 200,000 immigrants may be detained annually.
- The Intelligence Reform & Terrorism Prevention Act (IRTPTA), passed at the end of 2004, authorizes 40,000 new immigrant detention beds by 2010, tripling the current immigrant detention system and pouring hundreds of millions of dollars into the private prison industry.
- Thousands of people who come to the United States seeking asylum from political persecution in their countries of origin are detained, often shackled, placed in solitary confinement, and subjected to degrading treatment while their claims are being reviewed. ¹
- Immigrant detention is simply another face of the proliferation of incarceration in our society. While most immigrant detainees are not held for criminal violations, they are often held in jails or contract detention facilities that are indistinguishable from jails. Conditions in these facilities mirror the degrading, violent, and inhumane conditions that characterize U.S. prisons and jails.
- The number of unaccompanied child immigrants placed in detention is escalating. They are often initially placed in holding cells where conditions are overcrowded and filthy, with inadequate food and sanitation. Following transfer from holding cells, about a third of unaccompanied immigrant children in custody spend time in juvenile detention centers. ²
- LGBT and HIV-positive detainees are especially likely to become the subjects of harassment and abuse, and HIV-positive detainees are seldom given adequate health care.
- Female immigrants in detention are especially likely to be raped or sexually abused and harassed.

Sources:
CRIME PAYS! Shopping in the Incarceration Marketplace

Hundreds of businesses and corporations have a substantive financial stake in the incarceration industry, both in the United States and globally. We can only provide a sampling of the kinds of businesses that are part of the prison industrial complex.

Visit corporate websites and explore research about their operations done by other organizations. Enter corporate names into your internet search engine, and check out our resources page.

Private Prison Construction & Management

Corrections Corporation of America (CCA): CCA, a founder of the private prison industry, bills itself as “the nations largest owner and operator of privatized correctional and detention facilities and one of the largest prison operators in the United States, behind only the federal government and three states.” It operates 64 facilities, including 39 facilities CCA owns, in 19 states and the District of Columbia, with a capacity of about 70,000 beds. CXX on the New York Stock Exchange. Be sure to have your computer’s sound on when you visit this site. (www.correctionscorp.com)

GEO Group, Inc.: Formerly called Wackenhut, GEO services include design, construction, financing, and operations. GEO represents government clients in the United States, Australia, South Africa, New Zealand, and Canada managing 42 facilities with a total design capacity of approximately 37,000 beds. GGI on New York Stock Exchange. (www.thegeogroupinc.com)

Cornell Companies, Inc.: Cornell describes itself as “a leading provider of privatized adult and juvenile correctional, treatment and educational services.” Cornell has 67 facilities in 16 states and the District of Columbia, and new facilities under development or construction. In January, 2005, Cornell signed an agreement to acquire Correctional Systems, Inc., a provider of privatized jail, community corrections, and alternative sentencing services. CRN on New York Stock Exchange. (www.cornellcompanies.com)

Data Mining & Information Sales

A number of corporations collect and sell information about individuals in the United States and other countries to U.S. government agencies (including the FBI, the Department of Justice, Citizenship and Immigration Services, and others) and to private employers inquiring about the backgrounds of current or prospective employees.

Among them:

• Kroll, Inc.: Founded in 1972, Kroll is a “full-service global risk consulting company,” providing background screening, security investigations, and other services to a “global clientele of law firms, financial corporations, government agencies, non-profit entities, and individuals.” In 2004, Kroll merged with Marsh & McLennan Companies. MMC on New York Stock Exchange (www.krollworldwide.com)

• ChoicePoint: With about 5,500 employees in nearly 60 locations, ChoicePoint describes itself as the nation’s leading provider of identification and credentialing information, acquiring data in the United States and elsewhere (including Mexico and several countries in Latin America) and selling it to public and private agencies. The FBI is a major ChoicePoint customer. COP on the New York Stock Exchange. (www.choicepoint.com)

Web-Based Businesses

Among many offering services and resources for those in the incarceration industry:

• JailBedspace.com: Sponsored by FSG Software, a provider of law enforcement software, JailBedspace.com (JBS) serves as a web-based marketplace for jail bed space, “bringing buyers and sellers of inmate bed space together in a very user friendly and graphical environment.” (www.jailbedspace.com/jbs/Demo/index.asp)


Policy Production

American Legislative Exchange Council (ALEC): Launched in 1973, the right-leaning ALEC provides a conduit for powerful corporations to influence state legislators and other state officials through networking and drafting of business-friendly model legislation on a variety of issues, ranging from deregulation of public utilities to privatizing public pensions to criminal justice. ALEC is a strong supporter of privatizing government services, including prisons and schools. For example, ALEC’s draft “truth in sentencing” bill that restricts parole eligibility for prisoners, thus keeping them incarcerated for longer periods, was drafted by a task force whose membership included an executive from Corrections Corporation of America. Within several years, similar sentencing measures had passed in 40 states. (www.alec.org)


3 These movements from 1950 –1970 include the Civil Rights movement, rights of migrant workers, women’s rights (including reproductive choice), welfare rights, poor people’s economic rights, and lesbian/gay liberation.

4 Three-strikes laws are a category of statutes enacted by state governments in the United States, beginning in the 1990s, to mandate long periods of imprisonment for persons convicted of a felony on three (or more) separate occasions. The “third strike” brings with it a life sentence with no parole until significant amount of time, usually 25 years, has been served. By 2004, 26 states and the federal government had laws that fall in this category.


6 In 1988 the George H.W. Bush presidential campaign saturated the air waves with the “Willie Horton” ads, which played to racial fears, to assert that his opponent, Michael Dukakis, was “soft on crime.” Horton, a violent convict, was paroled in Massachusetts when Dukakis was governor, and went on to commit further violent crimes. Download and view this and other ads that helped determine the outcome of a U.S. presidential election at http://www.cnn.com/ALLPOLITICS/1996/candidates/ad.archive/

7 In a grim irony, this is the same kind of ethical sleight-of-hand used to justify white supremacy, the demonizing of queer communities, the exploitation of poor people, and other forms of social, cultural, spiritual, political, and economic dominance.

8 See, for example, Guantamano and Beyond: The Continuing Pursuit of unchecked executive power, May, 2005, Amnesty International USA http://www.amnestyusa.org/waronterror/document.do?id=44948C984C8C9521B02586FE304023B8E2


For instance, the federal government launches a pre-emptive war on Iraq, “outsources” certain high profile civilians in the ‘war on terrorism’ to countries, such as Egypt, that routinely use torture (this process is called “rendition”) and operates military and civilian prisons in which the degradation, humiliation, and mistreatment of prisoners is well-documented. Local police forces become increasingly militarized. Conditions of confinement are inhumane in many jails and prisons throughout the United States, violating international human rights standards.

In such an atmosphere, it’s hardly surprising that our society now invests so much in prisons and policing—at home and abroad—and so little in human needs, human rights, and civic infrastructure.

And it’s hardly surprising that the prisons we build are made not only of concrete, bricks, and steel, but also of social, economic, and geopolitical policies that declare some people to be unworthy, and, therefore, expendable.
How Justice Transmutes: South Carolina Anti-Lynching Law Now Used Primarily against Black Men

A South Carolina anti-lynching law, adopted in 1951 and intended to address one violent form of racism, has now transmuted into a new form of racism. This is a powerful example of how a law, intended by its framers to bring justice to oppressed communities, morphs into a new version of an old story about injustice.

Good Intentions of Supporters:
The intent of the law was to respond to white mob violence directed against black people with a message that this form of hate violence would not be tolerated.

Climate in Which the Law Was Enacted:
The law was a response to the 1947 murder by a white mob of a black man who was accused of stabbing a white cab driver. At the time:

- Racial segregation was legal. Simultaneously, the movement to end racial segregation and backlash against this movement were both gaining strength.
- White mob violence against black people was seldom prosecuted. If there were prosecutions, convictions were seldom obtained.
- Lynching was not unusual and was a terror tactic used primarily against black people to ensure their subjugation to whites. The National Association for the Advancement of Colored People (NAACP) estimates that more than 4,000 persons were lynched (hanged, shot, burned to death, or otherwise killed or critically injured or mutilated) between 1910 and 1960. The vast majority of lynching victims were African American.

Implementation of the Law:
The "colorblind," neutral wording of law was intended to place an emphasis on behavior and ensure that justice is applied equally to all. Over time, as authorities implemented the law, this is what happened:

- Black people, 30% of the state’s population, now constitute 63% of those against whom lynching charges are filed by the state, a percentage much higher in some counties.
- Blacks account for 67% of those convicted of lynching.
- In 2002, the only year for which a breakdown for juveniles charged is available, young blacks were charged with lynching more than 10 times more frequently than white youths.
- While some lynching cases involve brutal assaults, many charged with lynching, especially black youth in altercations with white youth, have committed offenses that do not result in serious physical injury.
- Anecdotal evidence suggests that whites convicted of lynching receive more lenient sentences than blacks who are convicted, even for assaults that involve serious physical injury.

For more information:
Rotten Fruit—South Carolina’s Enduring Lynching Laws, By EarlOfari Hutchinson, Pacific News Service http://www.alternet.org/columnists/story/15967

Jails & Prisons Are Now The Primary Institutions Housing People With Mental Illness

As public funding for mental health services decreased and momentum toward deinstitutionalization of people with mental illness increased over the past few decades, many mental health hospitals were closed—with the false promise that good outpatient community services could fill the gap and effectively re-integrate people with mental illness back into society. But funding for this was inadequate at best, non-existent at worst.

Today, funding for mental health services remains low and vulnerable to further budget cuts. Human Rights Watch notes that there is a “direct link between inadequate community mental health services and the growing number of mentally ill [people] who are incarcerated.”1 Here’s how it works:

- Among people with mental illness are many who are poor and homeless, and have substance abuse problems.
- Left untreated and without social supports, many deteriorate mentally, emotionally, and physically—and engage in street crime or other activities that sweep them into the criminal justice system.
- Fewer than 55,000 Americans currently receive treatment in psychiatric hospitals. Meanwhile, almost 10 times that number—nearly 500,000—mentally ill men and women are serving time in U.S. jails and prisons.2 That’s almost 25% of people who are incarcerated.

Isolation, Degradation and Torture

Prisons and jails in the United States are perfect microcosms of the violent society in which human rights have little meaning, authoritarian control is absolute, and punishment is intended to degrade human beings, not rehabilitate them. Rather than helping prisoners establish positive connections to family and community, the system more often works to shatter the potential for same.

Brutality and abuse are endemic throughout the criminal justice system. The violence comes into focus most clearly, however, when we look at the growing use of control units, security housing units, departmental disciplinary units and the like, and the conditions within control unit prisons.3

- Control units within prisons and “supermax” prisons (entire prisons designed for the universal and permanent isolation of their inhabitants) rely on sensory deprivation. Prisoners are confined in tiny cells the size of a parking space for 22–24 hours a day, often in what they describe as an “eerie silence.”
- Many of the cells have no windows and are often soundproof.
- Educational or therapeutic programming is virtually nonexistent; visits, telephone calls, and mail from family and friends are severely restricted and reading material is censored.
- Prisoners subjected to prolonged isolation may experience depression, despair, anxiety, rage, claustrophobia, hallucinations, problems with impulse control, and an impaired ability to think, concentrate, or remember.
- Letters from isolation units around the country have told of guards using fire hoses, mechanical restraints and electrical devices, forced “cell extractions,” beatings of prisoners in restraints, shackling in painful positions, sleep deprivation, and other forms of cruelty.
- Denial of medical care to injured and/or sick prisoners (including diabetics and epileptics), refrigerated cells during winter months, arbitrary beatings, psychological abuse of mentally unstable prisoners, illegal censorship of mail, extended isolation and indoor confinement, and administrative (rather than judicial) decisions about punishment for “misbehaved” prisoners.

3 See also Rotten Fruit: South Carolina’s Enduring Lynching Laws, By Earl Ofari Hutchinson, Pacific News Service, http://www.alternet.org/columnists/story/15967

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1. Ill-Equipped: U.S. Prisons and Offenders with Mental Illness, Human Rights Watch, 2003
Medical neglect and mistreatment abound in U.S. prisons and jails. The concentration of prisoners who are poor and people of color in U.S. prisons and jails means that most of the prisoner population has lacked access to adequate health care for much of their lives. Many poor people enter prisons and jails with health that is already compromised.

Moreover, “get tough” sentencing is producing an aging prison population. One of every 23 inmates in prison today is age 55 or older, an 85% increase since 1995.1 U.S. prisons are not equipped to address the health needs of incarcerated elders, including hospice care for those who are dying. Inadequate treatment, isolation, and the inability to make health care decisions by proxy are commonplace. One proposal to address this is the creation of new private, profit-producing prisons for aging and infirm inmates.

Additionally:

- Many prisoners face many functional obstacles in attempts to access even minimal treatment and care, often for chronic, debilitating, and potentially life-threatening conditions such as diabetes, liver cirrhosis, HIV/AIDS, Hepatitis C, tuberculosis, and the like.ii
- The prevalence of rape and sexual assault in jails and prisons contributes to the spread of sexually transmissible diseases.iii
- Prisoners in many facilities are routinely denied access to such preventive, harm reducing tools as condoms, dental dams, bleach, drug treatment, and methadone maintenance.iv
- It is not unusual to segregate prisoners with HIV/AIDS, Hepatitis C, and other serious conditions, while also denying them access to appropriate medications, combination therapies, and advanced diagnostic testing.v
- Prisoners with HIV/AIDS may be targeted for harassment, discrimination, and degrading treatment. Amnesty International, noting increasing use of electro-shock technology in the U.S. criminal justice system, reported evidence of the use of stun belts on low security HIV-positive prisoners and prisoners diagnosed with AIDS in a Louisiana parish jail.vi

A useful way to start to bring the different LGBT discussions about criminal justice together is to face several complicated truths, without prioritizing them or casting any of them aside because they are inconvenient or challenge deeply-held beliefs.

By doing so, we are more likely to see more clearly the connection of things, and to determine ways forward that address real problems without further compounding violence.

- Harassment and violence directed against LGBT people is common and often not taken seriously by society. We are understandably angry about that, and we are obligated to organize to reduce and stop that violence. The individuals and institutions who perpetrate violence must be held accountable, and those who are targeted for violence must be supported and protected.
- The violence against LGBT people perpetrated by individuals is mirrored by and compounded within the criminal justice system and detention industry. The problem is systemic, and not simply the result of the actions of “a few bad apples.” Moreover, racism, misogyny, and class bias are endemic to this system. To ignore the complex interrelationships of race, ethnicity, culture, economics, gender, gender identity, sexuality, and age is to ignore reality.
- Harassment and hate violence, like other forms of violence, do not arise in a social, economic, and spiritual vacuum. They are not simply the product of irrational prejudice, but rather of hatred that finds a focus as a result of complex social, economic, spiritual, and political tensions, stresses, and anxieties. In order to effectively address them, we must look at the many ways in which communities declare particular groups to be expendable, and we must deal pragmatically with those dynamics at the community base.

The “get tough” crime policy template is attractive because it offers a simple (though problematic) response to violence and other socio-economic tensions. It does so by erasing any consideration of serious societal stresses and, tensions, or their histories—and relieving communities of the obligation to address the policies and practices in public and private institutions that declare certain groups to be “less worthy” or expendable.

Discussion about criminal justice issues and policies within the LGBT movement has generally not taken into account the broader context in which “get tough” policies have come about, helped shape this country’s political and economic priorities, or impacted communities of color, women, youth, and poor people. Without centralizing race, class, gender, and age in this discussion, it is impossible to comprehend the violent impact of these policies on particular constituencies, whole communities, and the larger society.

- Those individuals who commit violent acts against LGBT people can be charged, tried, convicted, and given sentences, or otherwise held accountable, without the addition of “get tough” penalty enhancement hate crimes laws or draconian “zero-tolerance” policies that fuel the “school-to-prison” pipeline.

It is also important for us to enter discussion about these issues with an understanding that addressing them is a long-term commitment.

The Challenges We All Face

If we choose to accept the “get tough on crime” approach, how do we propose to deal with the violence, widespread violations of human rights, and assaults on human dignity that characterize the prison-industrial complex? How do we propose to deal with institutional perpetrators of violence?

Will we simply refuse to face the magnitude and meaning of that violence? If so, what separates us from those who deny or refuse to care about the magnitude of violence directed against queer communities and other groups targeted for systemic discrimination and hate violence?

How do we propose to deal with the long-term effects of that institutional violence? Most people convicted of a crime and incarcerated will be released from prison. Many were in their teens or twenties when convicted, few have educational or rehabilitation opportunities while incarcerated. But most have endured varying degrees of institutional brutality and degradation and been repeatedly exposed to racist, misogynist, and anti-queer violence. What lessons will their longer terms of imprisonment in these efficient factories of violence have taught them? What happens to them when they attempt to re-enter communities and build new lives? Do we care?

And if we honestly face the violence of the criminal justice system and the disastrous
effects of an ever-expanding prison/detention industry, what alternatives are available to us? What do we really propose in place of reliance (or “over-reliance”) upon the criminal justice system as it exists?

Are we content to criticize and denounce without contributing in tangible ways to the creation of humane, just, and culturally relevant alternatives? If so, who do we think will create those alternatives?

Some suggest that the way to integrate these concerns is to address police violence as it arises, on a case-by-case basis and work to reform the system with a few policy changes, a few new rules and regulations, and some lobbying for better rehabilitation programs.

However, AFSC and Quaker experience suggests that piecemeal attempts to reform the justice system, without fundamentally re-imagining and restructuring justice practices around principles of human rights, healing, and right relationship, simply transmute into new measures that promote the same institutional violence.

A challenge AFSC and many others face is how to engage with the system in a constructive way while also remaining clear that piecemeal reform will not end systemic violence, and often is co-opted in ways reformers did not intend. How do we address immediate concerns while maintaining a long-term vision of justice practices that promote universal human rights, right relationship, and healing from violence and the harms of other forms of mistreatment?

It’s not easy to break out of 30 years of national immersion in the “get tough” approach to criminal justice and law enforcement. Yet, we must try. In doing so, many of us will discover just how deeply the “get tough” movement has shaped our own vision of justice.

Imprisoning a People’s Vision of Justice

To examine the jails and prisons of the United States is to see a society that is losing its way — politically, economically, and spiritually.

The telltale symptoms of a society in crisis: increasing investment in prisons, policing and war; decreasing investment in human needs and civic infrastructure; incarceration and harsher sentencing as the preferred means for dealing with violence and a whole host of social and economic problems; policies that have produced the mass incarceration of people of color; and more.

“Toughness” and a determination to forcibly subjugate enemies substitute for an unequivocal, universal respect for human rights.

The cultivation of an atmosphere of fear and suspicion, and the manipulation of fear and anxiety by too many political and religious leaders substitute for commitment to building communities that are just, safe, and inclusive.

Justice, we are told by so many politicians and pundits, is a function of building enough prisons to hold all of society’s enemies.

But a continual hunt for enemies produces neither safety nor justice. It only produces a need for more enemies — and for more legal, spiritual, economic, and physical walls, fences, gates, policies, and prisons to keep us separate from them.

To create lasting safety and authentic justice, our society must address not only the harm done by individuals, but the ways in which public and private, secular and religious, institutions reinforce the lethal dualism of us and them.

That is why AFSC is working with friends and partners in the United States and around the world, to create conceptual and practical tools for thinking, talking, and organizing in our communities, and making policy decisions about justice in fresh ways.

Immediate Next Steps

While re-imagining justice is a long-term undertaking, there are some small, but significant, steps we can take right now.

Educate Ourselves About Institutional Violence.

One powerful way to truly understand a society’s commitment to human rights and human dignity is to look deeply inside its justice system and see what is happening within its jails and prisons to people who are out of public sight, and largely out of the public mind (except, perhaps, as demonized stereotypes).
A Society’s Priorities: Education or Prison?

Research clearly shows that having a good education is one of the best methods of crime prevention. Most prisoners in state correctional facilities do not possess a high school degree, much less any realistic hope of attending college. Yet over the past twenty years, funding for prison and jail spending has grown much more than funding for public education. The consequences are devastating.1

- Between 1985 and 2000, state corrections spending grew at six times the rate of higher education.
- During that period, corrections spending doubled or tripled in most states. By contrast, only one state doubled its overall higher education spending.

NO VOTE, NO VOICE: The Impact of Felony Disenfranchisement

Most states have some form of disenfranchisement law, removing the right to vote temporarily or permanently from incarcerated people and ex-prisoners convicted of felonies. Many prohibit persons from voting who are convicted of felonies and are on probation or parole.

- An estimated 4.7 million persons have temporarily or permanently lost their voting rights because of a felony conviction.1
- 1.7 million of these persons are ex-offenders who have completed their sentences.
- 1.4 million of these people are African American men. That means that 13% of all African American men are disenfranchised. African American men are at significantly higher risk for disenfranchisement than others.
- Significant numbers of Latinos are prohibited from voting by felony disenfranchisement laws, and they have disproportionately higher rates of disenfranchisement than the general population.2
- About 676,000 women are disenfranchised. Of these, 245,925 are African American. That means that 1 out of every 50 black women cannot vote.3
- Processes for restoring the right to vote vary widely from state to state, and are generally complicated. Many who could reclaim their right to vote are discouraged from doing so.

The explosive growth in prison populations over the past thirty years affects African American communities more than any other. In 2000, there were more than 791,000 African American males in jails and state and federal prisons. That same year, there were about 603,000 African American men enrolled in higher education. This “education v. incarceration” gap for African American men increased significantly from the gap documented in 1993/4.

- The harsher sentencing policies and conditions of confinement that accompany the “get tough” movement have also produced a marked decline of educational and training programs within prisons. The concepts of constructive rehabilitation and educational opportunity have ceased to exist in any meaningful way in federal and most state prison systems.


![I tend to believe the system itself has replaced the physical act of lynching. Dominique Robinson, Co-Area Director, AFSC Baltimore Program](image)

- The problem comes in how particular individuals and groups are treated by others—especially by those who wield the power of the state.

A human rights framework helps to connect all anti-violence work and all struggles for justice, and places the human rights struggle of any one group into a broader social, legal, and economic context.

- Think About LGBT Policy Choices in Relation to the “Get Tough” Movement

What policy choices best help us respond to, reduce, and ultimately prevent violence directed against queers and other targeted communities?

Many hate crimes laws have provisions for mandatory data collection and reporting and civil remedies. Some address the issue of training for law enforcement personnel. These provisions are useful in breaking through societal denial of hate violence. Enhanced penalties, by contrast, are part of the “get tough” toolkit, with its consistent emphasis on longer periods of incarceration for more individuals and harsher conditions of confinement and release.

At the same time, the “unintended harmful consequences” of school-based zero-tolerance policies have been well-documented. This is important information for all LGBT activists and organizations struggling to end harassment and mistreatment of queer youth in school systems. Are uncritical demands for “get tough” policies impact communities of color, queers, and youth.

Consider stepping back from “get tough” measures in LGBT policy advocacy.

- Start Thinking About Alternatives to Harsher Penalties and Retribution

It’s impossible to think of moving in a new direction if we have no idea what kinds of new directions might be possible.
PERPETUAL PUNISHMENT: Setting Up Ex-Offenders for Failure

Punitive “get tough” policies follow many people who have completed their sentences back into the community. Most people who have been incarcerated face return to poor communities. According to The Sentencing Project, obstacles to constructive re-entry include these:

- Federal laws permit public housing authorities to refuse housing to anyone who has ever engaged in “drug-related” activity. The number of applicants denied housing doubled after these laws went into effect.
- Amendments to the Higher Education Act suspend eligibility for student loans for those convicted of drug offenses.
- There are too few excellent drug treatment programs available to poor people. Additionally, there is extremely limited access to affordable housing, temporary emergency public aid benefits, funds for higher education, self-employment through occupational licensure, or decently-paying jobs.
- Environmental degradation is a major issue for many communities with new prisons. So is wastewater management.
- On average, 80 percent of new prison jobs are held by people who don’t live or pay taxes where the prison is sited, and contrary to promises made by prison promoters, new prisons don’t really create many links to the local economy or strongly support small businesses.

A great deal of work is going on in many different communities and arenas to re-imagine how our communities can respond to and prevent violence and restructure criminal justice policies and practices. However imperfect, flawed, or unfinished these efforts are, there is some benefit in simply exposing ourselves to thinking that challenges and departs from “get tough” orthodoxy—then examining this thinking more closely through the lens of race, class, sexuality, and gender, and asking whether it tackles institutional wrongdoing as well as the wrongdoing of individuals.

It’s also useful to learn from the successes, failures, and tensions inherent in various “truth and reconciliation” processes undertaken in various locales to help societies or communities come to terms with massive violence directed against a subjugated and despised “other”— including the violence of apartheid, genocide, and racial and ethnic “cleansing”— and search for ways for former perpetrators and victims of violence to live together in just, safe, and peaceful community.

Impoverished & Imprisoned Communities: Economic Impacts of the Incarceration Industry

Rural communities, hard hit by the loss of rural industry and family farms in the 1980s and 1990s, have been targeted for new private prison development by corporations promising jobs and thriving local economies. Prisoners are seen as one more economic commodity, and the possibility of continued large numbers of prisoners is translated into hope for small towns and rural communities.

But the gap between promise and reality is large.

- In just one decade, the 1990s, a prison building boom produced 245 new jails and prisons in small towns and rural communities.
- In an effort to secure what they hope will be lucrative private prisons, local and county officials often offer free land, tax breaks, housing subsidies for staff, upgraded water and sewer systems, and other incentives to corporations.
- In various states, regulations exempt prisons from state level environmental review, permit the state to override local governments in selecting sites for correctional facilities, or have priority claim to water in the event of water shortages.

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PRISON LABOR

When the use of leased convict labor threatened the ability of non-incarcerated workers to unionize in the late 19th century, a host of state laws were passed prohibiting the use of prison labor by private businesses. A federal law followed in 1935, prohibiting the transport of prison-made goods between states.

That all changed in 1979 with the passage of the Justice System Improvement Act, which contained a provision that broke through the firewall of federal prohibition. Today, many well-known private businesses use prison labor, including that supplied by the Federal Prison Industries, Inc., or UNICOR, which produces a variety of products, including missile and bomb parts.

- Prison workers are not protected by federal safety and health standards, and they receive no health benefits. They cannot protest any conditions of employment.
- Environmental degradation is a major issue for many communities with new prisons. So is wastewater management.
- On average, 80 percent of new prison jobs are held by people who don’t live or pay taxes where the prison is sited, and contrary to promises made by prison promoters, new prisons don’t really create many links to the local economy or strongly support small businesses.
- Some municipalities are expanding local jail facilities primarily for the purpose of renting out jail bed space for the housing of prisoners from out of state jurisdictions. Some have built prisons on speculation that they could not keep filled and, as a result, are struggling to pay off large bond debt.

For more information, see the Prison Activist Resource Center’s Prison Labor links, including a state-by-state list of links to state-owned prison industries, http://www.prisonactivist.org/prison-labor/.

10 Two centuries ago, members of the Religious Society of Friends (Quakers) advocated for the creation of penitentiaries, where prisoners could reflect on their wrongful actions in a spirit of solitude, humility, and repentance in a healing environment as an alternative to execution and the cruelties of corporal punishment. In reality, the unrelenting isolation and other indignities prisoners experienced drove many insane. In the 1970s, AFSC and others advocated for fixed sentences that would solve the problem of great inequities and well-documented bias in indeterminate sentencing. This call for reform was misappropriated to support the drive for “get tough” policies, which resulted in the mass incarceration of people of color and poor people.
**Evaluational and Organizing Resources**

**LEARN MORE! GET CONNECTED! GET INVOLVED!**

Listed here are selected organizations, websites, and specific resources offering more in-depth information, commentary, and resources on prisons, prisoners, the U.S. criminal justice system, and/or the prison industrial complex. Through these websites, links to additional organizations and resources are available.

All of the organizations listed here do not necessarily share the same analysis of the prison industrial complex. Because website content changes frequently, AFSC does not endorse or vouch for specific websites.

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This issue brief is available in downloadable (PDF) format at: http://www.afsc.org/lgbt/criminaljustice/general/resources.htm

**AFSC Resources**

LGBT & Other AFSC Criminal Justice Resources:

- [http://www.afsc.org/lgbt/criminal-justice/general-resources.htm](http://www.afsc.org/lgbt/criminal-justice/general-resources.htm)
- [http://www.afsc.org/criminale-visions.htm](http://www.afsc.org/criminale-visions.htm)

LGBT Programs

National: [http://www.afsc.org/lgbt](http://www.afsc.org/lgbt)
Regional: [http://www.afsc.org/lgbt/programs.htm](http://www.afsc.org/lgbt/programs.htm)

Criminal Justice Programs

National: [http://www.afsc.org/community/criminaljustice.htm](http://www.afsc.org/community/criminaljustice.htm)

Immigrants Rights Programs

National: [http://www.afsc.org/immigrants-rights/default.htm](http://www.afsc.org/immigrants-rights/default.htm)
Regional: [http://www.afsc.org/immigrants-rights/programs.htm](http://www.afsc.org/immigrants-rights/programs.htm)

**Prison Industrial Complex/Impacts of Mass Incarceration**

Center on Juvenile & Criminal Justice

[http://www.cjj.org](http://www.cjj.org)

CJJ provides direct service, technical assistance, and policy research in the field of criminal justice. Its policy center includes excellent material on juvenile justice policy and a series on the prison industrial complex.

Critical Resistance

[http://www.criticalresistance.org](http://www.criticalresistance.org)

Critical Resistance seeks to build an international movement to end the prison industrial complex (PIC) by challenging the belief that caging and controlling people makes us safe. CR believes that basic necessities such as food, shelter, and freedom are what really make our communities secure. The success of the movement requires that it reflect communities most affected by the PIC.

Grassroots Leadership

[http://www.grassrootsleadership.org](http://www.grassrootsleadership.org)

Grassroots Leadership is a multiracial team of organizers who help Southern community and labor organizations think critically, work strategically, and take direct action to end oppression, gain powers, and achieve justice and racial equity. Excellent materials reflect a new emphasis on addressing the impacts of the private prison industry in the South. See also Corrections Corporation of America: A Critical Look at Its First Twenty Years; by Philip Maitretra and Matuza Khan, 2003.

Grassroots Leadership

This report is a joint project of Grassroots Leadership, the Corporate Research Project of Good Jobs First and Prison Privatization Report International, with support from the Open Society Institute’s Community Advocacy Project.

[http://www.soros.org/initiatives/justica/articles_publications/cca_20_years_20031201](http://www.soros.org/initiatives/justica/articles_publications/cca_20_years_20031201)

Incite! Women of Color Against Violence


Incite! is a national activist organization of radical feminists of color advancing a movement to end violence against women of color and their communities through direct action, critical dialogue and grassroots organizing. See Critical Resistance/Incite! Statement on Gender Violence and the Prison Industrial Complex.


**Justice Now**

[http://www.jnow.org](http://www.jnow.org)

Justice Now works to end violence against women and stop their imprisonment. JN believes that prisons and policing are not making our communities safe and whole but that, in fact, the current system severely damages the people it imprisons and the people most affected by it. Justice Now promotes alternative policies to policing and prisons and challenges the prison industrial complex in all its forms.

Not With Our Money!

[http://www.nowithourmoney.org](http://www.nowithourmoney.org)

Not With Our Money! is a network of students and community activists working to end the use of prisons for profit. Their mission is to provide the training, tools and information resources communities need to hold prison profiteers (particularly corporations that finance the private prison industry) accountable for their actions.

**Prison Moratorium Project**

[http://www.nomoreprisons.org](http://www.nomoreprisons.org)

PMP is a group of young activists, community members, and formerly incarcerated people calling for an end to prison expansion and mass incarceration, and a restoration of the communities devastated by the criminal (injustice) system. PMP is also committed to bringing the voices of directly affected people into the center of the criminal justice debate through grassroots organizing, training, and technical assistance.

**Prison Activist Resource Center**

[http://www.prisonactivist.org](http://www.prisonactivist.org)

PARC is committed to exposing and challenging the institutionalized racism of the criminal injustice system and to further developing anti-racism as individuals and throughout our organization. We provide support for educators, activists, prisoners, and prisoners’ families. This work includes building networks for action and producing materials that expose human rights violations while fundamentally challenging the rapid expansion of the prison industrial complex.

**Real Cost of Prisons**

[http://www.realcostofprisons.org](http://www.realcostofprisons.org)

The Real Cost of Prisons Project, an activity of The Sentencing Project, seeks to strengthen and deepen the organizing capacity of grassroots prisons/prison justice activists to broaden the public’s understanding of the economic and social consequences of mass incarceration. Excellent materials, including comic books, research papers, a prison industrial complex timeline, and more.

**The Sentencing Project**

[http://www.sentencingproject.org](http://www.sentencingproject.org)

The Sentencing Project promotes reduced reliance on incarceration and increased use of more effective and humane alternatives to deal with crime. It is a nationally recognized source of criminal justice policy analysis, data, and program information. Its reports, publications, and staff are relied upon by the public, policymakers and the media.

**Support AFSC’s LGBT “New Visions of Justice” Work**

AFSC LGBT Program, Community Relations Unit, 1501 Cherry Street, Philadelphia, PA 19102

**Queers, Incarceration & Police/Violence**

Audre Lorde Project (Working Group on Police Violence) [http://www.alp.org](http://www.alp.org)

Fierce! (Transgender Youth & the Prison Industrial Complex)


National Center for Lesbian Rights (Fact Sheet: Rights of Transgender Prisoners)


Sylvia Rivera Law Project (Rights of Trans Prisoners/Abuse of Trans Prisoners, Criminal Justice Issue page)


TGI Justice Project (Challenging human rights abuses committed against transgender, gender variant/genderqueer and intersex (TGI) people in California prisons and beyond)

[http://www.tgij.org](http://www.tgij.org)

Trans/Gender Variant in Prison Committee (A California Prison Focus Committee)

[http://www.prisons.org/TPF.htm](http://www.prisons.org/TPF.htm)

Queers for Economic Justice (Criminal Justice Resources in the Queer/Bi Library)

[http://www.queersforeconomicjustice.org](http://www.queersforeconomicjustice.org)

Queer to the Left (Anti-Death Penalty Organizing)

[http://queertotheleft.org/deathpenalty.html](http://queertotheleft.org/deathpenalty.html)

**Faith-Based Resources**

Buddhist Peace Fellowship

Information and resources from the BFJ Prison Project


Grassroots Leadership

Keeping Faith: A Religious Response to Private Prisons


Jews for Racial and Economic Justice

Selected Bibliography on the Prison Industrial Complex

[http://www.jrej.org/prisonindustrialcomplexreadinglist.html](http://www.jrej.org/prisonindustrialcomplexreadinglist.html)

Mennonite Central Committee


Presbyterian Church USA

Rationale for the Resolution Calling for the Abolition of For Profit Private Prisons


Fellowship of Friends of African Descent (Quakers)

Fall 2004 Newsletter from Fellowship of Friends of African Descent including resolution calling for Friends divestment in for-profit prisons and prison programming.

[http://fellowshipoffriendsafricandescent.org/file104.pdf](http://fellowshipoffriendsafricandescent.org/file104.pdf)

Unitarian Universalist Association


[http://www.uua.org/csw/criminal%20justice.htm#Revised%20Draft](http://www.uua.org/csw/criminal%20justice.htm#Revised%20Draft)

The American Friends Service Committee (AFSC) is an internationally recognized Quaker organization whose work for peace, social and economic justice, and humanitarian service is carried forward by women and men of various faiths. The Service Committee, in its historic role of mending lives shattered by World Wars I and II, won the Nobel Peace Prize in 1947 along with the British Friends Service Council, on behalf of all Quakers, for peace building and humanitarian service. AFSC’s quick reaction to the interment of Japanese Americans at the beginning of World War II helped aid, educate, and relocate thousands of American citizens who were unjustly targeted, corralled, and warehoused because of race. In 1963, at the request of an aide of Dr. Martin Luther King Jr., AFSC published the first complete edition of Dr. King’s historic Letter from a Birmingham Jail, addressed to a group of white clergy who opposed his nonviolent civil rights campaign. Throughout the years, AFSC has worked for human rights of many (including lesbian, gay, bisexual, and transgender people), challenging both the violence of individuals and the violence of the state.
Transformative Justice

“I must commit to a lifetime of struggle for justice, pacing myself for endurance and survival.”
-Suzanne Pharr
In response 2 a brother's question about what he should do when his best friend beats up his woman (excerpt)
- asha bandele

...go to him
find out where it started
search for burn marks beneath his flesh
peel back his pain
be a brother a real good brother
whisper haki madhubuti  sonia sanchez in his ear
sing sweet honey songs
let him cry
let him sleep in your arms
stand alone if u have to
this is the right thing to do
let others babble hate while u break centuries of vicious cycles
face the contradictions the bellies sliced open & jaws wired shut
the assholes torn &
the bloodied vaginas
that is what it looks like do not turn away now
babies beat out of wombs spines curved uneven legs that no longer walk
dead eyes that cannot see tomorrow  livers imprinted with callused feet ---
face the contradiction that looks like u that smells like u
that tastes like u
& push out the violence be unafraid to be a man
who confronts men about women
be unafraid to be a man who confronts big small mean common nasty
everyday men
about women
be unafraid to be a man
who confronts himself.
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Transformative
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A liberatory approach to child sexual abuse and other forms of intimate and community violence

generation
FIVE

November 2007
Toward Transformative Justice
A liberatory approach to child sexual abuse and other forms of intimate and community violence

This summary paper is the product of collective thinking, writing, and editing by:
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Copies of both the complete working paper “Toward Transformative Justice” and this summary are available from Generation Five:
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Child sexual abuse is one of the most pervasive and persistent forms of violence without regard to nation, race, class, religion, gender or culture. Most people know someone who has been sexually abused and, whether we are aware of it or not, many of us know someone who has sexually abused children.

The Centers for Disease Control estimate that 300,000 children are sexually abused each year. 30-45 percent of women and 13-16 percent of men report being sexually abused before age 18. An estimated 60 million survivors, their families and communities are living with the potential fallout: increased rates of depression, anxiety and isolation, abusive adult relationships, hypervigilance and a decreased ability to trust, physical and mental illness, harmful drug use, incarceration, adult sexual assault, employment difficulties, and lower economic status.

In order to find effective solutions, we need to accurately define the problem we are trying to solve. Any one incident of child sexual abuse is a profound violation. However, investigating an incident of child sexual abuse often leads to whole legacies of intergenerational violence. Those legacies of family violence occur within the conditions of oppression and violence in which families attempt to survive, like racism, poverty, sexism and homophobia.

Defining the problem of child sexual abuse in this way suggests a liberatory approach to violence that seeks to change the root causes in addition to the symptoms of a violation. An approach to child sexual abuse and other forms
of violence is liberatory if it has the potential to promote self-determination, healing and resilience for individuals and communities and transform the social institutions which all too often keep families and their members from thriving.

The prevalence of child sexual abuse persists despite its condemnation by virtually every part of our society. Child sexual abuse and its impact are documented through research and acknowledged in the media, yet social denial keeps us from finding effective solutions. It is as if people don’t want child sexual abuse to happen, but have no ability to talk about it or take effective action to prevent or respond to it. We are all familiar with the alarming lack of response to sexual abuse in the Catholic Church. This social denial continues to show up in a lack of institutional, family and community accountability for ending child sexual abuse and in the lack of effective and accessible responses and services.

We now know enough to be afraid for our children, but neither the abuses nor our collective responses to them have changed substantially. The church is not the only institution or community unable or unwilling to respond to such abuses. As documented in the work of STOP IT NOW!, in comparison to the 75 percent of participants interviewed who reported that they would confront someone who had been drinking and was about to drive, only 9 percent reported that they would confront someone who was sexually abusing a child.

GenerationFIVE wants the remaining 91 percent to have the knowledge, skills and capacity to intervene in child sexual abuse and other forms of violence. Transformative Justice is this approach. If we are not willing or able to intervene in violence against our children and within our families, how can we hope to end social oppression like racism, sexism, economic exploitation or environmental degradation?
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The more liberation we experience in our families and communities, the more powerful and effective we will become in struggles against other kinds of violence.

GenerationFIVE sees the links between our collective ability to respond to child sexual abuse and our collective mobilization against genocide, military force, mass sexual violence, police and prison violence, displacement and poverty. In the absence of liberatory responses to violence, our most common approaches are some form of collusion – knowing that violence is happening and allowing it to happen. Even people who care are often unable to face what is happening and either consciously or unconsciously deny it. Another response, born out of the desire to not feel powerless, is vigilante violence – violence in revenge.

Those of us who are willing and able to act otherwise are often unsure of what to do. When we speak up, we often face alienation, aggression, blame, and, at times, may ourselves become targets of violence. When we intervene, we often lack the know-how and resources required to transform the situation in the ways we desire. And when we rely on public systems, they do not offer responses that allow for accountability, healing or long-term prevention.

These current responses to child sexual abuse and other forms of violence are not liberatory and cannot lead to long-term change. They are reactive, focusing on retribution and punishment rather than accountability, prevention and transformation, which keep people’s humanity intact. These reactions and public system responses often result in incarceration, family disintegration, and no greater sense of possibility. GenerationFIVE wants something more than that. We see the possibility of an approach that is humanizing, healing and increases accountability; we see the possibility of an approach to child sexual abuse and other forms of violence that supports long-term change.
Child sexual abuse is a very intimate issue and talking about it is taboo. When people do talk about it, it is usually to close friends or other family members and sometimes to coaches, teachers, counselors or church members. Such allies need to be prepared in order to have an effective and supportive response. Therefore, ending child sexual abuse and its devastating impact on survivors, families and communities requires community leadership.

Some programs have been developed to assist adult survivors at the individual level, although they are rarely aimed at generating public discussion or action. We need programs that create safety, assurance and the skills necessary to end silence and complicity around child sexual abuse. We believe that the only effective response to child sexual abuse will come from inside the intimate networks where it is most likely to surface – family relationships, peer support networks, faith communities, and local neighborhoods.

In addition, generationFIVE believes that in order to stop child sexual abuse we also need to address the other forms of violence in our society. For example, if a mother publicly names the person who is abusing her daughter, men in her community might respond with violence toward the person accused. As understandable as this response may be, it actually perpetuates violence and reinforces sexist notions that the only way for women and children to be safe is to have protection from men. It also condones violence and domination of men by other men.
If the child’s family has access to resources or wealth, they may more easily escape attention from public systems (law enforcement and child protective services), and be left without any intervention or support. Or, the family is often left with only individual-level healing (therapy for the person who has been abused) which often inadvertently leaves that person with responsibility for the abuse without creating opportunities for the accountability or healing of the person who has been abusive. This approach also does not help the community or the family to prevent further incidents of abuse.

In families without easy access to resources, this scenario often extends to one in which the police and/or child welfare become involved. If the community is already marginalized because of race, class or immigration status, they have much more to lose by bringing the police or child welfare system into their homes. For example, under the pretense of curbing gang activity in several large cities, broadly written laws mis-identify large numbers of youth of color spending time on the street as gang members or potential gang members. Such accusations can lead to targeting, incarceration, and, too often, fatal attacks by police.

Immigrant families may face deportation or the deportation of the person who is abusive, leaving them without an income earner. Many families affected by such laws and policies prefer a safe distance between their youth and the public systems that criminalize them, which might keep them from seeking a public systems intervention in the case of child sexual abuse.

The violence of law enforcement and the violence of systemic oppression are connected to child sexual abuse. Each perpetuates the other. Many communities are not willing or able to address child sexual abuse precisely because of the pressures of systemic oppressions such as
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racism, anti-immigrant sentiment, homophobia, sexism, economic exploitation as well as poverty. In turn, the disempowerment and suffering caused by child sexual abuse and other forms of violence also prevent communities from mobilizing against external oppression.

At generationFIVE, we believe that our ability to envision and contribute to a more positive future increases along with our capacity to transform the violence and oppression that play out in our relationships. Therefore, we must broaden the way we understand child sexual abuse and ask a larger question: What would a world without child sexual abuse and other forms of violence look like and how might we get there?

Relying on child welfare services and/or the legal system, such as calling the police and reporting child sexual abuse, is really the only touted option to child sexual abuse. This remains true despite the fact that these responses are rarely successful in making child abuse stop or creating a safer situation for the children being abused. Most often there is little ‘permissible evidence’ to prove child sexual abuse and once children realize the consequences of telling, they often revoke their statements in an effort not to break apart their family or community networks.

When cases are ‘proven’, children are most often removed from their homes and core relationships. This in and of itself is often devastating to the child. Additionally, foster care or group home situations are often as violent and neglectful, if not more so, than the homes from which the child came.

The violence of law enforcement and the violence of systemic oppression are connected to child sexual abuse.
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Both child welfare services and the legal system utilize intervention models that provide limited resources in terms of prevention. These models do not address either the prevention of offending behavior or the transformation of family or community dynamics that allow abuse to occur.

Case example 1: When youth service providers at a community center were informed of a case of child sexual abuse involving two of their participants, they reported it. Once the person who was sexually abusive was in jail, they realized that even though they had "done the right thing," they hadn't achieved what they were actually looking for in the long-term. They knew both the young person who had been abused and the person who had abused her, and they were concerned for both. Their concern led them to search for alternative responses to this specific incident that would also honor the center’s commitment to the health and well-being of young people.

As a result, they are committed to continuing to learn more about child sexual abuse, and to playing a more supportive and protective role in the lives of the young people with whom they work. In the short run, this includes fighting for the best, most supportive outcome for the person who has been abused, the person who did the abusing, and their families. Over the long run, this includes training their staff and finding increasingly effective ways to address child sexual abuse proactively, not just waiting for the next time it surfaces.

The arrest of the person in the story above did not heal the trauma of the young woman who was abused. It also did not ensure that she was safe from abuse from someone else or from the same person when released from Juvenile Hall. It did not provide community support or healing to ensure that the young woman would be supported and not be subject to isolation, judgment, blame or ridicule. And what about the person who was arrested for abusive behavior? Will criminalizing them change their abusive behavior?
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More likely, it will increase their isolation, damage their self-image and further limit their access to support that would enable them to change their behavior. Given their criminal record as a sex offender and the possibility of being listed on a sex offender registry, it will also make it more difficult for them to get work and expose them to public humiliation. It will increase the odds of a lifelong relationship with the legal system, including prison. These circumstances only create more barriers for this young man and do not provide any resources or tools for his family and community to hold him accountable and support his healing and transformation.

Lastly, without intervention, this response would not have engaged the intimate networks and the community in response and prevention, where so much support and power lie. Child sexual abuse cannot be "fixed" by public systems or legislated away. The fact that it is illegal has not solved the problem, and increasing the sentencing laws for sexual offenders has had the effect of sending it further underground. Public system responses cannot provide the support necessary to prevent or heal the trauma of being abused, or being abusive. We know that up to 90 percent of abused children know the person who abuses them - 40-50 percent of the time, it is a close relative - which makes reporting child sexual abuse difficult and rare. The relationships involved are most often close and complex, calling for a radically different approach to addressing child sexual abuse and liberating us from the violence in our lives.

When an incident is reported to public systems, people rarely get the justice, safety, or change they seek. Ultimately, these responses to child sexual abuse are not effective because they are neither preventative nor transformative. The second story (on the following page) illustrates the potential of a community-based intervention to provide healing and transformation on both the individual and community levels.
Case example 2: In another case GenerationFIVE was involved with, a young woman disclosed that her uncle was abusing her. Before reporting the abuse to child welfare, the person she told worked with a colleague to engage her grandmother and community in creating a response to the abuse. This response included many factors. First, they found a few women in the community who could support the girl’s healing process. The women also helped organize community education to counter the potential isolation and shaming of the young woman, which is common in many communities. Second, they found a few adult men, including the uncle’s brother, who could support him and hold him accountable. When the case was reported to child welfare, the supervisor said that the interventions they had created in the community went far beyond anything they could do, and to call and check in every three months.

Rather than criminalize this man for his offending behavior, or shame the girl for having been hurt, an entire network of community members took part in finding other solutions. They intervened in and stopped abuse, supported a young person and her family, and educated the broader community. They also created a network of engaged community members with more knowledge and ability. This hope creates the potential for transforming their community in other ways. If they only had reported the incident, most likely the girl would have been removed from her home and community, and no intervention would have been provided for the uncle.

The answer to how we create a world without child sexual abuse lies with us. The answer lies in our intimate relationships, in our families, and in our communities. We must create the solutions to the problems we face, and we must create the world in which we want to live. We must transform our world into a world without violence. To do this, we need more options for how to heal from and prevent child sexual abuse in our own families and communities. GenerationFIVE believes that a Transformative Justice approach can help us accomplish this goal, and has developed a concrete model with guiding principles and practices to support communities in creating this vision.
GenerationFIVE's Transformative Justice approach to addressing child sexual abuse and other forms of violence is designed to be used by families and communities, the intimate networks in which it happens and surfaces. In this model, interventions and action happen in the social and community network affected – with extensive networks of support and assistance – rather than relying on a public system response.

The person who has been abused and the person who has been abusive are both seen as part of the larger community. That community is impacted by the violence, and can also help in the healing process and in the prevention of future violence. This model targets early stages of abuse by increasing people’s ability to talk about concerns in productive ways. Voicing our discomfort with the distressing ways people treat each other and our children – and having the resources to facilitate safety, accountability, and healing – become possible with education, skill building, replicable models, and a strong support network.

The term “Transformative Justice” emerged directly out of generationFIVE’s work on child sexual abuse as well as the experiences of our staff, board and activists. It best describes the dual process of securing individual justice while transforming conditions of social injustice that perpetuate abuse. An example of this can be seen in the second case example, in which a network of people found a way to prevent the sexual abuse of a child while educating their community about child sexual abuse, overcoming economic factors that perpetuated it, and avoiding the potential repercussions of state intervention.
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While we developed this model as a response to child sexual abuse, we imagine Transformative Justice as an adaptable model that can and will be used to confront many other forms of violence. The goals of Transformative Justice as a response to all forms of violence are:

- Safety, healing and agency for those to whom violence has been done
- Accountability and transformation of those who abuse
- Community response and accountability
- Transformation of the community and social conditions that create and perpetuate violence, i.e. systems of oppression and exploitation, domination, and State violence

Transformative Justice meets the critical need for an approach to violence that seeks safety and accountability without relying on alienation or punishment, including prison and policing. This creates possibilities for those who have experienced violence to safely remain in relationships, families, and communities if they choose. This approach also creates possibilities for those who are abusive to maintain relationship with their community. Rather than removing and punishing people who are abusive, their accountability for past behavior and transformation of future behavior is supported and enforced by those with whom they have invested relationships. It builds a network of support to build and maintain healthy, loving and non-violent families and communities. And it uses interventions in incidents to prevent future violence through broader community awareness, education and involvement.

The daily reality of intimate, family and community violence prevents people and communities from imagining and participating in the creation of a more just world. Yet, without a just world, people cannot find healing and safety. Transformative Justice is a model for healing the trauma of past violence, reducing the level of violence we experience, and involving each of us in the process.
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When trying to solve problems in new ways, we face the constant challenge of not falling into old patterns – the same patterns that create the problems in the first place. In order to ensure that the Transformative Justice model does not end up recreating the same dynamics it is trying to undo, generationFIVE has created a set of guiding principles to keep us on track. The principles of a Transformative Justice approach to addressing violence include:

- Liberation
- Shifting power
- Accountability
- Safety
- Collective action
- Honoring diversity
- Sustainability

The principle of liberation means liberation from intergenerational legacies of violence and from conditions of oppression and violence. These go hand-in-hand. When individuals gain liberation, it supports liberation in our relationships and communities and for society as a whole.

Truly reducing the violence in our society requires that we shift power away from those individuals, community institutions and systems that maintain abuse and oppression. This will involve finding ways to ensure the accountability of people who have been abusive and those who collude with abuse, as well as the accountability of others to implement solutions. Accountability implies a willingness to interrupt problematic behaviors or dynamics and support a process of transformation, involving community members and those who will become community leaders.
We are finding ways to challenge the violence in our lives precisely because violence impacts our safety and the safety of those we love. In a community-based intervention, we must consider the safety of everyone involved: the person who has been abused, the group intervening for that person, members of the community who are otherwise involved, and the person who has been abusive. A person who has been abusive might need safety from peoples' desire for revenge.

However, there are also people in the community in which the abuse happened who are in the best position to hold a person who has been abusive accountable. Child sexual abuse occurs in secrecy and isolates people from each other. This secrecy and isolation, in turn, perpetuate child sexual abuse. This pattern can be challenged through collective action.

By taking collective action, the community center in the first case example (see page 8) is working within their own networks to liberate families from violence. They are working to ensure both the safety and healing of the person who was abused as well as the safety, healing and accountability of the person who was abusive.

Child sexual abuse occurs in secrecy and isolates people from each other. This secrecy and isolation, in turn, perpetuate child sexual abuse. This pattern can be challenged through collective action.
Their concern for him has inspired them to work for a release from jail and to create a supportive, transformative environment in which he will be accountable for his actions. Their concern has inspired them to seek long-term, sustainable support in finding other responses the next time an incident of child sexual abuse surfaces.

We can honor diversity by using a Transformative Justice approach in our own communities rather than seeking to apply it to someone else’s. While creating a less violent world is a group effort, we can honor diversity by using a Transformative Justice approach in our own communities rather than seeking to apply it to someone else’s. In this way we can all value our own cultural traditions by investing in their growth and reorientation toward liberation from violence and oppression. Another way that we can honor our diversity is to never employ racism, sexism, homophobia, ableism or classism as a way to motivate a community to hold someone who sexually abuses children accountable.

This model suggests a vision in which we all help create a world without violence. This is obviously no small feat, and if we are to take our commitment seriously, we have a responsibility to create intervention and prevention strategies that are sustainable over time and throughout the transformation process. When our communities create, implement and sustain interventions, our capacity to address violence in transformative ways - and prevent future violence - builds with each step we take.
The overwhelming majority of sexual abuse occurs within intimate and community networks, but more often than not, families and communities are unwilling and/or lack the resources necessary to intervene. This is true for all forms of intimate violence, but particularly for child sexual abuse. GenerationFIVE wants people to have the knowledge, skills and capacity to intervene in child sexual abuse and other forms of intimate and community violence.

A Transformative Justice response to child violence incorporates the education, skill building and support that make community-based interventions more possible. Each circumstance of violence is different. The practices involved in a Transformative Justice response that are described here will all be a part of any intervention, but not necessarily in the order they are presented. In fact, each may be revisited at various moments and to different degrees throughout a Transformative Justice response. Each one of the following practices can increase the ability of a community to respond to and prevent violence, because each of these practices can be, in and of itself, transformative:

- Building a Collective
- Preparation and capacity building
- Naming and defining child sexual abuse
- Conducting assessment: level of concern, opportunity, and capacity
- Developing a safety strategy
- Supporting healing and resilience
- Holding accountability
- Working for community transformation
- Strengthening collective resistance
A group of any size can begin to organize themselves to take action. **Building a “Collective”** that will be guided by the principles discussed above as they implement the practices outlined here is one of the first steps to preparing for intervention. A Collective will be a group of people who can influence the situation as a result of their relationships to the people impacted by an incident of abuse. “Outside” groups or organizations such as generationFIVE can play an important role in supporting and providing resources for collectives.

**Preparation and capacity building** will lay the foundation that enables communities to develop Transformative Justice responses to child sexual abuse. This process will look very different depending on the needs and resources of a specific community, but will involve education about the dynamics of child sexual abuse specifically, and violence more broadly. This education may come in the forms of cultural work, consciousness-raising groups, education and organizing campaigns, violence intervention and prevention work, skill building or the identification of resources.

When **violent behavior is named**, it begins the process of healing by breaking not only the personal silence of the person who has been abused, but also the social silence about the abuse. It is essential to support everyone impacted by child sexual abuse in recognizing and sharing their experience with it.

The **process of conducting assessments** during a Transformative Justice response is very different from the investigations conducted by law enforcement and child welfare institutions. In the public system paradigm, evidence is collected in order to determine the Truth. With child sexual abuse, the Truth may be difficult to find. People protect themselves or others, or are in denial, and the burden of proof is often put on a traumatized child.
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Additionally, the evidence needed to ‘prove’ sexual abuse may not exist by the time of disclosure. In a Transformative Justice paradigm, there is an on-going assessment process in which present danger, the ability to respond to that danger, and the opportunities created by doing so are all considered. This information is used to decide on immediate actions and to make a longer-term plan for dealing with child sexual abuse as a community. The hope is to keep the community together, work toward the healing of its members and relationships, and grow stronger.

When developing short and long-term safety strategies, the safety of the person who is being abused must be the primary concern. GenerationFIVE is also committed to supporting strategies that ensure that those who are abusive remain safe from any retribution. Safety strategies must also take account of the safety of other community members who may be at risk because they have disclosed some information.

The more justice there is in the world, the healthier we will all be, physically, emotionally and spiritually. Likewise, the healthier we are as a society, the more just the world will be. All of the ways of practicing Transformative Justice outlined here support healing and resilience. This is important for everyone: people who have been abused, bystanders to abuse, people who have been abusive, and the community at large. One of the most tangible and challenging aspects of a Transformative Justice response to violence is holding people accountable. In the legal system, punishment is a substitute for accountability.

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In the Transformative Justice model, accountability is used in the service of transformation. Holding people accountable requires being able to see their humanity and having empathy. It also often requires the ability to influence and pressure someone who has been abusive so that they remain accountable and change.

This is a very concrete way of intervening in violence and transforming it. That “criminal” is a relative or friend or community member with whom we have a relationship. In that relationship, we are accountable to them, and they are accountable to us. The transformative potential of that relationship exists not only for them, but for us, and for the community as a whole.

Every action we take has an impact on the world around us. If someone who has been abused does not have the resources and support they need, their trauma marks their world, and ours. Yet, if this same person finds ways to embody self-determination and agency, to challenge the power dynamics allowing abuse to occur, to reach out to others, their resilience has the power to transform their situation, and ours.

Each and every aspect of a Transformative Justice response should be considered as a way that we can work for community transformation. Such possibilities exist not only for the person who has been abused, but for everyone involved. The steps that we take toward Transformative Justice within our own communities strengthens our collective resistance to the other forms of violence and oppression we face. We become more able to intervene in violence in ways that may not have seemed as possible before. This is one of the outcomes of becoming healthier people with a vision of a more just world and how to get there, of working with others toward this vision, and of having some practice under our collective belts.
In our search for ways to end child sexual abuse, we have come to the conclusion that public system intervention is ineffective in addressing violence because the legal system is primarily designed to punish. Punishment is often violent and isolating. It perpetuates violence rather than generating the accountability, healing or change that can lead to prevention. This system zeros in on individuals who are violent and identifies them as "criminals" rather than transforming the conditions that perpetuate violence. It also perpetuates the violence of criminalizing marginalized individuals and communities rather than promoting equal access to resources and opportunities.

This method of administering justice – a justice of retribution – focuses on the individual and not on the violent society of which that individual, and we, are a part. But the violence in our lives will not go away by focusing on one person who has been abused, and it won’t go away by focusing on one person who has been abusing. Distracted by the ‘criminals,’ the underlying causes of damaging behavior go unchallenged. And by relying on state systems to find and punish criminals, our communities’ ability to deal with violence remains undeveloped.

To end child sexual abuse, we have to work to end all violence. By addressing the violation of child sexual abuse, we heal and protect our own families and communities, thus contributing to changing the world. Our involvement in creating transformative justice responses can inspire others and support them in creating their own transformative justice responses.
Toward Transformative Justice: A Summary

GenerationFIVE's transformative justice approach envisions that each generation of people committed to ending child sexual abuse will build upon the work of the previous generation's commitment. In this way we can raise a generation for which child sexual abuse will be rare, the trauma of past abuses have been healed, and they will have in place the practices, values, institutions, and systems that prevent child sexual abuse and other forms of violence, domination and oppression.

The only way to liberate ourselves from violence and oppression is to envision that possibility, to take one step at a time, and do it together. The more steps we take toward this end, the more possible it becomes. Transformative Justice is both a personal process and a vision for a more just world; it is a lesson plan for what we can learn together and a strategic plan for what we can do together. The only way to acquire a world without violence is to build it. We are building a world without violence, and we hope you will join us.

Transformative Justice is both a personal process and a vision for a more just world; it is a lesson plan for what we can learn together and a strategic plan for what we can do together.
GenerationFIVE works to interrupt and mend the intergenerational impact of child sexual abuse on individuals, families, and communities. We do this through survivor and bystander leadership development, community prevention and intervention, public education and action, and cross-movement building. It is our belief that meaningful community response is the key to effective prevention.

More information about Generation FIVE and ways to get involved can be found at:

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Indigenous activists are putting up a fight - against violence. At the UN Permanent Forum on Indigenous Issues, activists are focused on passing a declaration that recognizes the right of Indigenous Peoples to their lands, territories, and resources. This organizing drive is seeking international legal protection from the violence done to Indigenous Peoples, which over the centuries has threatened their very survival. Indigenous women, meanwhile, are organizing against gender-based violence. This violence has derived not just from gender discrimination and subordination but also from the violation of the collective rights of Indigenous communities.

At the international level, 2,500 Indigenous activists and NGO representatives from around the world have gathered in New York this month to debate the UN Declaration on the Rights of
Indigenous Peoples, which calls on governments to recognize Indigenous Peoples' right to self-determination and control over their territories. At the local level, women's groups are translating the same right to self-determination into economic autonomy and the preservation of Indigenous traditions. Much progress has been made, both internationally and locally, but the movement still faces significant obstacles.

**U.S. Opposition**

Last fall, when the UN General Assembly rejected a draft of the Declaration on the Rights of Indigenous Peoples, many Indigenous leaders saw the hand of the United States behind the move. The UN Human Rights Council had approved the Declaration just the previous summer. But the United States -- which includes 562 federally recognized tribes -- and a handful of other wealthy governments (Canada, Australia, Russia, and New Zealand) scuttled the document.

At the sixth UN Permanent Forum on Indigenous Issues, the United States is putting its weight behind an amendment proposed by a group of African governments that would strip the Declaration of its teeth and undermine decades of international legal precedent. Traditionally, states are required to ensure that national laws comply with any international agreements they have ratified. But this amendment would exempt state signatories from having to revise state laws in accordance with the UN Declaration. In effect, state ratification of the Declaration would be rendered meaningless.

The Bush administration has also claimed that the Declaration is "inconsistent with international law," a strange concern from a government that flagrantly violated the founding document of international law -- the UN Charter -- in its invasion of Iraq. As well, the United States objects to the Declaration on the grounds that it could "require the recognition to lands now lawfully owned by other citizens." The United States and other countries fear the domestic implications of the Declaration. Manhattan, after all, is a Lenape word.

But the United States also does not welcome the potential global ramifications of states recognizing Indigenous Peoples' rights to land, resources, languages, cultures, spiritual beliefs, and self-determination -- all upheld by the Declaration. Consider the regime of U.S.-driven free-trade agreements that violate Indigenous rights by turning life-sustaining, Indigenous-managed ecosystems into commodities. Around the world some of the most profitable industries -- including oil, natural gas, mining, and pharmaceuticals -- depend on corporations having unregulated access to Indigenous territories. Or consider the issue of climate change. This year, the Inuit filed a petition against the United States at the Inter-American Commission on Human Rights. The petition argues that climate change caused by U.S. greenhouse-gas emissions violates Inuit human rights, threatening their livelihoods, spiritual practices, and cultural identity.

In upholding Indigenous sovereignty, activists are focusing on the importance of autonomy. These are not, however, particularist campaigns. The policies that threaten Indigenous People - predatory corporate practices, gender-based violence - threaten people everywhere. The struggle for Indigenous rights, then, is intimately connected to other human rights struggles.
The Problem of Violence

Indigenous Peoples have fought for centuries against genocide, displacement, colonization, and forced assimilation. This violence has left Indigenous communities among the poorest and most marginalized in the world, alienated from state politics, and disenfranchised by national governments. In the Americas, Indigenous Peoples have a life expectancy 10-20 years less than the general population. In Central America, Indigenous Peoples have less access to education and health services, are more likely to die from preventable diseases, suffer higher infant-mortality rates, and experience higher levels of poverty than non-Indigenous Peoples.

The same general pattern holds internationally, and because of gender discrimination, the pattern is most entrenched for Indigenous women. Today, the human rights -- and very survival of -- Indigenous Peoples are increasingly threatened, as states and corporations battle for control of the Earth's dwindling supply of natural resources, many of which are located on Indigenous territories.

One key concern of Indigenous women is gender-based violence. For Indigenous women, violence doesn't only stem from gender discrimination and women's subordination within their families and communities. It also arises from attitudes and policies that violate collective Indigenous rights. As Dr. Myrna Cunningham, an internationally recognized Indigenous leader, says, "For Indigenous Peoples and Indigenous women, exercising our rights -- both as Indigenous Peoples and as women -- depends on securing legal recognition of our collective ancestral territories, which are the basis of our identities, our cultures, our economies, and our traditions."

That understanding of collective rights has enabled Indigenous women to create anti-violence strategies that address connections between issues as diverse as women's human rights, economic justice, and climate change. These connections are reflected in Indigenous women's organizing around the world, for instance in a Kenyan village run by Indigenous women and in a community development organization on Nicaragua's North Atlantic coast.

It Takes a Village (Run by Women)

In Kenya, a group of 16 Indigenous Samburu women developed a bold strategy to meet the needs of women forced to flee their communities because of gender-based violence. They founded an independent, women-run village for survivors. Many of the women had been raped by British soldiers stationed for training on Samburu ancestral lands. Because of the rapes, the women's husbands ostracized them. Several of them were forced from their homes for having "shamed" their families. Led by Rebecca Lolosoli, the women joined together and appealed to the local District Council, which governs land use. In 1990, they were granted a neglected field of dry grassland, where they have worked hard to create a unique and flourishing community, which they named Umoja, or "unity" in Swahili.

As members of the Indigenous Information Network -- which works to develop connections between Indigenous groups in
Kenya, strengthen Indigenous demands for human rights, and enhance the political participation of Indigenous Peoples -- the women of Umoja have worked to bring human rights trainings to their community. These trainings have fortified women's political mobilizations against gender-based violence. Referring to the Beijing Platform for Action introduced to local women in a training two years ago, Rebecca Lolosoli commented, "Now that we have seen it in writing -- and seen that even our own Kenyan government has signed this -- we know that we are not asking for pity or kindness but for our basic rights when we demand an end to our husbands' beatings."

In 1999, when the women of Umoja participated in their first human rights training, none of them had ever spoken in public. Today, they are active participants in local government and are recognized as leaders in their district. The women of Umoja are currently organizing to demand an anti-violence unit in the local police force and trainings for women police officers that enable them to address gender-based violence. These anti-violence strategies are part of the Umoja women's broader efforts to create a better life for themselves and their community -- in other words, to defend the full range of their human rights. To that end, the women have developed a system of resource sharing, a communal sickness/disability fund, and a modest but successful cooperative cottage industry selling traditional Samburu beadwork to tourists. In cooperation with the Indigenous Information Network, the women defend Samburu rights to land, water, and health and education services. Through their political mobilizations, the women have found confidence and hope that sustain their work against gender-based violence and fuel their conviction that ending violence against women is indeed possible.

Like women everywhere, the women of Umoja see economic autonomy as key to avoiding dependence on abusive men. Though they remain deeply impoverished by most people's standards, the women have succeeded in making sure that their daughters (as well as their sons) attend school. And they have freed themselves of the economic pressure to circumcise and marry off their daughters at a young age. In fact, Rebecca Lolosoli's 12-year-old daughter, Sylvia, openly declares her refusal of circumcision and has every intention of going to university after high school. As Rebecca Lolosoli said, "I have to be the first person to show my community that I will not circumcise my girl or pressure her to marry."

**Flower of the River**

Wangki Tangni ("Flower of the River" in Miskito) is a community development organization on Nicaragua's North Atlantic Coast that addresses violence against women in the context of defending Indigenous rights. Wangki Tangni offers women's leadership development programs and promotes women's political participation in the community and beyond through sustainable development projects, human rights trainings, income-generating projects, and healthcare programs that integrate Indigenous and "western" perspectives on medicine. Wangki Tangni recognizes that many Indigenous women derive identity and power from their traditional roles as midwives, advisors, spiritual guides, and leaders who are principally responsible for transmitting traditional knowledge, cultural values, and agricultural methods in their communities. Wangki Tangni works to preserve and develop these roles for women, thereby strengthening women's social status and confidence, which in
turn fortifies their capacity to demand rights and confront gender-based violence.

The organization's anti-violence strategies draw directly from Indigenous culture. The Miskito cosmology, like that of many Indigenous Peoples, describes an egalitarian duality between the masculine and feminine realms. In Miskito tradition, women are revered and violence against them is considered deviant. This worldview offers a very different starting point for combating violence than religions or customs used to sanction male violence. As Wangki Tangni's Director, Rose Cunningham, says, "Our traditional culture holds the seeds for condemning violence against women."

Colonization, Christianity, and cultural assimilation have eroded egalitarian Indigenous traditions. Yet, these traditions continue to shape the identity and worldview of many Indigenous Peoples, and provide a foundation for Indigenous anti-violence strategies. For example, Wangki Tangni organizes intergenerational community dialogues, in which elders share traditional stories of women's power and reinforce an understanding of violence against women as inherently dysfunctional. "The dialogues help us to fight violence against women," says Rose Cunningham, "and preserve our traditional stories and the role of our elders as transmitters of Miskito culture and wisdom." Wangki Tangni's programs mobilize culture in opposition to gender-based violence, linking strategies against violence with strategies to maintain Indigenous identity and cultural rights.

**Indigenous Issues are Everyone's Issues**

Many of the policies that most threaten Indigenous Peoples also threaten the health of the planet itself, jeopardizing our collective future. One example is global warming, caused in large part by the unsustainable use of fossil fuels. In contrast, Indigenous cultural values prioritize community cohesion over individual advancement, and emphasize reciprocity, balance, and integration with the natural world. These values -- traditionally enacted, transmitted, and thus created by Indigenous women -- offer a basis for policies that can support sustainable economic and environmental practices.

Our best hope of protecting the Earth's biological (and cultural) diversity is to adapt and institutionalize those knowledge systems and technologies that have preserved diversity for millennia. These Indigenous knowledge systems embody the principle of sustainability. In fact, as the stewards of environmental, technical, scientific, cultural, and spiritual knowledge, Indigenous women have much to contribute in creating and implementing strategies for sustainable development at all levels of policymaking.

The Indigenous declaration under discussion at the UN this month does not specifically address the issue of gender-based violence. Yet, Rose Cunningham, Rebecca Lolosoli, and thousands of other Indigenous women from around the world see it as key to securing their rights as women within their communities as well as safeguarding their rights as Indigenous Peoples. That's because they view violence against Indigenous women as emanating from violations of the traditions and territories protected by Indigenous collective rights. Rose Cunningham emphasizes colonization's degradation of gender-egalitarian Indigenous traditions -- championed again just
recently by Pope Benedict. Rebecca Lolosoli focuses on the ways that state expropriation of Samburu territory has led to worsening poverty, which correlates across cultures with increased family violence against women. Indigenous women argue that ending gender-based violence in their communities depends on protecting their communities' collective rights—and for that, the Declaration is crucial.

As this year's UN Permanent Forum on Indigenous Issues draws to a close, Indigenous women are facing off against the United States and other powerful state actors who oppose the Declaration. The amendment forwarded by the United States—which would exempt states from enforcing the declaration once they ratify it—is a classic Bush administration maneuver. It expresses the logic of the hundreds of "signing statements" that Bush has used to place himself above U.S. federal law. The international Indigenous women's movement does not intend to let this maneuver undermine its work for human rights. The movement will continue to work for the passage of the Declaration in the international arena and for the rights of Indigenous women within their communities.

For More Information

The Indigenous Information Network, Wangki Tangni, and the Center for Indigenous Peoples' Autonomy and Development are partners of MADRE. MADRE also hosts the Secretariat of the International Indigenous Women's Forum (known by its Spanish acronym, FIMI), a network of Indigenous women leaders from Asia, Africa, and the Americas. In 2006, FIMI released Mairin Iwanka Raya: Indigenous Women Stand against Violence (available at www.indigenouswomensforum.org), a companion report to the UN Secretary General's study on violence against women.

Yifat Susskind is communications director of MADRE, an international women's human rights organization. She is the author of a book on US foreign policy and women's human rights and a report on US culpability for violence against women in Iraq, both forthcoming.
The Community Police is a community justice project in Guerrero's southern Sierra Costa region in Mexico. It is the product of a long social struggle and is in no way affiliated with the Mexican government. The Community Police is based on the concept of collective work, known as *tequio* or *faena*, which, together with the traditional guards, has existed since ancient times in the cultures which inhabit what is now known as Mexico.

These traditional practices have nothing to do with the present-day concepts of public security, rule of law, or legality under the capitalist judicial system. The most profound difference lies in the concept of community justice and being a community's guardian. In Mexico's ancient cultures, the "warriors" or traditional guards had the additional obligation to protect their communities, to be a guide of justice for them. This justice doesn't just mean to punish those who commit crimes against others; rather, justice is holistic and involves watching over health, education, and other community needs. This means that the only guarantee of justice is well-being and balance for the whole community. On the other hand, the capitalist system's concept of public security or justice is selling security in order to protect the material interests of the few that have more economic possessions against an immense majority that doesn't have them, and to contain the discontent and the problems that derive from this unjust distribution of wealth in the world.

The Council of Indigenous Authorities (CAIN in its Spanish initials) was founded in Santa Cruz del Rincón, Guerrero, in February 1994, and its objective is to watch over the well-being of the community, owed to the fact that neither the state nor the federal government do so. To achieve this well-being they decided to undertake projects in different areas such as: communication, health, education, security, and an Indigenous Training Coordination Center. Within the area of communication they completed the construction of a stretch of highway between the communities, and there's still many more stretches to construct. But it's in the realm of security where the Community Police were born in 1995, after a series of assemblies between diverse organizations from the region such as coffee-growing organizations, the Ejido (communal land) Union, Luz de la Montaña, the Regional Farmers Union, 500 Years of Indigenous Resistance, Triple S, the Abasto Community Center, CAIN, and the Santa Cruz de del Rincón and Pascala del Oro parishes.

This project was born from public assemblies because animal theft, assaults, and sexual abuse of women became intolerable. Sexual abuse was the most painful for the communities, and one particularly unbearable case was that of a 7-year-old girl. The public security forces only carried out operations that bothered the communities more than they provided them with security. To resolve the assault problem, for example, the local police would ask the victims for money, which they said was for gasoline. So extortion, arrogance, abuse of authority, inefficiency on the part of the governmental authorities, and at times their collaboration with criminals all led this region's inhabitants to back the Community Police.

Each officer that joins the Community Police is elected in an Assembly. The community meets, and if the prerequisites established by the community are met, they elect eight community police in the larger communities, six in the mid-sized communities, and four in the smallest communities. Likewise, if it is necessary to remove an officer from duty it is also done in an Assembly. (The state police, on the other hand, are subject to the laws of supply and demand, meaning that if the system needs more police to protect their interests then a lot of them are hired, and if not then they're laid off.) Community Police do not receive money nor any other personal benefit from their community service. And each one of them has an occupation through which they sustain themselves and their families (generally they work the land). Their service rotates so that a person can work...
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languages, medicines, and foods, as well as the social and political organization of their
To be able to make amends to the community

Re-education does not mean depriving a harmful person of their freedom or isolating them from
society; it means a period in which in addition to community service, there is also time for
personal reflection and analysis. Each person has to think about their values and how they will
conduct themselves in the future. This period of reflection is supported by the community
and the community authorities through constant conversations with those who are in the process
of re-education. There have been cases were the person who is in a period of re-education was the
only breadwinner in their family. In these instances the community helps the family by giving
them beans and corn.

The responsibility to administer justice doesn’t only lie in the CRAC’s hands. Local problems are
resolved in local community assemblies, and only when it’s of a serious nature or at the regional
level does the problem go to the CRAC. Moreover, the discretion given to the CRAC has been
consensual upon in community assemblies.

Autonomy
To understand the processes of autonomy in Mexico it’s necessary to be clear that autonomy is
not new to these lands. Indigenous communities have a long history of autonomy with their own
languages, medicines, and foods, as well as the social and political organization of their
communities. Imperialists have tried to destroy this community-based way of understanding
social organization—indepen dent and autonomous but always working together—with wars of
conquest and massacres of indigenous people that have been happening for more than 515
years.

Autonomous community justice projects like the Community Police in Guerrero or the Zapatistas’
Good Government Councils in Chiapas have begun to reclaim this ancestral autonomy, and entire
generations have been raised within these experiences. It’s very different to try to construct
something new and unexplored like autonomy in social organization than to reclaim what once
existed. In Oaxaca they still practice the tradition of the Topiles or traditional guards, and some
of the Yaqui tribes in Sonora also maintain traditional guards. Although not all of them are part
of autonomous movements, through their actions they maintain the self-management that the
War of Conquest hasn’t been able to exterminate.

But it’s also necessary to understand that different forms of autonomy exist. The Community
Police and the CRAC are adherents to the Zapatistas’ Other Campaign, and in April 2006 they
met with the Sixth Commission. While the Zapatista caracoles (centers of government) have
achieved autonomy without having to make treaties or initiate dialogs with the government, the Community Police established a relationship with the state from the very beginning so that the state would respect the project. Throughout its history the Community Police has had different relationships with the state, depending on who is governing at the moment. For example, on a couple of occasions the government has given them weapons, a vehicle, or a house for the indigenous authorities to use in the administration of community justice. However, this "support" is completely insufficient—after all, there are now 672 community police officers who need communication equipment, vehicles, and infrastructure. On various occasions the community has worked together to meet these needs. Their organization is working towards establishing autonomy from the state in many other areas such as education, the economy, and health. Recuperating this autonomy is difficult for Mexican indigenous communities because it is necessary to confront the nation-state and the global capitalist system, but in a way they've already walked this path and are familiar with the experience of being autonomous. Even though those who are now trying to reclaim their self-determination in their lands and territory may not have lived these experiences of autonomy in the flesh, it is a history that they carry in their hearts and collective memory.

The great advances in autonomy that the Community Police and the CRAC have achieved can't be doubted. The same goes for other important projects in Mexico such as the Zirahuen community's Efren Capiz Secondary School in Michoacan. Even though the teachers are paid by the government, this school continues to be in the hands of its community. The community is working to form the Blue Lake Eruption in Rebellion Caracol of Zirahuen, clearly connected to the Zapatista struggle. Therefore it is crucial to understand that the autonomous processes within communities will always be different. Although in some cases, like the Zapatista caracoles, it appears easy to not have relations with the state, in many others it's not so simple. But this does not mean that they are not equally valuable for analyzing these experiences in the anti-capitalist struggle.

Furthermore, in order to be able to try autonomous projects in our neighborhoods, streets, cities, or communities it's necessary to understand that the power to have total autonomy from the state is not always possible in the beginning due to various factors. These factors are in many cases economic and infrastructural. For example, while Zapatista caracoles have received a lot of international solidarity in support of their economic, productive, education, and health projects, many other communities and struggles don't. They see themselves as forced to demand that the government build these projects although in essence these communities run them, and always do so with consequences such as political prisoners or assassinations. For example, arrest warrants have been hanging over the heads of various members of the Community Police and community activists and it appears as though the government now wants to act on them. [Translator's note: In Mexico the government issues warrants against activists for petty crimes they may or may not have committed and then shelves the warrants for years, allowing them to pile up until they can be used at an opportune moment, such as during an uprising or when a community organization becomes too effective. Right after the uprising in Oaxaca began, for example, warrants issued years ago against APPO and Section 22 activists were dusted off to legally sanction their politically motivated arrests.] During its first years in existence the Community Police was disarmed by the Mexican Army and some of its members were jailed, and it was only through social mobilization that the government respected the will of the people.

An Example of Dignity

Indigenous resistance struggles have put forward some very clear and simple concepts, for example, in the First Encuentro of American Indigenous Peoples or through the Zapatista's Sixth Declaration of the Lacandon Jungle and the National Indigenous Congress. These concepts like respect and dignity are easy to translate to western languages, but they're difficult to understand. Respect doesn't only mean not offending or not attacking something or someone. Rather, it involves understanding one another and understanding that we're not all alike and that we don't have to be alike to be able to live in peace.

The concept of dignity is far from that which our capitalist society puts forth when it tries to sell you a "dignified life" in a "good house," with a "good job" that pays a "good salary" and a well-being that most of the time only applies to yourself or your family. The dignity that indigenous people talk about is knowing that no one is suffering for our own well-being and knowing that our actions are carried out with collective justice. Dignity is always feeling happy with our lives and wanting our communities to feel that same happiness, and that whatever injustice, wherever it is committed, is an injustice to all of us, and we won't continue to be dignified if we don't struggle to end these injustices.

Only if we can understand these concepts, even just a little, will we be able to see and understand the profoundness and importance of the motto of the Community Police, "Respect for our rights is justice," and what this dignified project means for the global struggle against the capitalist system.

For more information on the Community Police in English and Spanish, please see www.policiacomunitaria.org.

Puaz works with Regeneracion Radio, an independent community radio station in Mexico City. Their articles and broadcasts about the Zapatistas' Other Campaign and the struggle in Mexico can be found at www.regeneracionradio.org.
Child Sexual Assault & Youth

“We accept the love we think we deserve.”
-Chbosky
What's up people,

I am a young queer person of color, I'm from Oakland California but I come from many different backgrounds.
I'm proud to be black, white, and Indian because I learn more and more about who I am everyday just by the things that I see and do.
I'm 18 years old and the second youngest of six.
I really like to go out and learn different things and I'm always up for a challenge.

The purpose of the zine is to educate the young people in this world. The zine is basically one way to being safe and healthy, and a larger list beyond that! The zine provides a safe place for readers like you and me, I hope that you (the reader) get as much as I did just by helping put it together...

Sable, 18
I am what I am
I am a youth of color in power
I am the leader of a line which will never end
I am the role model my elders wish they had when they were my age
I am the cloud that cuddles around the sun, the brightest star at night
I am the shadow of someone or something in power
I am the wise man that sat under a tree in a book I once read
I am destiny
I am every woman's desire
I am the red rose in a garden of sunflowers
I am I am I am
I am the future.

By Sable
Below are some of the most frequently asked questions about child sexual abuse. Many of these questions come from the misinformation and stereotypes that we learn about the sexual abuse of children. Our answers serve to educate readers about child sexual abuse and introduce Generation FIVE’s framework for understanding and addressing this issue.

1. What is child sexual abuse?

Child sexual abuse is the overarching term for a huge, complicated, personally and socially damaging issue. It takes many different forms (Incest, Community, Stranger, Institutional, Commercial, Ritual, Systemic), with varying degrees of impact and trauma. At the base of child sexual abuse is the sexual use of a child by someone with more power. It is the use of a child to satisfy the offenders own needs for power or sex, disregarding the child’s needs and sending a message that the child’s wishes about his or her own body are unimportant. The vast majority of child sexual abuse happens in situations where the child trusts and/or is dependent upon the offender. Over 85% of children know their abusers. Most sexual offenders cultivate some level of trust with the child to assure that they will comply and not tell. Often they use spoken and unspoken threats to ensure that the child is in their control. For example, “I will hurt your family, animal, brother, etc.” or “I will tell everyone this is your fault, you made me do it.”

In addition to adult offenders, youth can sexually abuse other children. This is different than age appropriate sexual play amongst child or youth peers. There is often a lot of confusion and sex negativity in our communities. People can get paranoid about child sexual abuse on one hand and then do nothing to prevent it on the other. We want to both support age appropriate sexual development in youth, and watch for a potential misuse of power that can harm another child. This can happen when there are differences in age (typically 2-5 years), developmental stage, weight and power. Any of these differences can put a child at risk for sexual manipulation and misuse.

The acts of child sexual abuse include fondling or inappropriate touch, and specific acts of oral sex or penetration against a person who is too young or unable to consent. Child sexual abuse can include child pornography, sexual exposure/voyeurism, sexual exploitation, genital contact, penetration, sexual jokes, invasive hygienic practices and more covert psychological and sexual preoccupations with a child. Importantly, it is not just the sexual behavior, but the combination of the sexual activity with the power imbalance that enables the abuse.

Most definitions of child sexual abuse ignore the social and cultural context of any given episode of sexual abuse. But without taking into account the context, it is very difficult for individuals, communities, or systems to truly define, much less respond appropriately to, the sexual abuse of children.

When taking action to end child sexual abuse we need to be careful not to impose a certain set of Western conceptions of appropriate behavior onto non-Western cultures. Of course there is a long
history of this that is a product of institutional racism, colonialism and classism. So we need to negotiate and account for these differences in defining child sexual abuse.

At the same time, we do not want to collapse into cultural relativism —making everything relative to the cultural in which it happens such that people outside and inside the community are challenged when they name child sexual abuse when it’s happening. Based on extensive research, we can say with clarity that across culture, community, and country, penetration or forced oral sex of a child by a parent or sibling (or any other adult or older child) is considered CSA.

Child sexual abuse is a collective crisis requiring social change.

2. Who gets sexually abused?

Child sexual abuse affects people from a wide variety of backgrounds. The statistics show that child sexual abuse crosses boundaries of race, class, culture, ethnicity, gender, and sexuality – there is no one kind of person to whom child sexual abuse happens.

Statistics suggest that girls are more frequent victims of sexual abuse than boys, however, it is unclear whether or not those statistics reflect the reality of sexual abuse or just the dynamics of reporting. While there are a wide variety of cultural beliefs about gender and sexuality, many cultures remain more comfortable perceiving girls and women as sexual victims than recognizing the sexual abuse of boys and men. Homophobia and sexism perpetuate the myth that “real” men are not sexually victimized, and because of this myth it seems highly likely that the sexual abuse of boys and men is under-reported across cultures.

While victims and offenders are obviously most directly affected, families and communities in which child sexual abuse happens are also deeply impacted when there is no adequate response to the issue.

3. Doesn’t child sexual abuse happen more in some communities than in others?

Mainstream stereotypes tend to link race, class, and region to child sexual abuse. These stereotypes claim that sexual abuse happens mostly in poorly-educated rural communities, low income urban communities, or in communities of color or immigrant communities. These stereotypes are untrue. In addition, the media tends to focus on sensationalized cases of child abduction, which are statistically rare compared to child sexual abuse by someone close to the victim, and to minimize stories on child sexual abuse in stereotypically “normal” homes. But each community also maintains its own stereotypes about child sexual abuse, almost invariably projecting the problem into a community that is different from their own. For example, white communities may perceive child sexual abuse to be a problem for people of color, communities of color may perceive child sexual abuse to be a problem for white people, immigrant communities may perceive child sexual to be a problem for local nationals (i.e., an American problem), and so on. On the whole, people tend to think of child sexual abuse as happening to people who are not like them.

But while child sexual abuse occurs across race, class and region lines, this does not mean that race, class and region are irrelevant to understanding child sexual abuse. Homophobia, racism, and sexism perpetuate the problem of child sexual abuse, making it difficult for children under the double and triple burden of those stereotypes to tell about what is happening to them. If disclosure is paired with racist or classist stereotyping, both children and adults are less likely to seek help or in fact to have relevant help available to them. Children who do not have access to
resources, or are perceived as less likely to tell, can be deliberately targeted by offenders. Children with disabilities are, for example, twice as likely to experience sexual abuse than children without disabilities, and children from lower income backgrounds are more likely to experience sexual exploitation in addition to sexual abuse.

4 Who would do this to a child?

There is no simple explanation as to why someone would sexually abuse a child. Recent research suggests that a very broad range of adults perpetrate sexual abuse, so it is difficult to come up with a single profile (set of trackable behaviors and demographic) of a child sexual offender. If you looked at a graph that charted the profile and demographics of child sexual offenders in the United States, it would match the profile and demographics of the average men in the country. This does not mean that all men in the U.S. are sexual offenders. Rather, it underscores the fact that sexual abuse is committed by a wide range of people rather than by a stereotypical offender. But despite the fact that there is no single profile for a sexual offender, recent research in the field of sex offender treatment suggests that some key factors are often present: very low self esteem, feelings of extreme powerlessness, a tendency to relate more to children than adults, little to no empathic ability, and strong projections of accountability onto others (it is all someone else’s fault). Reports of personal histories of abuse among sexual offenders against children varies. Current research suggests that only 1/3 of reported sexual offenders have experienced sexual abuse themselves, although research also suggests that a personal history of physical, emotional and sexual abuse acts as a risk factor for offending.

One common stereotype is that all adults who sexually abuse children are pedophiles, people whose main sexual attraction is to children under the age of puberty. This suggests that there is a specific class of adults who seek out sex with children, and that these people are different from adults who have sexual relations with other adults. But many of the adults who sexually abuse children are not pedophiles. They have ongoing sexual relations with adults, and sexually abuse children.

Professionals who work with sexual offenders argue that there are a few broad categories of offenders: some are adults who repeatedly seek out children to sexually abuse, often these offenders are pedophiles; other are considered opportunistic abusers, or those who merely act on opportunity or the proximity of children to abuse. These offenders may not seek out children to abuse outside of their immediate family or network. Many offenders do not show a broader sexual interest in children. Child sexual abuse is about having power over another person and using that power sexually.

5 Wouldn't I be able to tell if someone I know is sexually abusing kids?

Many people feel certain that they would be able to tell if someone they knew were sexually abusing children. This belief is often founded in stereotypes about sexual offenders against children: that they are creepy single men in trench coats hanging around playgrounds, or clearly dysfunctional adults unable to form meaningful relationships with other adults. People feel they will just “know” an offender when one walks into the room because of this stereotype from mainstream films and television. Holding on to this stereotype allows people to believe that they don’t know anyone who is sexually abusing children, since the people they like and talk with day to day certainly don’t appear to them in this way.

But in real life, sexual offenders don’t appear as they do in the movies. In fact, the majority of child sexual offenders are perfectly “normal” seeming adults or adolescents. Many offenders are
seemingly nice, responsible people who may in fact love and otherwise protect the children around them. Child sexual abuse can coexist with love and affection, and many offenders convince themselves that they are not doing anything harmful to the child. Often those around them do not realize sexual abuse is happening precisely because they don’t appear to be hiding anything, or to be harmful people. But sexual abuse is in fact intentionally hidden by offenders. The majority of offenders forbid the child to tell anyone and threaten them with dire consequences if they do. Unless bystanders are trained to notice the signs of child sexual abuse and are able to have open conversations about the issue with those around them, it is relatively easy for offenders to hide what they are doing (for specific information about how to notice signs of abuse, see “Now that I know, what do I do?”). Because of the stereotypes about offenders, most people just assume that they don’t know anyone who would sexually abuse a child and therefore don’t pay much attention to the signs that may surround them.

6 Don’t some children want sex or enjoy it when it happens?

Childhood sexual development is very complex. It is also a subject that makes many adults uncomfortable. Taken together, these two facts tend to make the question of what children want, and what they enjoy, very difficult to assess. Adults make the laws that say when children reach the age of sexual majority, or when they have the legal right to consent to sex or to have access to sexual information. Children have little say in defining what sexuality might mean to them, and they are on the whole given little positive information to inform them on this subject. But children do have phases of sexual development from the time they are born, and children’s exploration of their own bodies and of their physical environment is part of normal childhood development. All too often adults lack the skills to understand and support age-appropriate sexual development for children, and instead tend to silence or shame children for exhibiting normal curiosity about activities that adults might label sexual.

While children are sexual beings with complex responses to the world around them, this does not mean that children want to have sex with adults. Many children desire comfort, connection, and touch, and many are also curious about their own and other people’s bodies. Children seek out this connection and express physical curiosity without a clear sense of adult boundaries between sexual touch and friendly touch. With other children in their peer group, this natural curiosity can be part of age-appropriate exploration that is guided by a shared set of expectations and limitations. But sexual offenders often deliberately misconstrue children’s openness to touch and desire for physical attention as readiness to participate in adult sexuality. Offenders will claim that the child initiated a sexual encounter or enjoyed the experience while it was happening. But children often find an adult’s move to explicit sexual activity deeply confusing and harmful, and frequently they do not have a clear way to understand what is happening. While children’s bodies do have the biological capacity to respond to sexual touch, it does not mean that the touch was wanted or that the child liked it. If a sexual response does occur during the abuse, many children feel doubly guilty and ashamed. This kind of response is normal; survivors of child sexual abuse should not be shamed or blamed for their reactions nor should offenders be allowed to use these reactions as justification for past or future abuse.

7 Aren’t gay people more likely to sexually abuse children than straight people?

No. Adult sexual orientation is irrelevant to the sexual abuse of children. The vast majority of adults who sexually abuse children identify as heterosexual, even those men who sexually abuse boys. Child sexual abuse and homosexuality are linked by a series of odd and unsettling connections in the public mind. Heterosexism – the belief that heterosexuality is the only normal and natural form of sexual expression – tends to reinforce the belief that homosexual people are
somehow sexually deviant. Once this belief system is in place, it is just a quick step to thinking that homosexuals might be more likely to sexually abuse children.

The truth is that the sexual abuse of children has little to do with adult sexual preference. Child sexual abuse is more about the expression of sexual power than about the expression of sexual preference for one gender or another. Some sexual offenders have a preference for children of one gender or the other, but this preference is not necessarily reflected in their adult sexual choices. This stereotype is part of broader cultural homophobia, which not only scapegoats gay men as sexual offenders but also makes it difficult for boys to disclose sexual abuse by men for fear of being labeled gay. This type of homophobia also makes it difficult for gay men and women to disclose child sexual abuse because it might be used to explain their sexual orientation.

8 If child sexual abuse happens so much, is it really that bad?

Child sexual abuse has a difficult and lasting impact, and this shows up differently for different people. Survivors experience a wide range of responses to the abuse, from severe post-traumatic stress disorder to less permanent forms of pain, stress and confusion. Survivors of child sexual abuse experience a range of effects, including dissociation or “checking out,” feeling isolated and alone, hypervigilence, and a difficulty or fear of intimacy and closeness with others. Survivors also often experience distrust of themselves and others, shame, anger, grief, betrayal, a sense of losing themselves or being “tainted,” and a low self esteem. Many report a higher use of numbing devices including drugs and alcohol, and lots of confusion with boundaries.

For children who are abused sexually, a sense of safety in themselves and with others is often broken. People have a variety of ways to try and cope with and repair this breach. How a child’s family or community responds to sexual abuse also has a deep influence on their health and recovery. The more supportive people are to the victim, the greater the victim’s likely resiliency and recovery from the abuse. Research suggests that a child’s resilience is also supported by having other positive relationships in their lives, by their connection to a broader sense of meaning or purpose, by a connection to nature or animals, and/or by having a way to express themselves creatively. At a broader societal level, a supportive community and family who can acknowledge the abuse, an offender who is able to take accountability for their actions, and survivor participation in the public response to the offender can all help to lessen the long-term harm of child sexual abuse.

Often upon learning about the high prevalence and negative impact of child sexual abuse, many people try to find a way to shrink such an unbearable reality into something more manageable. It can be difficult for people to know how they should feel or what they should do about such a serious social problem. In order to minimize the problem, most people tend to go back and forth between two beliefs about the impact of child sexual abuse: either child sexual abuse is absolutely devastating, or else it really isn’t all that bad. If they believe it is completely and totally devastating, people find it hard to believe that it happens so much. If they believe it is not all that bad, then they are more able to tolerate the statistics. The harm of child sexual abuse gets measured in relation to its prevalence – people can only bear to know one part of the picture, so often either the harm or the prevalence are minimized to make the picture more bearable.

Denying how widespread child sexual abuse is allows us to blame individuals for their victimization, their troubled feelings (such as anxiety, depression, trust and intimacy problems, symptoms of post-traumatic stress disorder), poor health (such as chronic pain, eating disorders,
sleep disorders, gastrointestinal illness, sexually transmitted diseases) and behavior (such as cutting, problematic drug and/or alcohol use, harmful sex) instead of addressing all the ways in which child sexual abuse is linked to much wider systems of oppression and injustice.

9 Aren’t there already laws that take care of this problem?

There are already laws that prohibit child sexual abuse. Sex with a minor under the age of consent is illegal in all states in the United States and most countries internationally, and most states have specific laws against child sexual abuse, incest, molestation, or lewd and lascivious conduct with a minor. Most countries in the world (the United States excluded) have ratified The United Nations Declaration on the Rights of the Child, which states a child’s right to grow up free of sexual exploitation and abuse. But these laws have done little to actually stop child sexual abuse from happening. Legal courts are often ill equipped to work with complex issues of child sexual abuse. Most professionals in these setting are not trained in the dynamics and statistics of abuse. Judiciary discretion does not frequently lead to a well-informed, effective decisions about child sexual abuse.

Because of the often close relationship between offenders and their victims, most cases of child sexual abuse do not ever enter into the legal system. People are loathe to report child sexual abuse to the authorities, and when they do those cases involving incest or abuse by a family intimate are unlikely to be prosecuted. Only 10% of all estimated child sexual abuse cases go through the legal system. Those most likely to be prosecuted for child sexual abuse are those who have the least relationship to the child (stranger abductions). It correlates that the closer you are in blood relation to the child, the less likely you are to be reported and prosecuted legally. Even when cases do enter the legal system, victims are often re-traumatized by the system, offenders rarely receive treatment, and families frequently do not feel served by the experience.

10. Why don’t we just put all the offenders in jail?

One of the proposed solutions to the problem of child sexual abuse has been to increase incarceration rates and terms for sexual offenders. Like domestic violence, child sexual abuse has not always been taken seriously by the police or by the courts. Stranger offenders are far more likely to be penalized by the legal system than offenders who know the victim are, and incest offenders are often the least likely to serve jail time. Some victim advocacy groups feel that increasing the legal penalty for child sexual abuse would help to prevent the problem, sending a strong message to potential offenders that our country has zero tolerance for child sexual abuse. But locking the offenders in jail will not necessarily solve the problem. The sweep and impact of child sexual abuse is large enough that it is just not a feasible solution to put all offenders in jail. In addition, incarcerating individuals has proven relatively unsuccessful in preventing abuse, changing behavior, or making restitution to those impacted by child sexual abuse.

While it is crucial to have means of accountability that stop the abuse and offer effective solutions to victims and families, a criminal justice approach alone is unlikely to achieve these goals. Instead of increasing offender accountability, greater criminal liability and stricter sentencing threatens to drive child sexual abuse more underground, leaving offenders, victims, and impacted communities without effective means of intervention or redress. A more varied approach to justice may be needed to be truly effective in preventing the sexual abuse of children. Offender accountability is one of the key components to preventing and responding effectively to child sexual abuse. Effective models need to hold offenders genuinely accountable and also provides appropriate treatment options to the victim, offender, and affected bystanders (such as the family). In general, people impacted by child sexual abuse seem more willing to use options that
do not immediately criminalize the perpetrator. Other solutions can include removing the perpetrator from the home rather than the child, and providing effective treatment for all involved, and community accountability for offenders. Lastly, in interviews done with hundreds of convicted sex offenders, many offenders said they would have sought help if there was someone they could have talked to or a volunteer sex offenders program they knew about (Stop It NOW).

But many child sexual offenders also operate with high levels of denial and secrecy, and offender programs spend the first year of treatment breaking down the denial and constructing offender accountability. It is important that we are attentive to the real threat of repeat offenders while we also look for viable models that will address the vast majority of child sexual abuse. Special sexual violence courts that have been established to understand the dynamics of sexual abuse and foster offender accountability and treatment has shown to be more successful than incarceration alone in truly ending abuse and preventing further abuse.

11. What does ending child sexual abuse have to do with social justice?

Many people are taught that child sexual abuse happens in other communities, not theirs. Often the ideas about the “other” communities are fueled by negative race and class stereotypes or homophobia. Unfortunately, it happens everywhere. In the USA, child sexual abuse occurs in every race, geographical location, class, gender, religious affiliation and culture.

But what is different from community to community are the social and cultural factors that shape how child sexual abuse is defined, viewed and dealt with. And, while child sexual abuse has a lasting impact on everyone, there are ways in which this trauma is made worse and further silenced by other forms of oppression, such as racial, economic, sexuality and gender-based oppression.

For example, An 8-year-old Latino boy sexually abused by his uncle who is an illegal immigrant, can be both traumatized about what happened to him as well as whether telling about it will lead to getting his uncle deported. If this boy’s family is reliant on the uncle’s weekly paycheck, it gets even more complicated and he is less likely to tell. The impact of his abuse is made more terrifying by the prospect that his telling might cause his family to break up or lose their home or get deported. In communities that live under the shadow of oppression, child sexual abuse often poses a greater risk to personal security and community threat. Generation FIVE is unique amongst national anti-violence organizations in recognizing that our goal of ending child sexual abuse cannot be realized while other systems of oppression are allowed to continue. In fact, systems of oppression and child sexual abuse have an interdependent and mutually beneficial relationship: oppression creates conditions that perpetuate child sexual abuse (gender inequality, class exploitation, colonialism), while in turn the prevalence of child sexual abuse fosters behaviors (obedience to authority, silence, disempowerment) that prevent people from organizing effectively to resist oppression and other systemic forms of violence.

Generation FIVE works across very diverse communities. Again and again people from oppressed communities speak about the risk of even admitting to, let alone creating effective response to child sexual abuse when their communities are already targeted by racism, homophobia or poverty. People from privileged communities can see these connections in their experiences, too. More often than not, the combined racial and economic status of their offenders

Extensive research lays out the broad health and social impacts of child sexual abuse—harmful substance use, physical and mental illness, subsequent abusive sexual and intimate relationships, and increased risk for imprisonment and sex work. 

(Felitti et al, 1998)
prevents meaningful accountability as the position of powerful or elite community members is protected at the expense of the people whom they have violated.

A 26 year veteran of Child Protective Services (CPS), sexual abuse unit, validated Generation FIVE’s analysis connecting systems of oppression to the ongoing problem of child sexual abuse. He walked us through the processes of reporting child sexual abuse, the evidentiary laws regarding proof of abuse, the involvement of the criminal legal systems and the sheer number of kids who recant once they think their families will be broken up. He shared that by the end of the process who you have left are poor people and communities of color who could not work their way out of the system….if families have resources, even if CPS highly suspects they are sexually abusing their kids, they can get out of the public systems with self-paid private therapy, and CPS doesn’t have the resources to track them.

Because child sexual abuse is fueled and further complicated by other forms of oppression, generation FIVE works with other social justice movements to create a broad, cross-movement effort. Please see g5 Programs to learn more about our cross movement building.

12. What does child sexual abuse have to do with me?

If you asked them, most people would tell you they think child sexual abuse is wrong. Most people would also tell you they have experienced concern at some time or another about the possibility of child sexual abuse – perhaps they saw a news story that disturbed them, or spoke to a friend who had a personal experience with child sexual abuse, or found themselves a little uncomfortable with someone’s behavior around children. But despite such ready admissions that child sexual abuse is a problem that touches their lives, many people would also assure you that there is no child sexual abuse in their own home or in their immediate community. The majority of the population believes that child sexual abuse is a terrible crime that happens to someone else, somewhere else. And they hope that it stays that way -- someone else’s problem.

But child sexual abuse is everyone’s problem. Given the statistics, each of us knows someone whose life has been directly impacted by child sexual abuse. Many people have friends and colleagues who are survivors of child sexual abuse but may not have ever discussed the issue. And many people have friends and colleagues who are offenders of child sexual abuse but do not disclose this fact. Both survivors and offenders are every-day people you know, live near, and work with. Because of the silencing and shame that surrounds child sexual abuse, frequently neither survivors nor offenders disclose their experience to those around them.

Child sexual abuse continues at an enormous cost to society, not only in terms of public health but also in terms of personal relationship. We collectively struggle with and pay for the aftermath of trauma through increased mental health issues and needed services, harmful drug and alcohol use, increased and intergenerational violence, increased medical needs and costs, paying for ineffective public systems and incarceration, etc.

Child sexual abuse “teaches” people early on to not speak up, to expect violation, and to distrust. These impacts roll out through an individual’s and community’s life. While we are used to thinking about this impact on an individual and relational level, what about these silences in our broader social system? We perpetuate what we do not face. The less empowered one feels, the less likely they are to take action, to speak up for any number of injustices or visions for a more powerful, just future. To address and prevent child sexual abuse we much each develop our ability to face it and respond to it effectively.
Warning Signs in Children and Adolescents of Possible Child Sexual Abuse

Any one sign doesn't mean that a child was sexually abused, but the presence of several suggests that you begin asking questions and consider seeking help. Keep in mind that some of these signs can emerge at other times of stress such as:

- During a divorce
- Death of a family member or pet
- Problems at school or with friends
- Other anxiety-inducing or traumatic events

Behavior you may see in a child or adolescent

- Has nightmares or other sleep problems without an explanation
- Seems distracted or distant at odd times
- Has a sudden change in eating habits
  - Refuses to eat
  - Loses or drastically increases appetite
  - Has trouble swallowing.
- Sudden mood swings: rage, fear, insecurity or withdrawal
- Leaves “clues” that seem likely to provoke a discussion about sexual issues
- Writes, draws, plays or dreams of sexual or frightening images
- Develops new or unusual fear of certain people or places
- Refuses to talk about a secret shared with an adult or older child
- Talks about a new older friend
- Suddenly has money, toys or other gifts without reason
- Thinks of self or body as repulsive, dirty or bad
- Exhibits adult-like sexual behaviors, language and knowledge

Signs more typical of younger children

- An older child behaving like a younger child (such as bed-wetting or thumb sucking)
- Has new words for private body parts
- Resists removing clothes when appropriate times (bath, bed, toileting, diapering)
- Asks other children to behave sexually or play sexual games
- Mimics adult-like sexual behaviors with toys or stuffed animal
- Wetting and soiling accidents unrelated to toilet training
Signs more typical in adolescents

- Self-injury (cutting, burning)
- Inadequate personal hygiene
- Drug and alcohol abuse
- Sexual promiscuity
- Running away from home
- Depression, anxiety
- Suicide attempts
- Fear of intimacy or closeness
- Compulsive eating or dieting

Physical warning signs

Physical signs of sexual abuse are rare. If you see these signs, bring your child to a doctor. Your doctor can help you understand what may be happening and test for sexually transmitted diseases.

- Pain, discoloration, bleeding or discharges in genitals, anus or mouth
- Persistent or recurring pain during urination and bowel movements
- Wetting and soiling accidents unrelated to toilet training

What You Can Do If You See Warning Signs

- Create a Safety Plan. Don’t wait for “proof” of child sexual abuse.
- Look for patterns of behavior that make children less safe. Keep track of behaviors that concern you. This Sample Journal Page can be a helpful tool.
- See our Let’s Talk Guidebook for tips on speaking up whenever you have a concern.
- If you have questions or would like resources or guidance for responding to a specific situation, visit our Online Help Center, http://GetHelp.StopItNow.org.

Remember, the most effective prevention takes place before there’s a child victim to heal or an offender to punish.

For more information and guidance, please visit our Online Help Center, http://GetHelp.StopItNow.org.
Age-Appropriate Sexual Behavior

It can be hard to acknowledge that all of us, even children, are sexual beings, have sexual feelings and are curious about sex and sexuality. Children’s curiosity can lead to exploring their own and each other’s body parts by looking and touching.

They may peek when family members are in the bathroom or changing clothes or try to listen outside the bedroom. They may look at magazines, books, videos, and on the internet.

It can be hard to tell the difference between “normal” sexual behaviors and behaviors that are signs that a child may be developing a problem. Sexual play that is more typical or expected in children will more often have the following traits:

• The sexual play is between children who have an ongoing mutually enjoyable play and/or school friendship.
• The sexual play is between children of similar size, age, and social and emotional development.
• It is lighthearted and spontaneous. The children may be giggling and having fun when you discover them.
• When adults set limits (for example, children keep their clothes on at day care), children are able to follow the rules.

Preschool age (0 to 5 years)

Common:
• Will have questions and express knowledge relating to:
  o differences in gender, private body parts,
  o hygiene and toileting,
  o pregnancy and birth.
• Will explore genitals and can experience pleasure.
• Showing and looking at private body parts.

Uncommon:
• Having knowledge of specific sexual acts or explicit sexual language.
• Engaging in adult-like sexual contact with other children.

School-age (6-8 years)

Common:
• Will need knowledge and have questions about
  o physical development, relationships, sexual behavior
  o menstruation and pregnancy,
  o personal values.
• Experiment with same-age and same gender children, often during games or role-playing.
• Self stimulation in private is expected to continue.
Uncommon:
- Adult-like sexual interactions,
- Having knowledge of specific sexual acts,
- Behaving sexually in a public place or through the use of phone or internet technology.

School-age (9-12 years)
Hormonal changes and external influences, such as peers, media and Internet, will increase sexual awareness, feelings and interest at the onset of puberty.

Common:
- Will need knowledge and have questions about
  - Sexual materials and information,
  - Relationships and sexual behavior,
  - Using sexual words and discussing sexual acts and personal values, particularly with peers.
- Increased experimentation with sexual behaviors and romantic relationships.
- Self stimulation in private is expected to continue.

Uncommon:
- Regularly occurring adult-like sexual behavior.
- Behaving sexually in a public place.

Adolescence (13 to 16)

Common:
- Will need information and have questions about
  - Decision making
  - Social relationships and sexual customs
  - Personal values and consequences of sexual behavior.
- Self stimulation in private is expected to continue.
- Girls will begin menstruation; boys will begin to produce sperm.
- Sexual experimentation between adolescents of the same age and gender is common.
- Voyeuristic behaviors are common in this age group.
- First sexual intercourse will occur for approximately one third of teens.

Uncommon:
- Masturbation in a public place.
- Sexual interest directed toward much younger children.

For more information and guidance about sexual behaviors in children, please visit our Online Help Center, http://GetHelp.StopItNow.org.

Resources on Age-Appropriate Sexual Behavior
- Understanding Your Child’s Sexual Behavior, Toni Cavanaugh Johnson
- Childhood Sexuality: A Guide for Parents, Gail Ryan and Joanne Blum
- From Diapers to Dating: A Parents Guide to Raising Sexually Healthy Children, Debra Haffner
- A Very Touching Book: For Little People and Big People, Jan Hindman
Behaviors to Watch for When Adults Are With Children

We all have personal likes and things that make us uncomfortable. “Personal space” is the private area of control inside an imaginary line or boundary that defines each person as separate. Ideally, that boundary helps us stay in charge of our own personal space. It helps keep out the things that make us uncomfortable - unsafe and unwanted feelings, words, images, and physical contact. Solid social rules strengthen the boundary. Behaviors that routinely disrespect or ignore boundaries make children vulnerable to abuse.

Do you know an adult or older child who doesn’t seem to understand what’s acceptable when it comes to:

**Personal space**
- Makes others uncomfortable by ignoring social, emotional or physical boundaries or limits?
- Refuses to let a child set any of his or her own limits? Uses teasing or belittling language to keep a child from setting a limit?
- Insists on hugging, touching, kissing, tickling, wrestling with or holding a child even when the child does not want this physical contact or attention?
- Frequently walks in on children/teens in the bathroom?

**Relationships with children**
- Turns to a child for emotional or physical comfort by sharing personal or private information or activities, normally shared with adults?
- Has secret interactions with teens or children (e.g. games, sharing drugs, alcohol, or sexual material) or spends excessive time emailing, text messaging or calling children or youth?
- Insists on or manages to spend uninterrupted time alone with a child?
- Seems “too good to be true, i.e. frequently babysits different children for free; takes children on special outings alone; buys children gifts or gives them money for no apparent reason?
- Allows children or teens to consistently get away with inappropriate behaviors?

**Sexual conversation or behavior**
- Frequently points out sexual images or tells dirty or suggestive jokes with children present?
- Exposes a child to adult sexual interactions or images without apparent concern?
- Is overly interested in the sexuality of a particular child or teen (e.g., talks repeatedly about the child's developing body or interferes with normal teen dating)?

Good boundaries help prevent abuse. For more information and guidance about starting a conversation with someone who behaves in these ways, please visit our Online Help Center, http://GetHelp.StopItNow.org

Have questions? Need resources? Get Help Now!

Stop It Now! prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.

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Signs That a Child or Teen May Be At-Risk to Harm Another Child

More than a third of all sexual abuse of children is committed by someone under the age of 18. Children, particularly younger children, may take part in inappropriate interactions without understanding how it might be hurtful to others. For this reason, it may be more helpful to talk about a child's sexually "harmful" behavior rather than sexually "abusive" behavior.

Do you know a child or adolescent who is:

- Confused about social rules and interactions
  - May experience typical gestures of friendliness or affection as sexual?
  - Explores his or her own natural sexual curiosity with younger children or those of differing size, status, ability, or power?
  - Seeks out the company of younger children and spends an unusual amount of time with them rather than with peers?
  - Takes younger children to "secret" places or hideaways or plays "special" games with them (e.g. playing doctor, undressing or touching games, etc.)?
  - Insists on physical contact with a child when the child resists the attention?

- Anxious, depressed or seeming to need help
  - Tells you they do not want to be alone with a child, or group of children, or becomes anxious about being with a particular young person?
  - Was physically, sexually or emotionally abused and has not been offered adequate resources and support for recovery?
  - Seems to be crying for help, i.e. behaves as if they want to be caught; leaves "clues" or acts in ways that seem likely to provoke a discussion about sexual issues?

- Impulsively sexual or aggressive
  - Links sexuality and aggression in language or behavior (e.g. makes sexual threats or insults)?
  - Unable to control inappropriate sexual behaviors involving another child after being told to stop?
  - Engages in sexually harassing behavior?
  - Shares alcohol, drugs, or sexual material with younger children or teens?
  - Views sexual images of children on the Internet or elsewhere?
  - Forces sexual interaction, including direct contact and non-contact (like exposing genitals) on another adolescent or child?

For more information and guidance about responding to a child with these behaviors, please visit our Online Help Center, http://GetHelp.StopItNow.org.
Key Phrases for CSA Survivors

- This happens to a lot of people, you are not alone.
- This is not your fault, even if you feel like it is, it was not your fault. It is always the responsibility of the bigger and more powerful person not to do harm, or to hurt you. It is their responsibility to take care of you.
- I am sorry this happened to you. It should have never happened.
- You deserve to be treated with respect. You deserve to be taken care of.
- I'm glad you are telling me this. It is important to tell. It is good that you are telling me. This will be important to keep talking about with people who can help you through this.
- I believe you.
- You are good. You are not bad. These kinds of experiences can make you feel that way, but you are not bad.
- What kind of support do you have around this? Who do you speak with about the abuse? Do you speak with family, friends, partner? Do you have support of a counselor, group, body worker, agency? How well does your support work for you? What do you need? Offer resources.

Handling Disclosures

- Do not make any promises. If you are a mandated reporter there is no confidentiality.
- Always believe the child and take the disclosure seriously.
- Don’t express shock or disgust.
- Don’t make judgments about the offender.
- Reassure the child that s/he has done the right thing by telling you.
- Don’t ask leading questions, probe or investigate.
Barriers to Disclosure
Why Children Don’t Tell...

- Children feel responsible
- Children fear disbelief from adults
- Children believe threats from the offender
- Children avoid disappointing adults by reporting something “bad”
- Children resist talking about “nasty” things
- Children lack vocabulary and are unable to describe what has happened to them
- Children are taught not to “tattle”
- Children are taught to be respectful/trusting of adults
- Children fear getting in trouble or disobeying an adult who has stressed secrecy.

Breaking Barriers
Why Children Tell...

- Children tell when they come into contact with someone who appears to “already know”
- Children tell when they come into contact with a confident person who does not appear to be judgmental, critical or threatening.
- Children tell when they believe a continuation of the abuse will be unbearable
- Children tell when physical injury occurs
- Children tell if they receive sexual abuse prevention information
- Children tell to protect another child
- Children tell if pregnancy is a threat
- Children tell when they come into contact with someone they believe may protect them.

Santa Fe Rape Crisis Center 2004
Children’s Books

My Body is Private
Linda Walvoord Girard

The Right Touch
Sandy Kleven

Your Body Belongs to You
Cornelia Maude Spelman

I Said No! A Kid-to-Kid Guide
Kimberly King

It’s My Body
Lory Freeman

A Very Touching Book
Jan Hindman

Adult Survivors of CSA Books

Waking the Tiger: Healing Trauma
Peter Levine

The Survivor’s Guide to Sex: How to Have an Empowered Sex Life After Child Sexual Abuse
Stacie Haines
People have said to me, "Why are you dragging this up now?" Why? WHY? Because it has controlled every facet of my life. It has damaged me in every possible way. It has destroyed everything in my life that has been of value. It has prevented me from living a comfortable emotional life. It's prevented me from being able to love clearly. It took my children away from me. I haven't been able to succeed in the world. If I had a comfortable childhood, I could be anything today. I know that everything I don't deal with now is one more burden I have to carry for the rest of my life. I don't care if it happened 500 years ago! It's influenced me all that time, and it does matter. It matters very much.

—Jennifer Lavender, 47-year-old survivor

The long-term effects of child sexual abuse can be so pervasive that it’s sometimes hard to pinpoint exactly how the abuse affected you. It permeates everything: your sense of self, your intimate relationships, your sexuality, your parenting, your work life, even your sanity. Everywhere you look, you see its effects. As one survivor explained:

It’s like those pictures I remember from Highlights for Children magazine. The bicycle was hidden in a tree, a banana was growing from someone’s ear, and all the people were upside-down. The caption underneath said, “What’s wrong with this picture?” But so many things were disturbed and out of place,
it was often easier to say, "What's right with this picture?"

Many survivors have been too busy surviving to notice the ways they were hurt by the abuse. But you cannot heal until you acknowledge the areas that need healing.

Because sexual abuse is just one of many factors that influenced your development, it isn't always possible to isolate its effects from the other influences on your life. Is your self-esteem low because you were a Black child raised in a racist society? Because you grew up in a culture that devalues women? Because your mother was an alcoholic? Or because you were molested when you were nine? It's the interplay of hundreds of factors that make you who you are today.

The way the abuse was handled when you were a child has a lot to do with its subsequent impact. If a child's disclosure is met with compassion and effective intervention, the healing begins immediately. But if no one noticed or responded to your pain, or if you were blamed, not believed, or suffered further trauma, the damage was compounded. And the ways you coped with the abuse may have created further problems.

Not all survivors are affected in the same way. You may do well in one area of your life, but not in another. You may be competent at work and in parenting but have trouble with intimacy. Some women have a constant nagging feeling that something is wrong. For others, the damage is so blatant that they feel they've wasted their lives:

As far as I'm concerned, my whole life was stolen from me. I didn’t get to be who I could have been. I didn’t get the education I should have gotten when I was young. I married too early. I hid behind my husband. I didn’t make contact with other people. I haven't had a rich life. It's not ever too late, but I didn’t start working on this until I was thirty-eight, and not everything can be retrieved. And that makes me very angry.

The effects of child sexual abuse can be devastating, but they do not have to be permanent. As you read this chapter, you may find yourself nodding your head—"Uh-huh, me too"—recognizing, perhaps for the first time, the ways in which the abuse affects your life. Look at the following lists and ask yourself how you’ve been affected. Such recognition will probably be painful, but it is, in fact, part of the healing process.

**SELF-ESTEEM AND PERSONAL POWER**

When you were abused, your boundaries, your right to say no, your sense of control in the world, were violated. You were powerless. The abuse humiliated you, gave you the message that you were of little value. Nothing you did could stop it.

If you told someone about what was happening to you, they probably ignored you, said you made it up, or told you to forget it. They may have blamed you. Your reality was denied or twisted and you felt crazy. Rather than see the abuser or your parents as bad,
you came to believe that you did not deserve to be taken care of, that you in fact deserved abuse. You felt isolated and alone.

Many abused kids are told directly that they'll never succeed, that they're stupid, or that they're only good for sex. With messages like these, it's hard to believe in yourself.

WHERE ARE YOU NOW?

- Do you feel that you're bad, dirty, or ashamed?
- Do you feel powerless, like a victim?
- Do you feel different from other people?
- Do you feel there's something wrong with you deep down inside? That if people really knew you, they'd leave?
- Do you ever feel self-destructive or suicidal? Or that you simply want to die?

FEELINGS

As a child you could not afford to feel the full extent of your terror, pain, or rage. The agony would have been devastating. You could not have done arithmetic with other second-graders had you known the depth of your sorrow. And you could not think about killing your father when you relied on him to feed you.

Because your innocent love and trust were betrayed, you learned that you could not rely on your feelings. The feelings you expressed may have been disregarded or mocked. You were ignored, told you had nothing to worry about, molested again.

If the adults around you were out of control with their feelings, you got the message that feelings led to violence or destruction. Anger meant beatings or furniture thrown across the room.

You may have learned to block out physical pain, because it was too devastating or because you did not want to give the abuser the satisfaction of seeing you cry. But since you can't block feelings selectively, you simply stopped feeling.

WHERE ARE YOU NOW?

- Can you recognize your feelings? Tell the difference between them?
- Do you have trouble expressing your feelings?
• Do you value feelings or see them as an indulgence?
• Are you comfortable with anger? Sadness? Happiness? Calm?
• Do you feel confused much of the time?
• Do you experience a wide range of emotions or just a few?

YOUR BODY

Children learn about the world through their bodies. When you were sexually abused, you learned that the world was not a safe place. You experienced pain, betrayal, and conflicting sensations of arousal. Children often learn to leave their bodies to avoid these feelings—or they numb themselves as best they can.

WHERE ARE YOU NOW?

• Do you feel present in your body most of the time? Or are there times when you feel as though you’ve left your body?
• Do you ever use alcohol, drugs, or food in a way that concerns you?

INTIMACY

The building blocks of intimacy—giving and receiving, trusting and being trustworthy—are learned in childhood. If children are given consistent loving attention, they develop skills for establishing and maintaining nurturing relationships. Unfortunately, if you were abused, your natural trust was skewed by adults who misused your innocence. You were told, “Daddy’s only touching you because he loves you” or “I’m doing this so you’ll be a good wife to your husband someday.” You grew up with confusing messages about the relationship between sex and love, trust and betrayal.

WHERE

• Do you...
• Can...
• Is it...
• Are...
• Do...
• Have...
• Do...

Stress

natural introd cordi... your arou... disguise deep desire force (sex w... disap feelir... your sex... othe...
WHERE ARE YOU NOW?

- Do you find it difficult to trust anyone? Do you have close friends?
- Can you imagine a healthy relationship?
- Is it difficult for you to give or receive nurturing? To be affectionate?
- Are you afraid of people? Do you feel alienated or lonely?
- Do you tend to get involved with people who are inappropriate or unavailable?
- Have you ever been involved with someone who reminds you of your abuser?
- Do you often feel taken advantage of?

SEXUALITY

When children are sexually abused, their natural sexual capacity is stolen. You were introduced to sex on an adult's timetable, according to an adult's needs. You never had a chance to explore naturally, to experience your own desires from the inside. Sexual arousal became linked to feelings of shame, disgust, pain, and humiliation. Pleasure became tainted as well. And desire (the abuser's desire) was dangerous, an out-of-control force used to hurt you.

Children often leave their bodies during sex with the abuser. You numbed yourself or disappeared. You disconnected from sexual feelings.

When abuse was coupled with affection, your needs for nurturing were linked with sex. You didn't learn to meet these needs in other ways.

WHERE ARE YOU NOW?

- Are you able to stay present when making love? Do you go through sex numb or in a panic?
- Do you try to use sex to meet needs that aren't sexual? Can you accept nurturing and closeness in other ways?
- Do you find yourself avoiding sex or going after sex you really don't want? Can you say no?
- Do you feel your worth is primarily sexual?
- Are you sexual with partners who respect you? Have you ever had partners who sexually abused you?
- Have you been a prostitute? Or used your sexuality in a way that had elements of exploitation?
- Do you experience sexual pleasure? Sexual desire? Do you think pleasure is bad?
• Do you ever think sex is disgusting or that you’re disgusting for enjoying it?
• Are you turned on by violent, sadistic, or incestuous fantasies?
• Do you find you need to control everything about sex to feel safe?

• Do you ever experience flashbacks to the abuse?
• Do you have sex because you want to, or only because your partner wants it?
• Have you ever been sexually abusive?

CHILDREN AND PARENTING

If the abuse took place within your own family, or if your family did not protect and support you, you grew up in a dysfunctional family. You did not have the benefit of healthy role models. Until you actively face your abuse and begin to heal from it, you are likely to repeat the same kind of parenting you had as a child.

WHERE ARE YOU NOW?

• Do you feel uncomfortable or frightened around children?

• Have you ever been abusive, or feared you might be?
• Do you find it hard to set clear boundaries with children? To balance their needs with your own?
• Do you have a hard time feeling close to your children? Are you comfortable being affectionate with them?
• Have you had trouble protecting the children in your care?
• Are you overprotective?
• Have you taught your children to protect themselves? Have you talked to them honestly about sex?

FAMILIES OF ORIGIN

Relationships are distorted in incestuous families. The essential trust, sharing, and safety are missing, and in their place there is secrecy, isolation, and fear. If you were abused by a family member, you may have been made the family scapegoat, repeatedly told that you were crazy or bad. You may have felt isolated, cut off from nurturing contact with others.

Since alcoholism and other dysfunctional patterns often accompany sexual abuse, you may have had to cope with these problems as well. Adult responsibilities may have been forced on you.
If the abuse took place outside your family and you weren’t adequately heard, you got the message that your pain wasn’t important, that you couldn’t rely on your family to protect or understand you.

WHERE ARE YOU NOW?

- Are you satisfied with your family relationships? Or are they strained and difficult?
- Is the sexual abuse acknowledged in your family? Do the people in your family support you?
- Do you feel crazy, invalidated, or depressed whenever you see your family? Have you been rejected by your family?
- Have you confronted your abuser or told other family members about your abuse?
- Do you feel safe when you’re with your family?
- Do you expect the people in your family to change? To take care of you? To see your point of view? To believe you? Do you keep hoping?
- Does incest still go on in your family?

YOU CAN HEAL FROM THE EFFECTS OF ABUSE

If you feel overwhelmed reading this chapter, remember that you have already lived through the hardest part—the abuse itself. You have survived against formidable odds. The same abuse that undercut you has also provided you with many of the inner resources necessary for healing. One quality every survivor can be confident of having is strength. And with an understanding of what it takes to heal, that strength leads directly to determination. As one woman stated: “No one’s gonna fuck with me no more.”

WRITING EXERCISES: THE EFFECTS

(See the basic method for writing exercises on page 28.)

Write about the ways you’re still affected by the abuse. What are you still carrying in terms of your feelings of self-worth, your work, your relationships, your sexuality? How is your life still pained, still limited?

Write about the strengths you’ve developed because of the abuse. Think of what it’s taken for you to survive. What are the qualities that enabled you to make it? Perseverance? Flexibility? Self-sufficiency? Write about your strengths with pride.
Male Survivors

“If we could see into the secret lives of those we wish to punish, we would see such pain and suffering, we would wish for nothing more.”

-Anonymous
The middle of the Castro
The middle of assholes
Black holes
Sucking in money, muffling sound
In hypocrites this place is drowned
Take take take, be fake fake fake
In a black hole of bougieness
Blinded by self righteousness
Overpaid and overspent
A quarter will not make a dent
In your income with its' figures six,
But you're buying boys to suck their dicks
Don't remember your expensive needs
Just ride upon synthetic steeds
Up your nose and in your arms
Then turn on your synthetic charms
That match your hair that's bleached to hell
With a tan I can't believe they sell
Your urban look so up-to-date
From my culture you appropriate
Arms with fake kanji tattoos
You try to sport when you go cruise
"Look at me, I'm sensitive
I understand the way you live
In your language I can say hello"
God damn mahu you've got to go
If you understood the way I think
You wouldn't look at me and wink
Then ask me, "Where do you come from?"
"San Diego." You look so dumb
As confusion you attempt to mask
Then it dawn's on you and so you ask,
"No, I mean, where are your parents at?"
"Seattle." Then your face goes flat
"I'm American you stupid prick
And no I will not suck your dick.
Don't look at me with lust-filled eyes.
You don't see me. You fetishize.
I'm just another Asian face.

You look, but all you see's my race.
My brown skin and my black hair,
My slanted eyes that make you stare.
I'm not your houseboy to clean for you,
Do your laundry, cook your food.
I'm not submissive. I am not weak.
Won't bow my head so I look meek
To fit the image you create
Those defining borders that I hate."

"I be your mail order bride.
Subservient, I have no pride.
I stay quiet, not speak my mind.
Of your love affairs I will stay blind.
At home is where I sit and wait
Till you come home from another date
With an Asian boy who doesn't know
That you look at him and see a ho.
A concubine that's bought and sold
That you will fuck till you get bored.
You drop him like a piece of trash.
Your only gift an itchy rash
And self-esteem that rip to shred.
He crying while he make his bed.
No point committing suicide.
To you is like he already died.
On your wall is another mark
Alone and crying in the dark."

"Guess what motherfucker?! I think I'll pass.
Try that on me and I'll kick your ass.
Your preconceived notions don't define
My body, heart, and not my mind.
Don't pretend to understand "my ways"
Then tokenize me in your Asian craze.
I'm not an exotic accessory.
Oriental haberdashery.
A statuette in your trophy case.
On a pedestal like your fake Ming vase."
Japanese scroll hanging on your wall.
China cabinet in the dining hall.
Ala Moana aloha shirt.
Your false concern won't heal the hurt.
Rice paper shoji screen.
The rape of my people goes on unseen.
Block it from your white boy views.
I don't have the privilege to pick and choose.
What I see and what I know.
You force it upon me. Every blow.

Pump my ass. Fuck bareback style.
I hear you talking all the while.
'Baby. God your ass is tight.
I could fuck that shit all night.
You love it when I ride you hard.'
Then the moment that I'm caught off guard,
You slam it in so it goes deep.
The pain shoots through me, but I don't weep.
'Who's your daddy?! Say my name!'
I'm just a pawn in an ancient game.
You slap my ass like it's a drum.
'Oh yeah baby, I'm gonna come.'
Turn me over on my back.
Fist on dick and hand on sac.
Quick masturbatory pace.
'Fuckin A! Oh God! Oh yes!'
You scream it like I should feel blessed
To be with you, some awesome god,
That I should worship and applaud
For your holy cock with all its' strength.
Powerful in girth and length.
Deep-set eyes like a lake of blue
Framed by skin of perfect hue.
Paragon of muscle's gold.
When the god's made you they broke the mold.
In post-sodomized embrace
I feel like I just fell from grace.

You lie in sweaty blissful sleep,
Cum-drenched blankets at your feet,
While I wash my sticky skin
Of the pungent stench of sin.
Into the wash I put the sheets,
Then fold your clothes with perfect pleats.
Then I kneel in silent prayer
Our sins, I now lay bare
'Holy mother full of grace,
Though cum is dripping off my face
And I come to you in nakedness,
Please don't love me any less.
I beseech you please, to hear my plea.
Forgive him mother and forgive me.
Of his privilege he knows not,
For of it he was never taught.
I have no pride, my worth can't see.
I'm not valued by society.
Of these things we're not to blame.
So now I leave from whence I came.
Amen.'
I silently slip into bed.
Finally I can rest my head.

Then I'm woken by inner screams
And ripped away from your Asian dreams/
I'm still alive. My heart still beats.
There is no cum upon my sheets.
My breathing's shallow. My arms go slack.
My chest feels like I've had a heart attack.
Then I realize that I'm still here.
That now I have nothing to fear.
I'm not your houseboy to clean for you,
Do your laundry, cook your food.
I'm not submissive. I am not weak.
Won't bow my head so I look meek
To fit the image you create
Those defining borders that I hate.
When a Sexual Assault Survivor is Male

Prevalence

Many believe that sexual assault of men is more underreported than sexual assault of women. Nonetheless, we do know that:

- 1 in 6 boys will be sexually assaulted or abused before the age of 18
- 1 in 10 men (on average) will be sexually assaulted in their adulthood.
- In 1991, 7.7% of men surveyed in the National Crime Survey reported being sexually assaulted.

Masculinity and Male Survivors

There continues to be a great deal of stigma and shame regarding the sexual assault and abuse of men and boys. Expectations of what it means to be “a man” may be internalized by the survivor or the survivor may fear how other’s will react to his story based on their own expectations. These expectations often create an atmosphere where the survivor feels like he is weak for having been victimized. Examples of societal norms for men that support this atmosphere are:

- focus on competition
- focus on income/employment
- focus on leadership
- men receive reinforcement for violent and aggressive emotions
- men are not supposed to acknowledge their emotions.
- focus on physical strength

Characteristics of Male Rape

Male-on-male sexual assault can include:

- genital contact, acts of penetration or a physical attack that is somehow sexualized.
- several attackers, resulting in severe injury to the survivor
- brutal non-genital injuries

Women as Rapists

A common misconception is that women cannot sexually assault men. It can happen, but it is not nearly as common as male-on-male assault.

- more than 86% of male survivors are sexually abused by another male
- some men are victimized by females
- people dismiss assault of boys and men by a woman as wanted sexual initiation
- the impact of female-on-male assault is emotionally damaging.

Effects of Assault on Male Survivors

Rape affects men in many ways similar to women. Anxiety, anger, sadness, confusion, fear, numbness, self-blame, helplessness, hopelessness, suicidal feelings and shame are common reactions of both male and female survivors.
Some reactions men may have to an assault include:

- men may show more hostility and aggression rather than tearfulness and fear.
- they may also question their sexual identity
- they can act out in a sexually aggressive manner
- they may downplay the impact of the assault.
- they may also experience an overwhelming sense of loss of control over their bodies and selves.
- The male survivor may be very embarrassed and also feel dirty or ashamed.

**Concerns Specific to Male Survivors**

Male survivors share many of the same concerns as female survivors of assault but may also have some concerns that female survivors do not. It is important to consider all of these concerns if you are seeking to assist a male survivor of sexual violence:

- He may feel disturbed by the fact that he was unable to protect himself from the assault, even when multiple attackers were involved.
- He may question his masculinity and ability to be a "man" now that he has had control of his body taken by somebody else or perhaps he has been penetrated.
- He may fear that others will discover that he has been assaulted or that a person can distinguish that he has been sexually assaulted simply by looking at him.
- Men may feel guilty for submitting to an act because of the fear of injury or death, even though we know submission does not equate consent.

**Sexual Arousal and Rape**

Some men experience an involuntary erection and/or ejaculation during the assault, but both of these responses occur as involuntary reactions to extreme stress, fear or stimulation:

- In the same way that a sneeze or yawn is an involuntary response, erections while being assaulted are purely physiological.
- An erection alone never equals consent.
- When helping a male survivor, emphasize that the attack was one of violence and control, not sex or sexuality.

**Medical Exam for Male Survivors**

Male survivors may experience great discomfort during medical treatments or examinations, after a rape. The medical examination may include:

- a rectal examination,
- examination of the genitals for lacerations and other injuries.
- If oral penetration occurred, the doctor will probably take a throat culture for gonorrhea.

**Concerns Specific to Gay Male Survivors**

Gay, bisexual or gay-identified men are often targets for sexual assault as a hate crime. They suffer from many of the same types of trauma as heterosexual men with a few important differences:

- He may withdraw from consensual sexual activity, because it may cause him to experience flashbacks to the assault.
- Gay individuals may be treated with suspicion and disrespect, and may fear insensitive treatment from hospital and legal personnel.
- As with all survivors, be certain to stress that he is in no way responsible for the violence perpetrated against him.

**Supporting the Male Survivor**

While there may be some differences in how rape impacts a male versus a female survivor of sexual assault, the basics of supporting survivors are the same for men as for women:

- Believe him.
- Know what your community's resources are
- Help him explore his options.
- Don't push and don't blame.
- Ask him what he wants and listen.
- Be cautious about physical contact until he's ready.
- Get help for yourself.

**Myths About Male Rape and Male Victims**

There are many misconceptions or myths related specifically to male survivors of sexual assault. These myths make
it difficult for male survivors to seek help:

- Heterosexual male survivors may believe that the assault (whether the attacker is male or female) means that he is now gay or will become gay.
- Heterosexual male survivors may worry that they somehow gave off "gay vibes" that the rapist picked up and acted upon.
- For a gay man, especially one who is not yet out of the closet, the possibility that he is broadcasting his "secret sexual identity" to others without even knowing it can be particularly upsetting.
- Another misconception about sexual assault is that men who are raped become rapists. This is a destructive myth that often adds to the anxiety a male survivor feels after being assaulted. Because of this misinformation, it is common for a male survivor to fear that he is now destined to do to others what was done to him.

The Truth About Male Survivors
It's important to be educated about these myths and let male survivors know the truth:

- A man getting raped by another man says nothing about his sexual orientation before the assault, nor does it change his sexual orientation afterwards.
- Rape is primarily prompted by anger or a desire to harm, intimidate or dominate, rather than by sexual attraction or a rapist's assumption about his intended victim's sexual preference.
- While many convicted sex offenders have a history of being sexually abused, most male survivors do not become offenders.
- A great majority of male survivors have never and will not become sexual offenders

Resources for Male Survivors
Every community has its own services for survivors of sexual violence, including local or campus-based rape crisis centers. Most of these places have on-site counselors trained in working with male survivors or can refer men who have been assaulted to professionals in the area who can help. Know the resources in your area so you will be prepared to help male survivors heal.
Unique Issues Faced By Male Survivors

There is great societal denial of the fact that men get sexually assaulted. Chances are-- except for the occasional bad prison joke--most of us don't ever hear about the topic of male sexual assault. The need to deny the existence of male sexual assault is partly rooted in the mistaken belief that men are immune to being victimized, that they should be able to fight off any attacker if they are truly a "real man." A closely related belief is that men can't be forced into sex-- either they want it or they don't.

These mistaken beliefs allow lots of men to feel safe and invulnerable, and to think of sexual assault as something that only happens to women. Unfortunately, these beliefs can also increase the pain that is felt by a male survivor of sexual assault. These beliefs leave the male survivor feeling isolated, ashamed, and "less of a man."

No wonder so few men actually get help after being sexually assaulted. The fact is that only 5 to 20% of all victims of sexual assault actually report the crime-- the percentage for male victims is even lower. Feelings of shame, confusion and self-blame leave many men suffering in silence after being sexually assaulted.

Below are some of the unique problems and concerns that male survivors may experience:

**For most men** the idea of being a victim is very hard to handle. We're raised to believe that a man should be able to defend himself against all odds, or that he should be willing to risk his life or severe injury to protect his pride and self-respect. How many movies or TV shows have you seen in which the "manly" hero is prepared to fight a group of huge guys over an insult or name-calling? Surely, you're supposed to fight to the death over something like unwanted sexual advances...right? These beliefs about "manliness" and "masculinity" are deeply ingrained in most of us and can lead to intense feelings of guilt, shame and inadequacy for the male survivor of sexual assault.

Many male survivors may even question whether they deserved or somehow wanted to be sexually assaulted because, in their minds, they failed to defend themselves. Male survivors frequently see their assault as a loss of manhood and get disgusted with themselves for not "fighting back." These feelings are normal but the thoughts attached to them aren't necessarily true. Remind yourself that you did what seemed best at the time to survive--there's nothing unmasculine about that.

As a result of their guilt, shame and anger some men punish themselves by getting into self-destructive behavior after being sexually assaulted. For lots of men, this means increased alcohol or drug use. For others, it means increased aggressiveness, like arguing with friends or co-workers or even picking fights with strangers. Many men pull back from relationships and wind up feeling more and more isolated. It's easy to see why male survivors of sexual assault are at increased risk for getting depressed, getting into trouble at work, getting physically hurt, or developing alcohol and drug problems.

Many male survivors also develop sexual difficulties after being sexually assaulted. It may be difficult to resume sexual relationships or start new ones because sexual contact may trigger flashbacks, memories of the assault, or just plain bad feelings. It can take time to get back to normal so don't pressure yourself to be sexual before you're ready.

**For heterosexual men**, sexual assault almost always causes some confusion or questioning about their sexuality. Since many people believe that only gay men are sexually assaulted, a heterosexual survivor may begin to believe that he must be gay or that he will become gay. Furthermore, perpetrators often accuse their victims of enjoying the sexual assault, leading some survivors to question their own experiences. In fact, being sexually assaulted has nothing to do with sexual orientation, past, present or future. People do not "become gay" as a result of being sexually assaulted.

**For gay men**, sexual assault can lead to feelings of self-blame and self-loathing attached to their sexuality. There is already enough homophobic sentiment in society to make many gay men suffer from internal conflicts about their sexuality. Being sexually assaulted may lead a gay man to believe he somehow "deserved it," that he was "paying the price" for his sexual orientation. Unfortunately, this self-blame can be reinforced by the ignorance or intolerance of others who blame the victim by suggesting that a gay victim somehow provoked the assault or was less harmed by it because he was gay. Gay men may also hesitate to report a sexual assault due to fears of blame, disbelief or intolerance by police or medical personnel. As a result gay men may be deprived of legal protections and necessary medical care following an assault.

Some sexual assaults of men are actually forms of gay-bashing, motivated by fear and hatred of homosexuality. In these cases, perpetrators may verbally abuse their victims and imply that the victim deserved to be sexually assaulted. It's important to remember that sexual assault is an act of violence, power and control and that no one deserves it.
Male Survivors
SUSAN WACHOB AND RICK NIZZARDINI

Just as women have historically been denied permission to be powerful, assertive, and in control of their bodies, men are expected to embody these attributes at all times. Thus, the very rules that oppress women set up a dynamic where it is assumed men can't be sexually victimized.

In the United States and in many other cultures, gender role socialization, a process that begins at the moment of birth, teaches the young male child how he is expected to feel, think, and behave and, most importantly, how he is to experience himself. “Big boys don’t cry.” “Be a man!” “If he hits you, hit him back.” None of what he’s taught allows him a full range of emotional response—crying if he’s sad, freezing in fear or feeling helpless if overpowered—to one of the most devastating of human experiences: sexual assault.

The average man is not prepared for the role of sexual assault victim. Thus, he is taken totally off guard, further adding to the trauma. This lack of anticipating the possibility that he can be a rape victim not only prevents him from having considered options (something as basic as being aware of a rape crisis center as a place to call for help or support), but also minimizes the actual options available to him. The same gender role socialization that has molded his own beliefs has occurred in the very environment that has molded other individuals as well. Thus, while the male survivor struggles to integrate the experience of a sexual assault with his gender stereotyped notions that such things do not happen to men, those who wish to offer him help struggle with the same issues. It is important for sexual assault counselors, then, to analyze their own assumptions about gender stereotypes so that when a male victim calls, these beliefs do not impede the counselor’s genuine offer of help.

A number of issues are similar for most survivors: fear, shame, guilt, helplessness, anger, among others. How these particular concerns are experienced by the male survivor and how he communicates them to others, however, may be significantly different. Additionally, there are many issues unique to male survivors and some that are of particular relevance to gay survivors.

Because statistics vary from study to study, it is difficult to estimate the number of male victims of adult rape or childhood molestation or incest. As a general rule, however, it is estimated that as many as one in six men are sexually abused as children. The following section highlights some of the most frequently encountered issues unique to the male survivor, and it is followed by a section focusing on the specific needs of the gay male survivor.

Issues for Male Survivors of Any Sexual Orientation

It is often difficult for the male survivor to identify sexual victimization as abuse because he has been taught that it happens only to women. He might redefine the abuse as something other than sexual victimization: “It wasn’t rape. It was just an early opportunity for sex,” or “Women can’t rape men, so it wasn’t rape,” or “Because I had an erection, I must have enjoyed it so it wasn’t really rape and what am I complaining about?” The first task, then, is to help the male victim understand that his experience was abuse or a rape.
Although the sexual assault counselor should assess where the male survivor is regarding his acceptance of what has occurred, it is also helpful for the worker to assess whether those survivors who seem fearful of naming the assault as rape may benefit in the moment by naming it as such. In effect, the sexual assault counselor might need to serve as the external, objective voice of reason that helps the male survivor see the abuse for what it really is—abuse—because gender socialization prevents the survivor from doing so on his own. The male victim who is able to define his experience as sexual abuse may still fear the response of the rape crisis center or others he reaches out to, anticipating that their responses may be as judgmental or uninformed as his own. Many of those the male survivor turns to for help (rape crisis centers, therapists, his own family or friends) will, in fact, similarly distort the realities of the rape of men.

It is important for the sexual assault counselor to keep several things in mind when a call comes in from a male survivor. First, it should be recognized that there are few culturally sanctioned emotions for men, with anger being the primary one. Sadness and fear are the least acceptable. It is therefore easy to miss the broad array of underlying reactions and needs that any survivor experiences. Because for women anger is often seen as empowering, it is easy to misinterpret the early anger expressed by the male survivor as a sign that he is less traumatized. Additionally, male survivors often feel the need to take action regarding the abuse. “Sitting with the feelings” is often unknown and intolerable. More active options sometimes work better at first, but ultimately he needs to learn how to deal with those feelings. Some things that might prove useful are helping him identify and name the feelings he is experiencing, normalizing them and his discomfort with them, and helping him to understand the importance of the feelings as internal messages and healing tools. It is also important to understand his statements like “I’m going to get him” as expressions of his hurt and fear in a framework of taking action. At the same time, however, it is still imperative to not dismiss expressions of potential violent behavior without fully exploring them.

Furthermore, it should be recognized that many men talk about sex in graphic ways. When they call a rape crisis center, this presentation fits well with the stereotype of men as the perpetrators and women as the victims and can be mistaken for someone making crank calls for his own sexual gratification or to harass the person taking the call. Although it is important to acknowledge that crank calls can occur and that they make it difficult for legitimate male victims to access services, sexual assault counselors should also recognize the importance of differentiating the two callers. To do this, it is helpful if the sexual assault counselor does not initially comment on the graphic nature of the caller’s story, acknowledging the possible underlying meanings to the graphic content (for example, “That must have been really frightening,” or “What an awful thing to go through”) and attempting to determine if the caller may be a legitimate victim who is calling for help but unable to find words other than a detailed description of the rape. Doing this both avoids the judgment that is the very thing the survivor fears and also models a way to talk about what’s underneath the initial presentation.

Sexual assault counselors should also be aware that sexual issues are of major concern to many male survivors. Because an erection is so visible, it is obvious to the perpetrator, who may use it to confuse the victim. The survivor may also mistake this physiological response for consent or desire, and he may need educating that he may well have been physically stimulated without having wanted the sexual activity and that erections can be caused by such things as fear as well. Additionally, men are often expected, both internally and by the culture at large, to be sex seekers—ready, willing, and able to perform. Yet post-assault, it is common for men to experience diminished interest in sex through difficulty getting or maintaining an erection and reaching an orgasm. It is vital to normalize
these experiences. Exploring the “message” that his body is expressing often helps minimize the need for acting it out through sexual dysfunction.

Men who are sexually victimized often assume that they are the only ones—an idea that is reinforced by the secrecy that other male survivors maintain, and that is in turn fostered by the massive denial about male sexual victimization in general. For the man assaulted by another man, this leads to such questions as, “Is there something wrong with me, that I’m the only man it happened to?” This in turn leads to questions about whether the assault will have an effect on the survivor’s sexual orientation and whether he was singled out because the assailant thought he was gay. For the heterosexual survivor, fears of “becoming gay” could emerge. The sexual assault counselor should normalize such fears but reassure the survivor that the assault was an act of power and the sex was just used as the weapon. Finally, for the male survivor of sexual abuse by either gender, concern arises about his inability to be a “man”—that is, one who is never vulnerable—obviously an impossible standard to uphold.

**Issues Specific to Gay Male Survivors**

The gay male survivor of sexual abuse has all the concerns that any man might have, plus a number unique to being a gay survivor. There are differences in the gay survivor’s internal experience of himself as a gay man, of the greater culture’s view of him, and of his relationship with both the gay and nongay cultures in which he must function daily.

Similar to the question that a heterosexual man might have about sexual orientation as a factor in the abuse is the gay man’s question about whether he was raped because he is gay. In gay bashings, this may well be true.

Most sexual abuse of gay men outside institutional settings occurs in the same way that it does for women—by partners and acquaintances. Thus, the very people who are likely to make up his community and social support system are similar to the person who assaulted him, possibly heightening the lack of safety he already feels.

In addition, the gay man who is raped is taking an often enormous risk approaching some service providers, fearing that his homosexuality, rather than his assault, will become the focus of sexual assault services. He legitimately fears judgment about his sexual orientation and sexual practices. His partner may not be offered the same emotional support that a heterosexual survivor’s partner might receive or be welcomed as a valid part of the gay survivor’s support system.

There is some debate in the gay community as well about whether forced sexual activity among gay men is rape or a form of sexual expression. The issue remains the same, no matter who the survivor or the circumstances: was it consensual? Helping the gay male survivor explore the event in this context, helping him use his feelings as a tool to guide him, will be more fruitful than defining it for him. This is an extremely sensitive issue in the gay community, and the survivor may not mention it at all, not wanting to expose his community to the scrutiny of a possibly hostile public.

The sexual assault counselor should also be aware that gay men, like their heterosexual counterparts, often experience a lack of libido and erectile and orgasmic difficulties after being raped. Both within the gay culture and in the wider community, a gay man is expected to be universally interested in sex and may question his identity or competence as a gay man as he experiences a decrease in sexual desire and/or functioning.

In summary, men who are sexually victimized face many of the issues that female survivors encounter. But they have numerous additional hurdles to surmount in their healing as well. As a healer in these men’s recovery, it is vital to be aware of the issues with
which the male survivor may be struggling. Perhaps even more important, however, is
examining your own biases about men and their varying roles in sexual victimization. To
fully accept that men can be and are sexually victimized in no way minimizes the impact
of sexual violence in the lives of women. Each sexual assault survivor, female or male,
deserves a fully compassionate and informed response to that person’s unique needs.
SUNDAY, JANUARY 24, 2010

Slavery in US Prisons --An interview with Robert Hillary King and Dr. Terry Kupers

"Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction." --13th Amendment, 1865.

An 18,000-acre former slave plantation in rural Louisiana, the infamous Louisiana State Penitentiary at Angola is the largest prison in the U.S. Today, with African Americans composing over 75% of Angola's 5,108 prisoners, prison guards known as "free men," a forced 40-hour workweek, and four cents an hour as minimum wage, the resemblance to antebellum U.S. slavery is striking. In the early 1970s, it was even worse, as prisoners were forced to work 96-hour weeks (16 hours a day/six days a week) with two cents an hour as minimum wage. Officially considered (according to its own website) the "Bloodiest Prison in the South" at this time, violence from guards and between prisoners was endemic. Prison authorities sanctioned prisoner rape, and according to former Prison Warden Murray Henderson, the prison guards actually helped facilitate a brutal system of sexual slavery where the younger and physically weaker prisoners were bought and sold into submission. As part of the notorious "inmate trusty guard" system, responsible for killing 40 prisoners and seriously maiming 350 between 1972-75, some prisoners were given state-issued weapons and ordered to enforce this sexual slavery, as well as the prison's many other...
enforce this sexual slavery, as well as the prison’s many other injustices. Life at Angola was living hell -- a 20th century slave plantation.

Black Panthers Robert Hillary King, Albert Woodfox, and Herman Wallace are known as the “Angola Three.” Woodfox and Wallace were co-founders of a Black Panther Party chapter at Angola in the early 1970s. These Panthers saw life at Angola as modern-day slavery and fought back with non-violent hunger strikes and work strikes. Prison authorities were outraged by the BPP’s organizing, and retaliated by framing these three BPP organizers for murders that they did not commit. Woodfox and Wallace were both framed for the 1972 stabbing death of white prison guard Brent Miller, and have now spent over 37 years in solitary confinement. King was framed for a 1973 murder of another prisoner, and spent 29 years in solitary confinement until he was released from in 2001 after his conviction was overturned.

This new video released by Angola 3 News is the third part of an interview conducted with Robert King and Terry Kupers in October 2009, in Oakland, CA when King was in town for Black Panther History Month. In the first two parts King and Kupers discussed the psychological impact of imprisonment (watch here). In this new video, Robert King and Dr. Terry Kupers argue that slavery persists today in Angola and other U.S. prisons, citing the 13th Amendment to the U.S. Constitution, which legalizes slavery in prisons as “a punishment for crime whereof the party shall have been duly convicted.” As King says: “You can be legally incarcerated but morally innocent.”

Dr. Terry Kupers, M.D., M.S.P. wrote the introduction to Robert King's 2008 autobiography entitled From the Bottom of the Heap: The Autobiography of Robert Hillary King, and is Institute Professor at The Wright Institute in Berkeley, California. Dr. Kupers is a psychiatrist with a background in psychoanalytic psychotherapy, forensics and social and community psychiatry. His forensic psychiatry experience includes testimony in several large class action litigations concerning jail and prison conditions, sexual abuse, and the quality of mental health services inside correctional facilities. He is a consultant to Human Rights Watch, and author of the 1999 book entitled Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It.

This video features archival photos from the Pulitzer Prize-winning
book by Wall Street Journal editor Douglas A. Blackmon, entitled
Slavery By Another Name: The Re-Enslavement of Black Americans
from the Civil War to World War II. The book's website states:

In this groundbreaking historical expose, Douglas A. Blackmon
brings to light one of the most shameful chapters in American
history—when a cynical new form of slavery was resurrected from
the ashes of the Civil War and re-imposed on hundreds of
thousands of African-Americans until the dawn of World War II.

Under laws enacted specifically to intimidate blacks, tens of
thousands of African Americans were arbitrarily arrested, hit with
outrageous fines, and charged for the costs of their own arrests.
With no means to pay these ostensible “debts,” prisoners were sold
as forced laborers to coal mines, lumber camps, brickyards,
railroads, quarries and farm plantations. Thousands of other
African Americans were simply seized by southern landowners and
compelled into years of involuntary servitude. Government
officials leased falsely imprisoned blacks to small-town
entrepreneurs, provincial farmers, and dozens of corporations
—including U.S. Steel Corp.—looking for cheap and abundant labor.
Armies of “free” black men labored without compensation, were
repeatedly bought and sold, and were forced through beatings and
physical torture to do the bidding of white masters for decades
after the official abolition of American slavery.

The neoslavery system exploited legal loopholes and federal
policies which discouraged prosecution of whites for continuing to
hold black workers against their wills. As it poured millions of
dollars into southern government treasuries, the new slavery also
became a key instrument in the terrorization of African Americans
seeking full participation in the U.S. political system.

Based on a vast record of original documents and personal
narratives, SLAVERY BY ANOTHER NAME unearths the lost stories of
slaves and their descendants who journeyed into freedom after the
Emancipation Proclamation and then back into the shadow of
involuntary servitude. It also reveals the stories of those who
fought unsuccessfully against the re-emergence of human labor
trafficking, the modern companies that profited most from
neoslavery, and the system’s final demise in the 1940s, partly due
to fears of enemy propaganda about American racial abuse at the
beginning of World War II.
SLAVERY BY ANOTHER NAME is a moving, sobering account of a little-known crime against African Americans, and the insidious legacy of racism that reverberates today.
State Violence

“The radical is not afraid to see the world unveiled, to meet people and dialog with them. This person does not consider themselves as the liberator of the oppressed but is committed to fighting at their side.”

-Paulo Freire
Neutralize!
Mitsuye Yamada

poetry . . . has been my spiritual guide throughout my incarceration in the darkest of times. I turn to Neruda and Hikmet and Rukeyser and Ritsas and Chrytos and Whitman . . .

– U.S. Political Prisoner

They mean to kill
the sentient being in me
Neutralize!

White white
no poetry in
white floors walls ceiling white
white chairs tables sink white
only when I close my eyes do I see
beyond the white windowless walls
remembering springtime of
lacy trees lightly green against baby blue.

There is silence silence more silence
to drown out the incessant silence
I fill my inner ear with robinsongs
melodious and soothing
but how to quell deafening
nonhuman screeches and scrapes
sounds bouncing against the white walls?

Dull smells of dead air in the cell
but through the olfactory nerves
in my mind
I can tickle with the zest of lemon
and the sweetness of wildflowers.

Willfully bland diet aimed
to erase use of my tongue
Add a pinch of salt with the taste
of sweat or even of blood
anywhere on my body
Remembering the taste of cheese.

One human touch allowed
my own arms enfold me
my fingers move over my sagging breasts
my nipples and soft parts of my body
respond.

They mean to neutralize me but
poetry keeps me alive.
Cambridge, Massachusetts
South End Press

Incite! Women of Color Against Violence

The INCITE! Anthology
Color of Violence
Contents

1. Recognizing and Preventing Anti-Indigenous Violence

Introduction
Women of color have faced violence from police for generations. In the past, encounters with the police were often traumatic and led to unnecessary force or even death. Today, the use of force by police against women of color remains a significant issue.

In recent years, there has been increased awareness and activism around police brutality and racial injustice. This has led to changes in police training and policies, as well as increased scrutiny of police actions.

However, despite these efforts, women of color continue to face disproportionately high levels of police violence and harassment. This is particularly true for women of color who are transgender or non-binary.

The end result is that women of color are often disproportionately affected by police violence, and this must change. We must work towards creating a system of policing that is fair and just for all, regardless of race or gender identity.
A Uniformed Police Officer's Viewpoint on the Job

In the officer's notebook,

"Standing guard, keeping an eye on the action, and ensuring public safety."

The officer's role is crucial in maintaining order and ensuring public safety. The officer's notebook is filled with observations and reflections on their experiences on the job. In the notebook, the officer writes:

"In 1996, I was deployed to a 12-year-old African American man..."

The notebook is a record of the officer's daily experiences, providing insights into the challenges and successes of law enforcement work.

Read both sides of the page.

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The War on Drugs

The war on drugs and the broader agenda of law and order has been a central focus of American policy-making and public discourse for decades. This document aims to provide an overview of the history and impact of the war on drugs, including its effects on communities, the criminal justice system, and public health.

Response to Domestic Violence and Sexual Assault

Domestic violence is a serious issue that affects millions of people in the United States. This section discusses the challenges faced by victims and the efforts being made to address this problem.
On February 28, 2003, a police officer in Dallas, Texas, shot and killed a woman who was sitting in her car in a parking lot. The officer had approached the woman, who was 17 years old, after receiving a call that she was acting suspiciously. The officer claimed that the woman had reached for her gun, but this has been disputed by witnesses and video footage.

The woman, whose name has not been released, was shot in the back after she reportedly pulled out a gun. The officer was responding to a call from a neighboring city when he encountered the woman. The video footage shows the woman sitting in her car, appearing to be a peaceful scene.

The incident has sparked outrage and protests in the community. The Dallas Police Department has launched an internal investigation, and the Justice Department has also opened a civil rights review. The woman's family has hired an attorney to represent them.

The shooting has raised questions about the use of force by police officers and the training they receive. Critics have called for more transparency and accountability in law enforcement.

In the aftermath of the shooting, the Dallas Police Department has issued a statement expressing condolences to the family of the woman and promising a thorough investigation. The department has also emphasized the importance of de-escalation training for its officers.

The case has sparked widespread debate about the role of police in society and the need for reform. The shooting has highlighted the systemic issues that have led to police violence and the need for change in the justice system.

The woman's death has also brought attention to the issue of gun violence in the United States. The country has one of the highest rates of gun deaths in the world, with an estimated 30,000 deaths annually from gun violence.

In conclusion, the shooting of the woman in Dallas is a tragic reminder of the need for change in law enforcement and gun control. The incident has sparked a powerful conversation about the role of police and the need for reform to ensure the safety of all Americans.
Crime, Punishment, and Economic Violence
Military Sexual Trauma

The Facts

The Department of Defense defines Military Sexual Trauma (MST) as rape, sexual assault, and sexual harassment. Even by conservative standards, MST can be considered an epidemic. While MST affects both men and women in uniform, servicewomen are at much higher risk for sexual assault and harassment. MST often leads to debilitating conditions such as Post Traumatic Stress Disorder (PTSD) and major depression. MST is a systemic problem exacerbated by inadequate enforcement of military law and equal opportunity policy as well as an institutional failure to protect victims from retribution.

Statistics:

Although under-reporting of MST is rampant, estimates of the prevalence of MST are alarming:

* While 1 in 6 civilian women experience sexual assault, for military women this number climbs to approximately 1 in 3\(^1\)

* Almost 3,000 military sexual assaults were reported in 2008; 163 sexual assaults were reported in Iraq and Afghanistan\(^2\)

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* 79% of women serving in the military since Vietnam reported experiences of sexual harassment\(^3\)

* In a study of a sample of veterans who were seeking VA disability benefits for PTSD, 71% of women and 4% of men reported an in-service sexual assault. For men, the assault was more likely to occur while out of service; for women, the opposite was true\(^4\)

* Sexual assaults that occur in the military are often not isolated incidents and may involve more than one perpetrator—37% of women veterans report being raped at least twice, and 14% report experiences of gang rape\(^5\)

* Some evidence suggests that black women in the military are more likely to experience more severe forms of harassment compared to their white women counterparts, including unwanted sexual attention and sexual coercion\(^6\)

**Barriers to Justice**

*Military Culture:*

The dynamics of rape, sexual assault, and sexual harassment that occur in the military are different than in civilian life. MST triggers intense feelings of betrayal in survivors as it upsets deeply held belief systems about loyalty to fellow servicemembers and respect for chain of command. In this way, MST is similar to incest, as perpetrators and victims are akin to family members.

Perpetrators of MST often wield control over the victim, especially since perpetrators are likely to outrank the victims. If the perpetrators are in the victims’ chain of command, reporting the incident can seem impossible. Victims of MST often feel that they need to make a choice between their military career and seeking justice for their trauma.

Victims are often at risk of retaliation by perpetrators, and commanders often fail to enforce the protection of those who report MST. Commanders and fellow servicemembers may blame the victim for ruining a “good soldier’s reputation” or try to convince the victim that what happened was “no big deal” and not worth causing conflict in the unit.

Finally, unlike in civilian life, victims of MST may not simply quit their job or even sue their employers. If commanders fail to enforce sexual assault and equal opportunity policy, MST survivors are left with few options for redress and are often forced to accept their situation and live in fear of further harassment or abuse.

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Under-reporting:

Experiences of MST are widely under-reported, most often because of shame or fear of stigmatization and/or retribution. Moreover, servicemembers have the compounded fear of losing their jobs or ruining their reputations as a result of reporting sexual assault or harassment. Finally, many women experience the guilt and stigma of ruining a fellow serviceman’s career by reporting him.

Among a sample of servicewomen raped in the military, an alarming 75% did not report the incident. Of those who did not report the assault, one-third said they did not know how to make the report while 20% said they thought rape is to be “expected” in the military. Clearly, military women need more information about their rights and procedures for redress.

Reporting Procedures and Prosecutions:

Reporting assaults anonymously is almost impossible for victims of MST. Although the Department of Defense recently introduced a “restricted” reporting option that allows MST victims to access medical treatment for assault but not pursue legal action against the perpetrator, information such as rank, service branch, gender, age, race, and information about the assault is required in order to submit a report. Anonymity, then, is unlikely to be preserved.

Also, evidence documenting the assault, including rape kits, is kept by the military for only one year, further compounding access to justice. These obstacles lead to extremely low prosecutorial rates—although 40% of sex offenders are prosecuted in the civilian world, only 8% of perpetrators are prosecuted in the military. Furthermore, unlike their civilian counterparts, victims of sexual harassment in the military are not permitted to sue their employers because Title VII of the Civil Rights Act does not apply to the armed forces.

• Consequences of MST

MST is associated with a range of health and economic consequences, many of which affect women and men differently. Mental health conditions resulting from MST are often long-term and survivors require immediate, adequate treatment for full recovery. Furthermore, the stress and depression that usually follow experiences of MST affect survivors’ economic stability.

Health issues:

-- MST is the primary causal factor of PTSD for women, whereas combat experience is the strongest predictor of PTSD for men.

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--Female survivors of MST experience higher levels of depression than their male counterparts and are also more likely to develop eating disorders.12

**Economic Consequences:**

--MST and its attendant consequences are often risk factors for homelessness among women veterans. 40% of homeless women veterans have reported experiences of sexual assault in the military.13

--The stress, depression, and other mental health issues that accompany MST make it more likely that survivors will experience high rates of substance abuse and will have difficulty finding work after discharge from the military.14

- **Problems with accessing benefits and treatment**

  **Claims:**

  Veterans who suffer from health conditions resulting from MST face enormous obstacles when applying for disability compensation from the Veterans Benefits Administration (VBA). Rejection by the VBA often re-triggers a veteran’s sense of helplessness and betrayal, leading to further trauma and illness. Institutional bias in favor of claimants with combat experience effectively ignores women with PTSD that resulted from MST. Because claimants are required to identify a specific trigger that caused PTSD, combined with the fact that MST often goes unreported, survivors are at a severe disadvantage in proving the origin of their trauma, despite diagnoses of PTSD by VA health professionals. Furthermore, under DOD policy, sexual harassment reports are retained on file for only two years, further compounding veterans' ability to substantiate the origin of their trauma.

  **Perceptions of Veterans Affairs Health Care:**

  Survivors of MST need treatment for both their physical and psychological wounds that are directly and indirectly caused by their assault. The sensitive nature of MST requires a welcoming, safe space for women to receive treatment. The male bias of the VA health system, however, discourages women from seeking treatment and also limits the quality of care they do receive.

  --Women are generally less likely to use Veterans Health Administration (VHA) services and be satisfied with the care they receive compared to men.15

  --MST survivors who have used VHA services report experiencing a “second victimization” while under care, often reporting increased rates of depression and post traumatic stress disorder.16


12 Ibid


Female MST survivors who have used VHA services reported a lower quality of care and dissatisfaction with VHA services compared to women using outside care.\textsuperscript{17}

Women report problems accessing female-specific services and also perceive that most VHA services are geared towards men.\textsuperscript{18}

Inadequate dissemination of knowledge regarding how to navigate the complex VHA service system precludes some women from seeking care.

Women are less likely to receive a PTSD diagnosis compared to men, most likely because PTSD is strongly associated with combat experience.\textsuperscript{19}

\begin{itemize}
\item \textbf{What SWAN Does}
\end{itemize}

--SWAN provides peer support, counseling referrals, and legal referrals to both male and female veterans who have experienced MST.

--SWAN's policy work on MST includes a national campaign to educate policymakers, the media, health professionals, and non-profit organizations about the causes and consequences of MST.

--SWAN organizes workshops and retreats to help MST survivors heal from their trauma in safe and supportive settings.


\textsuperscript{17} Kelly et al. 2008. “Effects of Military Trauma Exposure on Women Veterans’ Use and Perceptions of Veterans Health Administration Care.” \textit{Journal of General Internal Medicine} 23 (6):741-747.

\textsuperscript{18} Ibid.

A Message from the Women of Okinawa

To All US GIs in Okinawa

By CounterPunch News Service

Once again, American GIs have raped an Okinawan girl, one from junior high. We are angry.

We do not believe that all of you are rapists. But given the long history of similar crimes over the sixty years from the Battle of Okinawa continuing to today, one could be forgiven for thinking so. If you are a female GI, can you trust these male GIs?

We know that this incident is only the tip of the iceberg. There have been so many rape victims who have told no one and wept silently in their beds, that you are probably confident that you could get away with it, aren't you. But those days are now over.

We are not going to let us and our mothers, our sisters and our daughters be humiliated any longer. Whatever you do, wherever you go, we'll be watching you.

You have been turned into killing machines. The military organization has sought to teach you to see people not as people, but as something to kill. It is that same training that has taught you see us as someone you can rape casually. Go back to your hometown, where your mother is, and try to get yourself back to being a decent human being.

We do not hate you as individuals. But as members of the US military organization, you are unwelcome here. Maybe you imagine you are protecting Okinawa. But because you are here, we never feel safe. Because you are here, we feel constant fear.

You think that because the US military shed blood to seize Okinawa in World War II, the place belongs to you and you can do anything you want here, don't you.
But whatever countries or governments may have won or lost whatever wars, we have our dignity, our honor, and our freedom, and these are our islands, our land, our sky, our sea. It is here that we maintain the chain of life, giving birth to children, and raising them to be adults. This is the women of Okinawa. And this is what we are proud of. We will not allow you to continue to insult the pride, the honor, the dignity of us and our mothers, sisters and daughters. Go back to America. Now.

Okiinawan women are handing this statement to US military personnel. Contact address: ushibaakami@yahoo.co.jp
Gender Justice Statement Opposing Prison Expansion and Eugenics

We, the undersigned individuals and organizations committed to justice for women and girls from across the United States, call on legislators, community members, activists and academics to join us in stopping prison expansion and the reinstitutionalization of state-sponsored eugenicist practices defining who is “fit” and “unfit” to reproduce in the United States. Accountability to communities of color and low-income communities demands your opposition to these practices and your commitment to true gender justice.

There is a dangerous new movement in the United States that threatens to radically expand the reach of imprisonment and its harms on women, girls, transgender and gender non-conforming people, and their communities. Using a theory of “gender responsiveness” purportedly aimed at improving women’s lives, this movement seeks to exploit the grave needs of people in women’s prisons and their families in order to foster public support for prison expansion. This “gender responsiveness” movement has launched itself in California with the creation of a “Gender Responsive Strategies Commission” of the state’s corrections department. The commission is pushing to expand the women’s prison system by adding a new system of mini prisons dressed as “community-based” and “alternatives to incarceration”, increasing the number of women’s prison beds in California by up to 40% in two years. Proponents of prison expansion now are exporting this “gender responsive” model across the country.

Over the last few decades, the number of people in women’s prisons has grown by almost 500%, reflecting an increase in imprisonment for “crimes of survival” resulting from poverty. Mass imprisonment has had a devastating impact on women, girls, transgender and gender non-conforming people, and their communities from communities of color and low-income communities, where people are disproportionately targeted for surveillance and imprisonment. State violence through medical neglect, brutality, and sexual abuse occurs regularly in prison, and the harms of imprisonment have long-term reach by ripping apart entire families and communities.

Today, the stakes of United States’ reliance on imprisonment have been raised. With its “gender responsive” prison expansion plan, California’s Gender Responsive Strategies Commission has proposed to affirmatively offer sterilization during labor and delivery as a “necessary” medical procedure.

This exact tactic of affirmatively offering the “choice” of sterilization during the pain and stress of labor was often systematically performed as an involuntary procedure by the United States government for decades. This includes the forced sterilization of over a quarter of indigenous women in the United States in the 1970s and the state campaign resulting in over a third of all Puerto Rican women of childbearing age losing their reproductive capacity between 1930 and 1970. These are but two examples of the eugenicist programs developed by the United States to control the population growth of communities it deemed unworthy—usually people of color, LGBTIQ people, and people with disabilities—the same programs which informed the eugenicist programs of Nazi Germany. These shameful historical and contemporary practices are ones we cannot afford to forget. Further, it is particularly tragic that such policy would be recommended so soon after California formally apologized for its eugenicist programs impacting 20,000 people in state hospitals in the early part of the 20th century.

It is shocking that sterilization in a coercive environment like prison would even be suggested. Sterilization is a permanent procedure with a eugenicist history; it is precisely because of this history that the federal government and the American College of Obstetricians and Gynecologists have adopted regulations prohibiting postpartum sterilizations at times of stress, undo pressure, duress, or undue influence. Sterilizing
women in state confinement without access to outside sources of healthcare or information runs afoul to these regulations.

What's worse is that it was recommended by a commission purportedly created to improve women's lives. When the state denies people in prison access to other elective, “non-necessary” medical treatment such as preventative dental care, reconstructive plastic surgery following gross injury, and special diets for people with serious medical conditions such as diabetes, while affirmatively offering “medically necessary” sterilization to women in labor, its motive is clear.

This eugenicist plan exposes the fraud behind “gender responsiveness” in the criminal legal system—policies coming from this dangerous movement have nothing to do with improving women’s lives. Legislators in California and beyond should know better than to consider returning to a shameful eugenicist past wherein the government sterilized thousands of women of color, low-income women, women with disabilities, and LGBTIQ people and instead stand up for what we all know is right: communities where everyone is worth caring for.

No one who cares about women of color and low-income women, racial justice, or reproductive rights can sit by and allow the “gender responsiveness” movement to spread nationally.

What we need is a true gender justice response to the harms of imprisonment. Prison expansion—even if cloaked in rhetoric proclaiming to improve women’s lives—has everything to do with the gender and reproductive oppression of women, girls, transgender and gender non-conforming people from communities of color and low-income communities.

We must radically reduce the number of people in prison, beginning with a moratorium on new prison construction and staffing. We can then redirect funds saved from prison expansion into the local services that women, girls, and transgender and gender non-conforming people need, including housing, healthcare, education, employment, and community-based responses to interpersonal violence—indeed, independent of the criminal legal system. Only then can we have true gender justice.

We call on legislators, community members, activists and academics to join us in stopping prison expansion and the reinstitutionalization of state-sponsored eugenicist practices in the United States. California’s “gender responsive” prison expansion plans in Assembly Bill 76 must be stopped; its Gender Responsive Strategies Commission must be dismantled; and any state employee who fails to oppose policy or practice involving the sterilization of women in prison must be fired. All state and federal legislators must know that “gender responsive” prison expansion and eugenicist strategies are unacceptable anywhere. Accountability to women’s healthcare, reproductive freedom, and racial justice demands nothing less.

Print Name

Signature

Title

Address

Organization

Email

Please Check:
☐ I give my permission to publish this statement including my name as an endorser.
☐ I give my permission to publish this statement including my organization as an endorser.
☐ I give my permission to submit this statement on my behalf in opposition to CA AB 76.
☐ I give my permission to submit this statement on behalf of my organization in opposition to CA AB 76.

For more information on stopping prison expansion and reproductive oppression in prison, contact:
Justice Now • 1322 Webster Street, Suite 210 • Oakland, CA • 94612 • 510.839.7654 •
www.justicenow.org

For more information on stopping population control and coercive reproductive practices, contact:
Committee on Women, Population, and the Environment • PO Box 55108 • Atlanta, GA • 30308 • 404.588.1006 •
www.cwpe.org
Prison Rape: Assault Shouldn’t Be a Part of the Sentence

by Cara on 4.21.2010 · 17 comments

in Guest Blogging, Human Rights, Prisons, Sexual Assault

This guest post is a part of the Feministe series on Sexual Assault Awareness Month. Liliana Segura is a senior editor at AlterNet.org and a board member of the Campaign to End the Death Penalty.

Trigger Warning

“I’ve been raped, physically beaten, extorted, pimped out/sold, intimidated, manipulated, threatened, humiliated, [and] harassed by both officers and inmates,” California prisoner Meagan Calvillo wrote a few years back, in a blunt summary of what happens every day in American prisons. Among transgender people behind bars, her story is not unusual; as Emily Alpert wrote in 2005, “outside of prison, transgender people are among the most marginalized in the United States; inside it, they confound a system that’s ill-prepared to serve them, or even to decide where to put them.”

Calvillo’s experience may sound extreme, but it mirrors that of the most vulnerable prison populations in the U.S. In 1994 in the case Farmer v. Brennan, the U.S. Supreme Court ruled that a prison official’s “deliberate indifference” to the risk that a trans woman prisoner named Dee Farmer would be raped when placed within the general population of a men’s federal prison violated her Eighth Amendment rights. Yet, “deliberate indifference” remains a good phrase to define the broader attitude towards prisoners who are raped behind bars; among them, transgender prisoners, gay prisoners, young prisoners, prisoners who are locked up for the first time, and prisoners who are mentally ill are often the most targeted for sexual assault by guards and other prisoners alike, their bodies treated as a commodity in the prison power economy. If survivors of sexual assault are routinely silenced in the outside world, those who are assaulted behind prison walls are even more invisible. They are also the least likely to receive sympathy or help from people on the outside.

“Survivors of sexual abuse behind bars experience the same emotional pain as other rape victims,” the staff at Just Detention Inc, the only organization in the country that is “dedicated exclusively” to eliminating sexual assault in prisons or jails, remind us. Yet the ugly reality — familiar to anyone who has ever seen depictions of prison on TV or in popular music, or heard the phrase “don’t drop the soap” — is that prison rape has long been ingrained in the cultural imagination as, at worst, a hilarious punchline about deserving convicts, at best, an indignity that simply comes with the territory.

To combat this attitude, JDI launched an ad campaign a few years ago to force people to visually confront their unconscious double standards about rape victims. “Would you joke around about this man being raped?” asks one ad about a young man dressed in a nondescript t-shirt. In the next frame, the same man is dressed in an orange prison jumpsuit. “How about now?”

Printed on postcards and sent out to prison administrators, these ads have attracted a lot of attention in the past several months, but as Lovisa Stannow, JDI’s Executive Director told Change.org’s Matt Kelley last month, they are not a new phenomenon. “JDI has been distributing these postcards for several years, to prison officials and others,” she said. “We revamped our website earlier this year and featured them prominently on the homepage, which led to the ‘discovery’ of the images among bloggers.”

In the public debate, prisoners tend to be silent and invisible. Most inmates come from marginalized, low-income communities and people of color are vastly over-represented among them. Prisoners cannot stage public relations campaigns to counter injustices on late nig...
Prisoners cannot stage public relations campaigns to counter injustices on late-night television or on the big screen. But flippant and ill-informed attitudes about inmates and their right to be free from sexual violence are major obstacles to ending this type of abuse. That is why JDI has made it part of its mission to ensure that prisoner rape is described accurately — as a crime and a devastating human rights violation. The postcard campaign is part of that effort.

It is probably impossible to know exactly how many prisoners are raped behind bars. “According to the best available research,” reports JDI, “20 percent of inmates in men’s prisons are sexually abused at some point during their incarceration. The rate for women’s facilities varies dramatically from one prison to another, with one in four inmates being victimized at the worst institutions.” With some 2.3 million people behind bars in the U.S., the implications are nothing short of a human rights and public health epidemic.

Fortunately, things are starting to change. Stannow cites a “dramatic shift in the debate about prisoner rape” in the past year alone, thanks in part to decades of work by dedicated activists, many of whom are former prisoners and rape survivors themselves.

Stephen Donaldson, one of JDI’s former directors, was a pacifist protesting his government’s bombing of Cambodia in 1968 when he was arrested on the White House lawn, tossed in jail, and, in his own words, “gang-raped about sixty times over two days,” with the complicity of a DC prison guard. Donaldson was one of the earliest people to speak publicly about prison rape, authoring the Prisoner Rape Education Project, which published “practical information and advice on prisoner rape.” He died of AIDS, the result of contracting HIV from one of the people who raped him.

Thanks to the pioneering work of people like Donaldson, today survivors of rape have more of a voice.

“I continue to contend with flashbacks of what this correctional officer did to me and the guilt, shame, and rage that comes with having been sexually violated for so many years,” former prisoner Necole Brown told the National Prison Rape Elimination Commission (NPREC) in testimony published last year. “I felt lost for a very long time struggling with this. … I still struggle with the memories of this ordeal and take it out on friends and family who are trying to be there for me now.”

Brown is just one of many prisoner voices in the 276-page NPREC report, which offers an important, newly comprehensive look at the problem of prison rape in the United States. Mandated by the Prison Rape Elimination Act of 2003, the report makes recommendations for how to address issues like housing, staff training, prisoners education, and medical and mental health care for victims of sexual assault. The U.S. Attorney General has until this coming June to codify the recommendations.

Anyone who wants to learn more about the pervasiveness of rape behind bars should read the NPREC report, which, in addition to compiling expert and survivor testimony, sheds new light on the increasing problem of sexual assault in immigrant detention centers: “In the 15 years from 1994 to 2009,” the authors write, “the number of immigrants held in detention pending a judicial decision about their legal right to remain in the United States increased nearly 400 percent. For the 2009 fiscal year, ICE has budgeted enough money to detain 33,400 people on any given night and more than 400,000 people over the course of the year. The population of immigration detainees includes adults, thousands of ‘unaccompanied’ children, and whole families confined together.”

Because immigration detainees are confined by the agency with the power to deport them, officers have an astounding degree of leverage — especially when detainees are not well informed of their rights and lack access to legal counsel. The Commission learned that officers have propositioned women whose cases they control, telling them that if they want to be released they need to comply with their sexual demands. The fear of deportation cannot be overstated and also functions to silence many individuals who are sexually abused. Those brave enough to speak out may face retaliation. After women detainees at the Krome immigration detention facility in
Miami reported sexual abuse by staff, several of them wrote, “We are afraid….each time one of us is interviewed by investigating officers….Some of the women who have given statements have either been transferred or deported to their countries.”

With immigrant detention (in its current form) a relatively modern phenomenon in the U.S., this is a new version of an old problem.

Go here to learn more about prison rape: [http://www.justdetention.org/](http://www.justdetention.org/)


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This article was written by [cara](http://www.feministe.us/blog/archives/2010/04/21/prison-rape-assault-sh...).
The Crisis of Juvenile Prison Rape: A New Report

David Kaiser

Troy Erik Isaac, who was repeatedly raped by fellow inmates when he was imprisoned at age twelve. He spent the next two decades in and out of prison; he now works as a peer counselor and speaks to young people about his experience. (Photograph by James Stenson)

When Troy Erik Isaac was first imprisoned in California, his cellmate made the introductions for both of them. “He said to me, ‘Your name is gonna be Baby Romeo, and I’m Big Romeo.’ He was saying he would be my man.” Troy was twelve at the time. A skinny, terrified little kid, he accepted the prisoner’s bargain being imposed on him: protection for sex. He wasn’t protected, though. Soon he was attacked and raped at night by another cellmate, a sixteen-year-old. He told staff he was suicidal, hoping to be placed in solitary confinement, but they ignored him; the rapes continued.

In 2005, the Department of Justice investigated a juvenile facility in Plainfield, Indiana, where kids sexually abused one another so often and in such numbers that staff created flow charts to track the incidents. Investigators found “youths weighing under 70 pounds who engaged in sexual acts with youths who weighed as much as 100 pounds more than them.”

Reporters in Texas, in 2007, discovered that more than 750 juvenile detainees across the state had alleged sexual abuse by staff over the previous six years. That number, however, was generally thought to under-represent the true extent of such abuse, because most children were too afraid to report it: staff commonly instructed their favorite inmates to beat up kids who complained. Even when the kids did file complaints, they knew it wouldn’t do them much good. Staff covered for each other, grievance processes were sabotaged and evidence was frequently destroyed. Officials in Austin ignored what they heard, and in the very rare instances when staff were fired and their cases referred to local prosecutors, those prosecutors usually refused to act. Not one employee of the Texas Youth Commission during that six-year period was sent to prison for raping the children in his or her care.

Until now, when such stories have made it into the press, officials have been able to contend that they reflected anomalous failings of a particular facility or system. But a report released this morning by the Bureau of Justice Statistics (BJS) should change that. Mandated by the Prison Rape Elimination Act of 2003 (PREA), and easily the largest and most authoritative study of the problem ever conducted, it makes clear that sexual abuse in juvenile detention is a national crisis.

This is a difficult problem to measure, since some inmates make false claims, and some, fearing retaliation even when promised anonymity, choose not to report abuse. Overall, most experts believe that the numbers such studies produce are usually too low. But 12.1 percent of kids taking the BJS survey across the country said they’d been sexually
abused at their current facility during the preceding year. That’s approximately 3,220 out of the 26,550 who were eligible to take it.

The survey, however, was given only at large facilities that held youth that have been tried for some offense for at least ninety days. That’s more restrictive than it may sound. In total, according to the most recent data, there are nearly 93,000 kids in juvenile detention on any given day. Although we can’t assume that 12.1 percent of the larger number were sexually abused—many kids not covered by the survey are held for short periods of time, or in small facilities where rates of abuse are somewhat lower—we can say confidently that the BJS’s 3,320 figure represents only a small fraction of the juveniles sexually abused in detention every year.

What sort of kids get locked up in the first place? Only 34 percent of those in juvenile detention are there for violent crimes. (More than 200,000 youth are also tried as adults in the U.S. every year, and on any given day approximately 8,500 kids under 18 are confined in adult prisons and jails. Although probably at greater risk of sexual abuse than any other detained population, they weren’t included in the BJS study.) According to a report by the National Prison Rape Elimination Commission, which was itself created by PREA, more than 20 percent of those in juvenile detention were confined for technical offenses such as violating probation, or for “status offenses” like disobeying parental orders, missing curfews, truancy, or running away—often from violence and abuse at home. Many suffer from mental illness, substance abuse, and learning disabilities.

A full 80 percent of the abuse reported in the study was perpetrated not by other inmates but by staff. And shockingly, 95 percent of the youth making such allegations said they were victimized by female staff. 63 percent of them reported at least one incident of sexual contact with staff in which no force or explicit coercion was used; staff caught having sex with inmates often claim it’s consensual. But staff have enormous control over inmates’ lives. They can give them privileges, such as extra food or clothing or the opportunity to wash, and they can punish them: everything from beatings to solitary confinement to extended sentences. The notion of a truly consensual relationship in such circumstances is grotesque even when the inmate is not a child.

Nationally, however, fewer than half of the corrections officials whose sexual abuse of juveniles is confirmed are referred for prosecution, and almost none are seriously punished. Although it is a crime for staff to have sex with inmates in all 50 states, prosecutors rarely take on such cases. As children’s advocate Isela Gutierrez put it to The Texas Observer, “local prosecutors don’t consider these kids to be their constituents.” A quarter of all known staff predators in youth facilities are allowed to keep their positions.

The biggest risk factor found in the study was prior abuse. 65 percent of those who had previously been sexually assaulted at another correctional facility were also assaulted at their current one. In prison culture, even in juvenile detention, after an inmate is raped for the first time he is considered “turned out,” and fair game for further abuse.
81 percent of those sexually abused by other inmates were victimized more than once, and 32 percent more than ten times. 42 percent were assaulted by more than one perpetrator. Of those victimized by staff, 88 percent had been abused repeatedly, 27 percent more than ten times, and 33 percent by more than one facility employee. Those who took the survey had been in their facilities for an average of just half a year. In essence, the survey shows that thousands of children are raped and molested every year while in the government’s care—most often, by the very corrections officials charged with their rehabilitation and protection.

The necessary precautions to prevent this horrific treatment are clear (see the June 2009 National Prison Rape Elimination Commission Report, page 159). So far, however, reform has been slow. The Plainfield unit was converted to an adult facility after the Department of Justice investigation; nonetheless, two other juvenile facilities in Indiana were on the BJS report’s list of the thirteen worst nationally, as were two in Texas. In 2005, The Department of Justice investigated the L.E. Rader Center in Oklahoma. Although the state Attorney General’s office “refused to allow the United States the opportunity to tour the Rader facility,” investigators examining documents discovered, among other problems, rampant sexual abuse of the facility’s boys by female staff. It concluded that Oklahoma “fails to protect youth confined at Rader from harm due to constitutionally deficient practices.” But years later, Rader too is on the BJS’s list of worst facilities: 25 percent of its inmates still claim abuse by staff.

A recommendation by the Office of Children and Family Services (OCFS) in New York that judges avoid sentencing children to the state’s juvenile detention facilities unless they pose a significant risk to public safety has received a great deal of press lately, most recently on the editorial page of The New York Times. That recommendation followed multiple revelations of violent, neglectful, and abusive conditions—first in a Human Rights Watch report issued in 2006, then in a 2009 Department of Justice investigation, and finally in the report of a taskforce created by Governor Paterson. Most of the abuses described in these documents were not sexual. Now, though, we are told that the problems in New York are even worse than reported. New York juvenile facilities surveyed by the BJS did not in aggregate perform markedly better than the national average. It turns out that sexual abuse is yet another crisis in the state’s juvenile detention system, as it is across the country.

Unfortunately, such abuse also goes on at appalling rates in adult prisons and jails, as we’ll discuss in an essay we are now preparing for publication: in much higher numbers than have so far been reported in the press. There are effective ways to stop sexual abuse in detention, as we’ll explain. But despite the reports by the National Prison Rape Elimination Commission and the Bureau of Justice Statistics, some important corrections leaders are fighting the necessary reforms. We’ll discuss their influence in the Obama administration’s Department of Justice, and why they are so resistant to change.

January 7, 2010 10:21 a.m.
IN THE SHADOWS
Sexual Violence in U.S. Detention Facilities
A Shadow Report to the U.N. Committee Against Torture
2006

Alternative NGO Report Prepared for the 36th Session of the U.N. Committee Against Torture
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EXECUTIVE SUMMARY

“In the Shadows: Sexual Violence in U.S. Detention Facilities” was prepared by Stop Prisoner Rape (SPR) for the 36th session of the United Nations Committee Against Torture. The aim of this report is to highlight the widespread sexual abuse of incarcerated men, women, and youth in U.S. detention facilities and to offer recommendations aimed at remedying this acute human rights crisis.

U.S. law contains various provisions relevant to combating sexual violence behind bars, including the Eighth Amendment to the U.S. Constitution, the federal Prison Rape Elimination Act (PREA), and state rape and custodial sexual misconduct laws. However, U.S. policymakers and law enforcement authorities are not effectively using this legal framework, despite the clear requirement to do so in the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT).

SPR calls on the U.S. government to use the arsenal of legislation already at its disposal to put an end to the sexual assault of inmates. At a minimum, corrections officials who perpetrate acts of sexual violence against detainees must be held responsible for their crimes.

Various systemic conditions of detention in the U.S. today contribute to the unacceptably high rates of sexual abuse behind bars, including: over-incarceration and overcrowding; lack of proper inmate classification; and a pervasive ‘code of silence.’

With more than 2.2 million people in custody at any given time, the U.S. incarcerates a larger proportion of its population than any other country in the world. This over-incarceration has led to serious overcrowding in detention facilities across the nation, forcing prison and jail administrators to convert gymnasiums and other common areas into dormitories. Many facilities also lack proper protocols to ensure that those who are vulnerable to abuse are separated from those who are likely to commit acts of sexual violence. To make matters worse, a ‘code of silence’ adhered to by both corrections officials and inmates continues to keep prisoner rape shrouded in secrecy both inside prisons and jails and in society at large.

SPR calls on the U.S. government to reduce overcrowding in its detention facilities. The government must ensure that all inmates are offered safe housing; overcrowding must never be used as an excuse for failing to guarantee every inmate’s right to be free from sexual violence. An effective inmate classification system that identifies vulnerable prisoners and potential predators must be established in all facilities and fully implemented at all times. Policymakers and corrections administrators must also demonstrate to staff and inmates that there can be no place in U.S. prisons and jails for a ‘code of silence.’

While anyone can become a victim of sexual assault in detention, certain groups of inmates are especially vulnerable. Among the chief targets for sexual violence are: non-violent, first-time
offenders who are inexperienced in the ways of prison life; youth held in juvenile and adult facilities; gay and transgender detainees, or those who are perceived to be gay or gender variant; and, finally, those held in immigration detention centers.

SPR calls on the U.S. government to acknowledge that certain inmate groups are at extreme risk of being assaulted while in custody and to improve the ways in which the safety of these inmates is protected. Simple measures that would help prevent vast numbers of sexual assaults must be established, such as improved surveillance of detention facilities and the strict separation of juveniles from adults.

In the aftermath of a sexual assault in detention, a survivor is frequently faced with the threat of continued abuse and further systemic victimization by the prison or jail administration itself. In addition to the dearth of confidential mental health services available to survivors of sexual violence behind bars, a cloud of impunity hangs over prisons and jails nationwide, in breach of both the letter and spirit of the CAT. Adding insult to injury, the vast majority of victims of sexual violence in detention are faced with insurmountable barriers to seeking redress through civil rights litigation.

SPR calls on the U.S. government to ensure that inmates have access to prompt and fully confidential mental health counseling and medical care in the aftermath of sexual abuse. The U.S. should also reconsider its system of judicial remedies available to inmates who have been subjected to sexual abuse. Specifically, state and local prosecutors must investigate and prosecute all substantiated instances of custodial sexual misconduct, sexual assault, or rape in custody. In addition, the U.S. Congress must repeal, or at the very least amend, the Prison Litigation Reform Act (PLRA).

The plight of survivors of sexual violence in U.S. facilities is further aggravated by the fact that the U.S. government refuses to recognize Article 22 of the CAT, thereby denying victims of abuse in detention the opportunity to communicate directly with the CAT Committee once they have exhausted available avenues of relief within the U.S. legal system.

SPR calls on the U.S. government to permit Article 22 communications with the Committee Against Torture.
I. INTRODUCTION

When photos of United States (U.S.) military personnel sexually abusing and humiliating Iraqi prisoners hit the newsstands in April 2004, the American public was appalled. In testimony before Congress, Secretary of Defense Donald Rumsfeld described what happened at Abu Ghraib as “fundamentally un-American.”1 Sadly, Mr. Rumsfeld was wrong.

The reality is that sexual abuse in detention is a widespread, systemic problem in U.S. detention facilities. The U.S. government’s Second Periodic Report to the Committee Against Torture (CAT Committee) asserts that when “unfortunate instances” of such abuse occur, they are promptly and thoroughly investigated and referred for prosecution.2 Unfortunately, that is not the case. On the contrary, prisoner rape is arguably the most widespread and neglected form of human rights abuse in the U.S. today.

According to the best available research, one in five male inmates faces sexual assault behind bars.3 While estimated rates of sexual abuse at women’s prisons vary widely, at the worst facilities, as many as one in four prisoners is victimized.4 The Bureau of Justice Statistics (BJS) produced a report in July 2005, based solely on administrative records of reported incidents, which found that 8,210 allegations of sexual assault were reported at prisons, jails, and juvenile facilities in 2004, of which nearly 2,100 were substantiated.5

Rape in detention constitutes torture under the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT).6 Other forms of sexual assault and harassment in detention may constitute cruel, inhuman or degrading treatment, in which case they also amount to violations of the CAT and other provisions of international human rights law.7 Although the U.S. has recognized that rape in prison violates the U.S. Constitution, the government has failed to comply fully with its treaty obligations. In general, there is a lack of serious governmental effort to address sexual violence behind bars, both in terms of proactive prevention and redress for victims. In particular, corrections officials are rarely held accountable for sexual violence that occurs on their watch.

This report first provides a brief overview of the legal framework that exists in the U.S. to address prisoner rape. It then examines the following three core problems related to sexual violence in detention and provides recommendations on how to address them:

“Sexual violence in prison consists not only in direct victimization, but also in the daily knowledge that it’s happening. It approaches legitimacy in the sense that it’s tolerated. Those who perpetuate these acts of violence often receive little or no punishment. To that extent alone, corrections officials render these acts acceptable. At the same time, we can’t expect a rape victim to report it if he anticipates a lack of responsiveness, a lack of sensitivity or basic protection by those who are charged with his care.”

— T.J. Parsell, prisoner rape survivor and President of Stop Prisoner Rape. Testimony before the National Prison Rape Elimination Commission (August 19, 2005).
1. Systemic conditions give rise to prisoner rape, including: over-incarceration and overcrowding; lack of proper inmate classification; and a prison ‘code of silence’;

2. Certain populations are especially vulnerable to sexual assault in detention, including: first-time, non-violent offenders; youth; gay and transgender inmates; and detainees in the custody of the U.S. Immigration and Customs Enforcement (ICE); and

3. In the aftermath of a sexual assault in detention, survivors are faced with further victimization, including: the absence of basic confidentiality standards within detention facilities; inadequate grievance procedures; and a lack of access to effective legal remedies.

This report is intended to provide the United Nations Committee Against Torture (CAT Committee) with additional information concerning the Second Periodic Report of the government of the United States to the CAT Committee.

The report was written by Stop Prisoner Rape (SPR), a non-governmental human rights organization based in Los Angeles, California. SPR works to end sexual violence against men, women, and youth held in all forms of detention within the U.S. To achieve this goal, SPR seeks to: engender policies that ensure institutional accountability for prisoner rape; change ill-informed and flippant public attitudes toward sexual assault behind bars; and promote access to resources for survivors of this type of violence.
INCIDENCE OF SEXUAL ASSAULT IN U.S. DETENTION FACILITIES

Reliable studies on the incidence of sexual violence in U.S. detention facilities are scarce. According to the best available research, one in five male inmates faces sexual assault behind bars. While rates of sexual abuse at women’s prisons vary widely, at the worst facilities as many as one in four prisoners is victimized.

Pursuant to the Prison Rape Elimination Act (PREA), adopted in 2003, the U.S. government has begun to track the incidence of sexual assaults by staff and inmates. The Bureau of Justice Statistics (BJS) released its first findings in July 2005, based solely on administrative records of reported incidents. The agency found that there were 8,210 allegations of sexual assault reported at adult prisons, jails, and juvenile facilities in 2004, of which nearly 2,100 allegations were substantiated. While direct surveys of inmates are also part of the BJS’s mandate to determine the incidence and impact of prisoner rape, this research is still in progress and expected in 2007. BJS and other researchers agree that cases reported to facilities do not represent the full scope of the problem, due to underreporting caused by fear, stigma, and a ‘code of silence’ in prisons.

Every week, Stop Prisoner Rape (SPR) is contacted by an average of ten survivors of sexual assault behind bars, the vast majority of whom write letters while still incarcerated. Between 2002 and 2005, SPR received letters from 527 different survivors describing sexual assault that occurred in detention in all 50 U.S. states. SPR’s database of letters does not permit statistical conclusions about prevalence, but it does provide rare, first-person insight from survivors of horrifying sexual abuse.

Total number of survivors in SPR database as of December 2005........527

<table>
<thead>
<tr>
<th>Male Survivors</th>
<th>454 (86%)*</th>
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<tbody>
<tr>
<td>(27 survivors held in male facilities self-identified as transgender)</td>
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</table>

<table>
<thead>
<tr>
<th>Female Survivors</th>
<th>66 (13%)*</th>
</tr>
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<tbody>
<tr>
<td>*Seven survivors did not identify themselves by gender</td>
<td></td>
</tr>
</tbody>
</table>

Total number of male survivors sexually assaulted by another prisoner........247 (54%)*

By a corrections official.................................................................78 (17%)
By a non-custody staff member...........................................................14 (3%)
Did not state who committed the assault...........................................115 (25%)
*Percentages based on # of male survivors.

Total number of female survivors sexually assaulted by another prisoner..........8 (12%)*

By a corrections official.................................................................32 (48%)
By a non-custody staff member...........................................................17 (26%)
Did not state who committed the assault...........................................9 (14%)
*Percentages based on # of female survivors.

Total number of survivors who were assaulted for the first time while under age 21........29 (6%)
Total number of survivors who were assaulted by more than one person............92 (36%)
Total number of survivors who were assaulted more than once.......................97 (37%)
Total number of survivors who reported the assault....................................68 (51%)
Total number of survivors who reported that their complaints resulted in discipline of the abuser.................................................16 (3%)
II. LEGAL FRAMEWORK

There are several important aspects of U.S. law that are directly relevant to addressing sexual assault in detention facilities, chief among them the Eighth Amendment to the U.S. Constitution, the Prison Rape Elimination Act (PREA), and U.S. rape and custodial misconduct laws. If fully implemented, this legal framework would largely ensure that officials responsible for committing – or acquiescing in – acts of sexual violence in detention are held accountable.

A. Eighth Amendment to the U.S. Constitution

In its 1994 decision in Farmer v. Brennan, the U.S. Supreme Court explicitly recognized prisoner rape as a violation of the Eighth Amendment to the U.S. Constitution’s prohibition against cruel and unusual punishment. The Supreme Court held unanimously that officials have a responsibility to safeguard prisoners from violence perpetrated by other prisoners. The majority opinion stated that, “being violently assaulted in prison is simply not ‘part of the penalty that criminal offenders pay for their offenses against society.’” However, as described further in Section V below, while Farmer v. Brennan is considered an important recognition of the gravity of sexual violence in detention, the legal standard established through this case also limits the extent of prison officials’ liability for what occurs in the facilities they oversee. The standard, known as “deliberate indifference,” has been extremely difficult for prisoner rape survivors to meet.

B. Prison Rape Elimination Act

As the U.S. highlights in its Second Periodic Report to the CAT Committee, in 2003, the first-ever federal law addressing prisoner rape was passed, entitled the Prison Rape Elimination Act (PREA). The passage of PREA was a momentous development in the fight against prisoner rape. However, more than two and a half years after PREA was signed into law, its implementation is just beginning and the letter and spirit of its provisions have not yet been felt in the majority of U.S. detention facilities. PREA provides for: the gathering of national statistics about prisoner rape; the formation of a national commission to study the issue and develop standards for local, state, and federal governments about how to address prisoner rape; the creation of a review panel to hold annual hearings examining conditions and practices at the best and worst performing facilities; the development and provision of training for corrections officials; and the provision of grants to states to combat the problem.

By April 2006, the processes of measuring incidence of sexual assault, training corrections officials, and developing national standards had just begun. Implementation of other key provisions of PREA, such as identifying best and worst performing facilities, had not yet been initiated.
C. U.S. Rape and Custodial Misconduct Laws

Rape and sexual assault are serious crimes under the laws of all 50 U.S. states. There is no exception for when such crimes occur inside detention facilities.

In addition, custodial sexual misconduct laws prohibiting sexual relations between corrections staff and inmates are in effect in all U.S. states except Vermont. Nevertheless, relatively few cases of sexual violence in detention are prosecuted, because of a lack of prosecutorial will and resources.12 The criminal penalty under custodial sexual misconduct statutes is often limited to a fine and a one-year prison sentence, depending on the level of force used to carry out the crime and whether it was a first offense. These low penalties contribute to prosecutors’ lack of interest in using resources to pursue them. Moreover, in several states, including Colorado, New Hampshire, and Wyoming, consent is recognized as a legal defense to custodial sexual abuse, ignoring the inherent authority corrections staff hold over detainees that makes the concept of consent largely meaningless.13

The U.S. Department of Justice (DOJ) also has the discretion to investigate abuses and pursue civil suits against state institutions under the Civil Rights of Institutionalized Persons Act or the Violent Crime Control and Law Enforcement Act of 1994.14 The DOJ may criminally prosecute persons “acting under color of state law” for violating a prisoner’s constitutional rights. However, these statutes are seldom used to combat sexual violence in detention.

Recommendations on the U.S. Legal Framework

In contrast to the prevailing U.S. practice of not fully enforcing its existing laws, the CAT mandates that detainees held at U.S. facilities be provided with protections to ensure that they are not subjected to torture and other cruel, inhuman, and degrading treatment. Articles 2 and 16 require state parties to take effective legislative, administrative, judicial or other measures to prevent torture and cruel, inhuman, and degrading treatment. In addition, Article 12 provides that the competent authorities “proceed to a prompt and impartial investigation” whenever an act contrary to the CAT may have occurred.

SPR calls on U.S. policymakers and law enforcement authorities to use the extensive existing U.S. legal framework to combat prisoner rape as well as conditions of detention that tend to increase its incidence.

- Vermont, the only state in the U.S. without a custodial sexual misconduct statute, must enact such legislation.
- Penalties for custodial sexual misconduct must be increased to appropriately reflect the severity of such crimes.
- With the Prison Rape Elimination Act as an impetus, DOJ officials must aggressively use the arsenal of legislation at their disposal to prosecute state corrections systems and officials involved in the sexual assault of inmates.
III. SYSTEMIC CONDITIONS GIVING RISE TO SEXUAL ASSAULT IN DETENTION

“How was it possible, in a protective custody unit, for two gang members who had spent many years in prison to rape a vulnerable man who had never been to prison and never committed a violent crime? At the time of the rape, a single officer was responsible for observing a day room, a dining area, and two floors of cells with open doors. It was not possible, at any given time, for that officer to observe the entire unit. [T]he victim [reported] that the rape took place over a forty-five minute time span, in a second floor cell, while the officer was in the day room, where she was unable to see inside the cells on the second floor...But in an overcrowded system, it is unlikely that prisoners of different security levels who are identified as being in need of protective custody will be further segregated...”

Terry Kupers, “Rape and the Prison Code,” in Prison Masculinities 113 (Don Sabo et. al. eds., 2001).

As the U.S. inmate population continues to swell, the likelihood of sexual abuse increases. Prison and jail administrators across the nation are failing to keep their populations from outpacing the capacity of existing facilities. Partly due to the massive influx of new inmates, many prisons and jails also fail to ensure that non-violent, first-time offenders are separated from potentially predatory inmates. In addition, a ‘code of silence’ that is honored by prisoners and corrections officials alike continues to keep prisoner rape shrouded in secrecy both inside prisons and jails and in society at large.

A. Over-Incarceration and Prison Overcrowding

With more than 2.2 million people behind bars, the U.S. incarcerates a larger percentage of its population than any other country in the world. The inmate population quadrupled between 1980 and 1999. More than 500,000 of these prisoners are incarcerated on drug charges.

Although public support in the U.S. for the “war on drugs” has waned considerably in recent years, the U.S. government has continued to pursue anti-drug policies that lead to the incarceration of large numbers of low-level drug users. Exceedingly long drug sentences contribute to the current prison overcrowding and understaffing. Despite a prison building boom of nearly two decades, officials at many U.S. corrections facilities have had to convert cafeterias and gymnasiums into dormitories. Such severe overcrowding creates opportunities for predators, as procedures for housing potential perpetrators and victims of sexual violence separately tend to be overlooked in facilities with a shortage of beds.

“How was it possible, in a protective custody unit, for two gang members who had spent many years in prison to rape a vulnerable man who had never been to prison and never committed a violent crime? At the time of the rape, a single officer was responsible for observing a day room, a dining area, and two floors of cells with open doors. It was not possible, at any given time, for that officer to observe the entire unit. [T]he victim [reported] that the rape took place over a forty-five minute time span, in a second floor cell, while the officer was in the day room, where she was unable to see inside the cells on the second floor...But in an overcrowded system, it is unlikely that prisoners of different security levels who are identified as being in need of protective custody will be further segregated...”

Terry Kupers, “Rape and the Prison Code,” in Prison Masculinities 113 (Don Sabo et. al. eds., 2001).

“Teresa Smith,” a mother of two and a victim of sexual abuse during childhood, began to use powdered cocaine at age 19 and eventually became addicted to crack cocaine. She was sent to prison for the first time at age 26 for possession of stolen goods, and was in and out of prison for the next 11 years. Smith was raped by corrections officials twice, and was repeatedly sexually harassed and assaulted throughout her years in prison. She told SPR:

“The prisons are so overcrowded, and the officers take advantage of that. They see all your weaknesses. Some of them are predators. The gym is where I slept in and there were 120 women in there. There is no privacy. There are no partitions. There are no doors.... What happens when you kick the covers off in bed at night? You have got officers walking by with flashlights looking at you. Being locked up in that kind of environment was devastating – emotionally, physically, and mentally draining.”

SPR staff in-person interview, August 2005.
B. Lack of Proper Inmate Classification

A 19-year-old University of Florida college student arrested in 2002 for possession of about an ounce of marijuana and who had no criminal record, was violently raped after being placed in a cell in a county jail with a 35-year-old career criminal awaiting trial on sexual battery charges. Jail and city officials acknowledged that the youth should never have been placed in a cell with a known predator, and attributed the mistake to overcrowding and a flawed inmate classification system.


One of the most important tools available to corrections officials to prevent prisoner rape is the appropriate classification of detainees when they enter a facility, as well as a system for rapidly re-classifying them when an actual or potential problem arises. By housing non-violent prisoners with violent ones, corrections officials create environments that virtually guarantee sexual assault.

Despite efforts to adopt an objective, uniform system of classification in U.S. prisons and jails, many state departments of corrections do not collect data needed to assess an inmate’s risk of harming others. Nearly 40 percent of corrections departments do not collect information on whether a weapon was used during the prisoner’s offense. Twelve of the nation’s 52 departments of corrections do not collect information on an inmate’s history of violence and 17 do not collect information on gang membership.

“Sophia Brooks,” a transgender woman from Florida who is a U.S. army veteran, began the transition to becoming female in 1999. She initiated hormone therapy, adopted a feminine voice and mannerisms, grew her hair long, and acquired breast implants. In 2002, she was arrested for drug possession and sentenced to seven years in a men’s prison. She recounted her harrowing experiences in detention to SPR.

“When I arrived at the reception center…I stepped off the bus and was strip-searched in front of two guards and about a dozen male inmates. A sergeant yelled, ‘Look at the tits on that one! Those are the best-looking tits I’ve ever seen on a man.’ He pointed me out to a six-foot, three-inch inmate and said to him, ‘You like that one, don’t you? I’m going to put you in a cell with that one.’ Another sergeant called me ‘tits’ and ‘titty man’…. While the rest of my group went through the intake process, I was left sitting on a bench until the afternoon so that all the other intake inmates could see me. My head was completely shaved, and my sports bra was taken away, because ‘males’ don’t need bras in prison. I was placed in a locked-down ‘protective management’ unit with murderers and a predator who had a prior ‘relationship’ with a transsexual before my arrival.”

Soon after her arrival, Brooks was raped by that predator in the protective custody unit. She told SPR, “I yelled for him to stop, but nobody heard me. He kept saying, ‘Yeah, you like that, bitch. I knew you wanted it.’ When he was done, he left, and…I cried all night. I was ashamed of feeling so helpless.” Brooks emphasized to SPR that corrections authorities must, “acknowledge the problem of placing minimum-custody transsexuals into locked-down protective management areas with mixed custody levels.”

Some positive exceptions do exist. San Francisco County jails, for example, have used an effective classification system since the 1980s. Originally created to protect the city’s gay inmate population, trained staff members interview, assess, and assign housing to inmates based on their likelihood of victimizing or being harmed by other prisoners.21

C. Prison ‘Code of Silence’

A pervasive code of silence among corrections officials at the Corcoran State Prison in California contributed to the 1999 acquittal of four prison staff members charged with arranging the rapes of Eddie Dillard. A 23-year old, 120-pound, first-time prisoner, Dillard was deliberately housed in solitary confinement with a sexual predator known as the ‘Booty Bandit,’ in an effort by prison officials to “teach him a lesson” after he kicked a female corrections officer. The ‘Booty Bandit’ raped Dillard repeatedly over a two-day period, as corrections officers passed by the cell and laughed.

The implicated prison officials were put on trial, but acquitted, even though another corrections official testified against those who were tried. Prisoner rights advocates blamed the acquittal in part on the prosecutor’s failure to “make the code of silence and culture of terror” at the facility central issues in the case. It was charged that the corrections union, the California Correctional Peace Officers Association, thwarted the prosecution by instructing its members not to cooperate with the FBI and state investigations.


In U.S. detention facilities, ‘snitching’ on another prisoner is considered unacceptable and a sign of weakness.22 According to Dr. Terry Kupers, a noted psychiatrist and expert on the psychological effects of prison abuse, by reporting sexual violence to an official or another prisoner, a victim violates a longstanding male prison code and invites retaliation from the perpetrator(s) and others who dislike snitches.23 Administrative procedures and corrections officials’ behavior often aggravate the situation further, as a prisoner who reports a rape typically is pressured to reveal the name of his/her assailant without any reasonable assurance of protection from retaliation.24 Thus, to avoid looking weak and being labeled as a snitch, most prisoners choose not to file a formal complaint.25 Some will even forego medical assistance and psychological counseling following a sexual assault, out of fear of inadvertently breaching the code of silence.

Similarly, because protective custody is often used to house vulnerable inmates, and especially those who have filed a formal complaint, the stigma of having been in protective custody can follow a vulnerable prisoner long after he or she is returned to the general population.26

The code encouraging prisoners to remain silent is further enhanced by the likelihood that their complaints will not be investigated and dealt with seriously. In a 2005 report, the Bureau
of Justice Statistics highlighted several of the factors preventing inmates from reporting abuse. “Administrative records alone cannot provide reliable estimates of sexual violence. Due to fear of reprisal from perpetrators, a code of silence among inmates, personal embarrassment, and lack of trust in staff, victims are often reluctant to report incidents to correctional authorities.”

There is no question that a code of silence not only deters prisoners from reporting sexual violence, but that corrections officials and unions also utilize their version of the code to protect their collective interests during investigations of cases of abuse. This tendency to ‘close ranks’ in the face of a sexual assault fosters impunity and is a serious impediment to justice.

Recommendations on Conditions and Culture in Detention Facilities

Article 11 of the CAT provides that where circumstances in a country’s detention system change, the country should “review [its] arrangements for the custody and treatment of persons subjected to…imprisonment…with a view to preventing any cases of torture.” In accordance with the CAT, SPR calls on the U.S. government to adhere to the general mandates of Articles 2 and 16, which require states parties to take effective legislative, administrative, judicial or other measures to prevent acts of torture and cruel, inhuman or degrading treatment, as circumstances change and the overall prison population increases.

- All inmates must be offered adequate housing; overcrowding must never be used as an excuse for failing to guarantee every inmate’s right to be free from sexual violence.

- Policymakers should consider alternative strategies to incarceration, such as drug treatment opportunities for non-violent drug users, to ease overcrowding and keep such offenders away from the dangers of prison life.

- An effective inmate classification system that identifies vulnerable prisoners and predators must be in place and fully implemented at all times. With approximately 15 percent of U.S. prisoners classified as high risks to others, and 15 percent classified as likely victims, accurate classification is imperative.*

- Prisoners placed in protective custody must be separated according to security level. For example, a maximum security gang member and a first-time, non-violent drug offender who are both in need of protective custody must not be housed together.

- The code of silence that permeates prison life in the U.S. must be dismantled by following the mandate of Article 10 to “ensure that education and information regarding the prohibition against torture are fully included in the training” of corrections personnel. All corrections staff must be instructed that adherence to a code of silence that keeps prisoners and staff from preventing and reporting abuse is wholly inconsistent with universal human rights standards, as reflected in the CAT.

IV. POPULATIONS VULNERABLE TO SEXUAL ASSAULT IN DETENTION

While anyone can become a victim of sexual violence in detention, certain groups are especially hard hit by this type of abuse. Non-violent, first-time offenders who are inexperienced in the ways of prison life are frequently singled out for attacks. Youth held both in juvenile and adult facilities are also at high risk for rape and abuse. Gay and transgender detainees, or those who are small, effeminate, and perceived to be gay or gender variant, experience rates of prisoner rape that are several times higher than those for inmates overall. Finally, those held in immigration detention centers are exceptionally vulnerable to sexual violence.

A. First-time, Non-Violent Offenders

First-time, non-violent offenders often lack the street smarts to protect themselves behind bars. In assessing prisoners’ “potential for violence index,” one researcher found that only 25 percent of targets of violence were incarcerated for a threat or act of force, compared to 58 percent of non-targets and 79 percent of aggressors.29 Other researchers have similarly found that, while there is a lack of conclusive data on the subject of prisoner rape, a highly disproportionate number of sexual assault victims are first-time, non-violent offenders.30

First-time offenders are especially at risk because of prison officials’ failure to house them according to their vulnerability for abuse, as opposed to simply according to the crime for which they are incarcerated. Overcrowded conditions make it even more likely that non-violent offenders will be placed with violent, potentially predatory cellmates.
Many prisons have failed to implement effective sexual assault prevention programs, including communicating a “zero tolerance” policy to potential predators and sufficiently orienting first-time offenders on sexual assault prevention and risk. In many cases, prisons that do not separate violent offenders from non-violent ones also fail to make clear to vulnerable inmates what to do if they feel threatened. To make matters worse, some prisons and jails lack policies and practices to actually protect those who do express fear of sexual assault. Survivor Keith DeBlasio testified before the National Prison Rape Elimination Commission in 2005, describing how his pleas to prison officials for help went ignored, leaving him to be repeatedly raped by a cellmate:

[B]efore the abuse began, I told the officials that I felt vulnerable in the open dormitory unit and…that I felt threatened by the assailant. My assailant…was known for being violent. When he began to threaten and harass me, I told prison officials, but…[they] did nothing.31

B. Youth

Juveniles from ages 13 to 18 are particularly vulnerable to sexual abuse in U.S. adult prisons and jails. When incarcerated with adults, teenagers are five times more likely to report being sexually assaulted than when they are held in youth facilities.32 Moreover, juveniles held in adult prisons are eight times more likely to commit suicide than in juvenile detention.33 Research indicates that this is in large part due to feelings of isolation, and an intense fear of sexual violence or physical assault.34 Nevertheless, depending on the state, minors as young as 16 may be automatically tried as and housed with adults. In June 2004, more than 7,000 youth under the age of 18 were being held in adult facilities.35

Youth held in juvenile facilities are also subjected to high levels of sexual violence.36 In 1995, 16 year-old Rodney Hulin was sentenced to eight years in an adult facility in Texas for setting a dumpster on fire. In prison, he became an easy target, with a 5’2”, 125-pound frame. He was raped multiple times by other inmates and reported the assaults to doctors and prison officials on numerous occasions, pleading for help. In particular, using the prison’s established administrative procedures, he requested to be removed from the general prison population. His pleas were rejected. Prison officials decided that Hulin did not meet the “emergency grievance criteria” and told him that “[t]his happens every day, learn to deal with it. It’s no big deal.” Unable to tolerate any further abuse, Hulin hanged himself in January 1996, and died after lying in a coma for four months.

Adapted from testimony of Hulin’s mother, Linda Bruntnyer, before the National Prison Rape Elimination Commission (June 14, 2005)

More recently, on March 15, 2006, a 12-year old detainee was allegedly raped repeatedly by two older teenagers while in a holding room at a Los Angeles court house. The officials in charge of monitoring the juveniles from an adjoining area appeared to have obscured the window, so that the juveniles could not be seen.

Noam Levey, “Rape of Boy at Court Site Reported,” Los Angeles Times, March 25, 2006
facilities in the U.S. reported the highest rates of sexual abuse by corrections personnel.\textsuperscript{37} The Department of Justice (DOJ) found that juveniles reported more than 2,800 allegations of sexual violence during that year alone.\textsuperscript{38} Fifty-nine percent of these incidents were committed by other youth in the facilities, while 41 percent were committed by staff.\textsuperscript{39} Three out of ten of the alleged incidents were substantiated by the facilities. In the remaining cases, there either was insufficient evidence or the allegations were determined to be unfounded.\textsuperscript{40}

C. Gay and Transgender Detainees

Gay and transgender inmates are perhaps the hardest hit by sexual violence in custody. A study of one institution reported that 41 percent of gay inmates had been sexually assaulted, a rate that was three times higher than that for the institution overall.\textsuperscript{41} Transgender inmates who have developed breasts and a feminine appearance, for example, are especially vulnerable to various forms of sexual harassment, such as being subjected to gawking, verbal abuse, and sexual touching by male prisoners and corrections officials. Contributing to the heightened risk that gay and transgender inmates face are the reckless and indiscriminate classification practices that most facilities continue to use. For example, transgender inmates are often automatically placed either in protective custody with few opportunities to participate in prison programs, or with the general population without regard to their unique needs and physical appearance.\textsuperscript{42}

Gay and transgender inmates who have the courage to come forward and report abuse typically face greater institutional apathy than other detainees. Corrections officials tend to conflate homosexuality and transgender status with consent to rape, and so trivialize these inmates’ claims. In the many letters from inmates to SPR, gay and transgender prisoners frequently describe officials ignoring or even laughing at their reports of sexual abuse. In some cases,
prison officials have set gay and transgender prisoners up for abuse, and then are dismissive of or refuse to cooperate with investigations. Perhaps the best-known recent example of such conduct is the case of Roderick Johnson, a young, openly gay, black man who served time in a federal prison in Texas. Upon entering the facility, he asked to be placed in protective custody, as he was concerned that he might be targeted by other inmates. Instead of responding appropriately, corrections personnel told Johnson “we don’t protect punks on this farm.” Johnson was repeatedly brutalized, raped and ‘sold’ by prison gangs over the next 18 months. While Johnson requested transfer to protective custody nine times, prison administrators continually refused his requests, even mocking him by telling him to “learn to fight” or accept that he would continue to be raped.43

D. U.S. Immigration and Customs Enforcement (ICE) Detainees

The passage of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 and the Homeland Security Act of 2002 has resulted in dramatic increases in the number of immigrant detainees and the length of periods of detention.44 On an average day, the United States Department of Homeland Security detains more than 200,000 individuals in ICE detention centers.45

There is a considerable record of sexual abuse in U.S. immigration detention. As documented in a 2004 SPR report entitled No Refuge Here: A First Look at Sexual Abuse in Immigration Detention, many ICE detention centers are plagued by systemic problems with sexual violence.46 There are many reasons why immigration detainees are at heightened risk for sexual abuse, including: overcrowding; lack of independent monitoring by advocacy organizations; an absence of data on sexual abuse of detainees; fear of deportation; inadequate access to counsel; and varied literacy and language skills. Due to these factors, and especially to the acute fear of retaliatory deportation, few immigration detainees challenge the conditions of their confinement, including those who suffer sexual abuse.

In October 2004, Nereyda Escalante, a woman from Mexico residing in California, was detained by U.S. immigration officials after returning from a visit to Tijuana. She was taken to the San Diego Correctional Facility, an immigration detention facility, pending a court hearing before an immigration judge to determine whether she would be deported.

On December 15, 2004, Escalante alleges that a detention center official ordered her to accompany him to a room to work under his supervision filling bags with candy that the facility was going to distribute to detainees for the Christmas holidays. The room was out of the view of security cameras. Shortly after Escalante entered the room and sat down to work, the officer pushed her to the floor, pulled her pants down, and raped her. He then warned her not to say anything about what he had done, and threatened her with severe consequences if she were to do so. The next morning, the official ordered Escalante to accompany him to the same room, where he raped her again, and again warned her not to tell anyone what he had done. Escalante suffered serious physical injuries and emotional distress as a result of the attacks.

Adapted from Amended Complaint in Escalante v. Corrections Corp. of America, Inc., No. 05 CV 0022 WQH (AJB) (S.D. CA, filed August 16, 2005).
Despite the obvious risk factors among immigration detainees, the ICE Detention Operations Manual represents a distressing example of institutional indifference toward the potential for sexual misconduct and abuse. The manual does not deal with sexual assault in a comprehensive and substantive manner. Existing language is unfocused and out-of-date, contributing to a policy document that treats sexual assault as an afterthought in the context of ICE detention.47

SPR, along with other human rights organizations, have attempted to obtain access to ICE detention centers to monitor the conditions, but have found it difficult, if not impossible, to gain entry to the facilities in general, and to individual detainees in particular. For example, of the eight ICE facilities SPR contacted in 2002-2003 in connection with the production of No Refuge Here, five denied even a low level site visit by SPR staff, either referring to post 9-11 safety concerns or offering no reason for the denial.

### Recommendations on Vulnerable Populations

Article 11 of the CAT requires that the U.S. “keep under systematic review...arrangements for custody and treatment of persons subjected to any form of arrest, detention or imprisonment...with a view to preventing any cases of torture.” From the cases and analysis above, it is clear that certain groups of prisoners continue to be singled out for sexual abuse.

In accordance with the CAT, SPR calls on the U.S. to examine the ways in which current policies and procedures are placing these groups at increased risk and to implement necessary reforms.

- Dormitories and other living areas must be regularly patrolled, and special attention must be paid to blind spots. Security cameras must be installed to aid in the monitoring of blind spots.
- Dormitory-style housing must be discontinued in high-security facilities and wherever understaffing is an issue.
- Inmate objections to being paired with a specific cellmate due to fear of assault must be respected.
- The physical safety of sexual assault victims must be ensured in a non-punitive way, by moving the suspected aggressor into segregation or to another housing area, rather than punishing the victim further through segregation.
- Non-violent offenders must be kept safe from sexual violence at all times. Most importantly, a strict classification system must be implemented that ensures that those vulnerable to sexual violence never are assigned as cellmates to violent, predatory inmates.
V. IN THE AFTERMATH OF ASSAULT: LACK OF SERVICES AND REDRESS

In the aftermath of a sexual assault in detention, victims are faced not only with the very real threat of further abuse, but with further victimization from the prison or jail administration itself. Prisoners are often unable to access adequate mental health services and other assistance. To make matters worse, corrections officials who sexually victimize prisoners or knowingly fail to protect them from abuse by other inmates are rarely criminally prosecuted or held civilly liable. In cases where action is considered, resignation or termination—without prosecution—is the usual result. Moreover, inmates who wish to seek legal redress after an assault are confronted with significant legal and administrative hurdles, including those posed through the notorious Prison Litigation Reform Act (PLRA).48

- Juvenile inmates must be housed separately from adults.
- Juvenile inmates held in adult facilities must be recognized as youth, for whom standard procedures such as strip searches and being viewed while in a state of undress can be especially excruciating, particularly when guarded by members of the opposite gender.
- Officials at all detention facilities must take into account the extreme risk of sexual violence facing gay and transgender inmates. In particular, gay and transgender inmates should be given the option to be housed separately from the general population.
- Insensitive blanket housing policies for transgender inmates must end, such as automatically placing them in segregation or basing their housing assignment solely on their genitalia or perceived gender identity.
- ICE detention facilities must adopt sound policies and practices that adequately protect detainees from sexual assault.
- Given the limited constitutional protections applicable to non-U.S. citizens, it is especially urgent that independent NGOs be granted access to ICE detention facilities to ensure that violations of the CAT are not occurring.
On April 1, 2002, Penifer Salinas, a woman serving a two-year sentence for car theft at the Denver Women’s Correctional Facility, was assaulted by a corrections officer. The sergeant in charge was aware that this officer had previously had sexual contact with at least one other inmate, and he was under investigation by police for stalking women in the community.

The officer forced Salinas to perform oral sex and then raped her, telling her to keep quiet or “she would never get paroled.” The attack left Salinas bleeding from her vagina. Fearful of retaliation, Salinas did not report the rape for months. When she did, she was provided no information about how the prison was going to respond. Instead, she was placed in solitary confinement, without access to her legal mail or letters from her mother, and was subjected to retaliation from other corrections officials. Salinas was not informed when the officer was removed from the prison and arrested on the stalking charge. Now out of prison, she continues to suffer from anxiety attacks as a result of the rape and the manner in which she was treated after reporting it.


A. No Confidentiality for Survivors

In SPR’s experience, when an inmate is sexually assaulted behind bars, there is a severe disconnect between the serious nature of what has occurred and the response of most detention facilities. In particular, virtually all prisons and jails deny rape survivors the right to seek confidential mental health counseling. On the contrary, prison mental health staff and other employees are required to report anything that potentially threatens the security of the facility or that may constitute a crime or a breach of institutional policy. As a result, prisoners who confide in institutional mental health counselors do so at great risk, as details about their experiences are likely to be shared with other officials.

Because of these reporting requirements, inmates who speak with in-house counselors lose the power to decide when and if they feel ready and safe enough to formally report the perpetrator. Once a counselor reports the abuse to other officials, an investigation may follow in which the identity of the parties implicated is revealed and each such party is interrogated, leaving the victim at great risk of retaliation and further abuse and often in desperate need for transfer to a safer unit or facility.

Despite the existence of community rape crisis centers throughout the U.S., prisoners have traditionally had no access to counselors from these centers, as detention facilities have taken the position that it would constitute a security risk to allow confidential communication between inmates and outside mental health providers. While the dearth of adequate services for inmates is widespread, positive change appears to be on the way in California. Through a groundbreaking project believed to be the first of its kind in the U.S., SPR is working with the California Department of Corrections and Rehabilitation to facilitate prisoners’ access to independent rape crisis counselors. If the project develops according to plan, confidential counseling inside two California prisons will begin in mid-2006.
B. Prosecution of Staff Rare

In addition to the dearth of adequate services available to inmates in the aftermath of an assault, a cloud of impunity hangs over U.S. detention facilities for their failure to prosecute these cases. Even in the cases of complaints of sexual abuse filed by inmates and substantiated by staff, few corrections officials are prosecuted. According to the U.S. Department of Justice (DOJ), in 2004, there were 508 substantiated incidents of staff sexual misconduct in federal and state prisons, including juvenile and Immigrations and Custom Enforcement (ICE) facilities, and jails. Staff were discharged in 296 of these cases, while only 193 were referred for prosecution. During the same period, there were 140 substantiated incidents of sexual harassment of inmates by corrections staff. Staff were discharged in just 47 of these cases, and referred for prosecution in four.

In a review of inmates held in custody by the federal Bureau of Prisons (BOP), the U.S. Office of the Inspector General (OIG) found that a majority of the staff who committed sexual misconduct were not prosecuted for their crimes. Instead, the cases were handled administratively, and the implicated corrections personnel either resigned from their positions, or were disciplined or terminated. Between 2000 and 2004, the OIG submitted 163 sexual abuse cases for prosecution. Forty-five percent, or 73 of these cases, were actually accepted for prosecution and 65 resulted in convictions. Eighty-eight cases, or 54 percent, were declined for prosecution.

C. Inadequate Remedies at Law for Victims

It is difficult for a prisoner who has been victimized to seek legal redress in the civil system. Civil rights litigation, especially on behalf of prisoners, is often prohibitively expensive and usually takes years to conclude. In addition, the standard established under Farmer v. Brennan is so difficult to meet that few plaintiffs have been successful. Specifically, corrections officials can only be held liable for sexual violence against prisoners where they have shown “deliberate indifference” by “disregard[ing] an excessive risk to prisoner health or safety. The official must both be aware of facts from which the inference could be drawn that a substantial risk of serious harm exists, and he must also draw that inference.”

This is, in practical terms, an insurmountable standard for liability, requiring that the prisoner be able to prove not that the official should have known that a prisoner was at risk for assault, but that the official did in fact know of the risk. The standard also creates a perverse incentive for prison officials to deliberately ignore what is happening in their facilities, and usually means that they will avoid liability for sexual violence by asserting that they were unaware of any risk.

In addition to the onerous Farmer standard, the Prison Litigation Reform Act (PLRA) of 1996 places limits on inmates’ ability to seek civil redress in federal court. With the stated purpose of discouraging prisoners from filing “frivolous” lawsuits, this statute dramatically limits the
ability of individuals, NGOs, and even the U.S. Department of Justice to challenge abusive prison conditions through litigation. Most importantly, the PLRA mandates that prisoners exhaust all administrative remedies before filing suit for damages. This requirement often means that prisoners must report their abuse to the very corrections officer who assaulted them, or who failed to put an end to abuse by another inmate, within a short timeframe following the assault. The PLRA also bars prisoners from seeking damages for sexual harassment, invasions of privacy such as strip searches, and inappropriate sexual touching that falls short of sexual assault. Additionally, the PLRA precludes attorneys’ fees for lawyers representing prisoners.

Moreover, despite the CAT Committee’s recommendation to the U.S. in 2000, the U.S. continues to refuse to permit Article 22 communications to the Committee. Such communications would allow individuals who are victims of sexual abuse in detention to contact the Committee once they have exhausted available avenues of relief within the U.S. legal system. The U.S. explained this decision by stating that “[its] legal system affords numerous opportunities for individuals to complain of abuse, and to seek remedies for such alleged violations,” and that it would thus “continue to direct its resources to addressing and dealing with violations of the Convention pursuant to the operation of its own domestic legal system.”58 However, the U.S. continues to fail in its duty to protect inmates from abuse, provide adequate treatment for victims, prosecute corrections officials who are complicit in these abuses, and allow an adequate civil remedy at law for victims.
Recommendations on Adequate Services and Redress for Victims

In its Second Periodic Report, the U.S. government maintains that “[l]aw enforcement authorities in the U.S. continue to prevent and punish acts of sexual abuse committed against prisoners.” Unfortunately, that is not the case. On the contrary, the dearth of services available to inmates in the aftermath of a sexual assault paired with the cloud of impunity that continues to hang above U.S. detention facilities constitute a serious breach of both the letter and the spirit of the CAT. Article 12 of the CAT requires “competent authorities [to] proceed to a prompt and impartial investigation” of a suspected violation and to protect an inmate from “ill-treatment or intimidation as a consequence of his complaint.” Articles 13 and 14, respectively, require states to ensure that an individual has “the right to complain to, and to have his case promptly and impartially examined by, its competent authorities” and that he “obtains redress and has an enforceable right to fair and adequate compensation…”

SPR calls on the U.S. government to ensure that prisoner rape survivors are not left to suffer alone, and to reconsider its inadequate system of judicial remedies available to inmates who have been subjected to sexual abuse.

- All inmates, including those in administrative segregation, protective custody, and prison infirmaries must have access to prompt and confidential mental health counseling and medical care in the aftermath of sexual abuse.

- Mental health and other services must never be withheld from an inmate because he/she is unwilling to name the perpetrator of an assault or file a formal complaint.

- Detention facilities must ensure that all segregation of those who report sexual abuse is voluntary, non-disciplinary, and does not result in any loss of privileges, resources, services, and programs. Similarly, inmates must not be needlessly transferred to another facility, as such transfers frequently render it impossible to maintain contact with loved ones.

- NGOs and other independent monitors and service providers must be granted access to detention facilities and inmates.

- All inmates must be made aware of their right to bypass the chain of command when reporting a sexual assault, ensuring that nobody is put in the position of having to report an assault to the perpetrator.

- Corrections officials who interfere with a prisoner’s efforts to report abuse must be effectively disciplined.

- Regardless of the potential criminal penalty, state and local prosecutors must investigate and prosecute all substantiated instances of custodial sexual misconduct, sexual assault, or rape in custody.

- Congress should repeal the PLRA. Alternatively, and at the very least, the PLRA must be amended to exempt all cases involving allegations of sexual abuse.

- The U.S. should reconsider permitting Article 22 communications to the CAT Committee, which would allow individuals who are victims of sexual abuse in detention to address communications to the Committee when they have exhausted available avenues of relief within the U.S. legal system.
ENDNOTES


9. Id. at 833-34.

10. Id. For discussion, see also, Stop Prisoner Rape, Still in Danger: The Ongoing Threat of Sexual Violence Against Transgender Prisoners 2 (2005).


12. See, e.g., Norman Sinclair et al., Michigan Faces Conflict of Interest: Attorney General Defends the State Against Lawsuits and Prosecutes Offenders, DETROIT NEWS, May 24, 2005 (discussing Wayne County Prosecutor's decision to "end its traditional role of prosecuting prison sex abuse cases" because "we can no longer devote scarce resources to investigate and charge crimes committed in state correctional institutions."); see also, Silja Talvi, Not Part of My Sentence, in PRISON NATION, 262, 265 (Tara Herivel & Paul Wright, eds., 2003) (discussing decision by a county prosecutor's office in Tacoma, Washington not to file charges against a corrections officer even though the prison superintendent fired him following an internal investigation into allegations of rape and sexual assault by three women inmates, citing a lack of corroborating evidence); HUMAN RIGHTS WATCH, NO ESCAPE: MALE RAPE IN U.S. PRISONS 339 (2001) (letter from Texas Department of Criminal Justice stating that of the 519 cases of sexual assault investigated by the Department's Internal Affairs division between the years 1984 through 1997, only four resulted in prosecution).


17. Jerry Kupers, Rape and the Prison Code, in PRISON MASCULINITIES 111, 113 (Don Sabo et al. eds., 2001).

18. HUMAN RIGHTS WATCH, supra note 12, at 149 (discussion of the increased use of double-celling with two men being placed in cell designed for single occupancy with little regard for selecting compatible cellmates).


20. Id. In addition to the fifty states, the federal Bureau of Prisons and the District of Columbia Department of Corrections were included in the study.
22. Kupers, supra note 17, at 112.
24. Kupers, supra note 17, at 112.
25. See, e.g., id. at 112-116.
27. BECK & HUGHES (BJS), supra note 5, at 2.
29. Lockwood, supra note 26, at 33-34.
30. See, e.g., HUMAN RIGHTS WATCH, supra, note 12, at 149; LOCKWOOD, supra note 26, at 33-34.
34. Id.
36. For a recent case, see, e.g., Richard Walton, *Guards Accused of Sexual Misconduct: 6 girls in Marion County juvenile detention center allegedly were abused*, INDIANAPOLIS STAR, April 25, 2006 (detailing allegations that nine employees, including the superintendent of the facility, committed sexual misconduct against girls aged 13 to 15 between the years 2000 and (July) 2005).
37. BECK & HUGHES (BJS), supra note 5, at 5.
39. 2 Id.
40. 3 Id. at 230-31.
42. STOP PRISONER RAPE, supra note 10, at 4-5.
45. Id. at 1.
46. Id.
47. Id. at 11-16; for discussion of recommendations for information to be included in the ICE detainee handbook, see p. 20.
49. Kupers, supra note 17, at 112.
50. Terry Kupers, Mental Health in Men’s Prisons, in PRISON MASCUINITIES 194-95 (Don Sabo et al. eds., 2001).
51. BECK & HUGHES, supra note 5, at 9-10.
52. Id. at 10.
53. Id. at 9.
55. Id. at 9-11.
56. Id.
57. Farmer, 511 U.S. at 837.
PTSD & DID

“You are not responsible for healing anyone’s trauma.”
-Carol Norris
I Give You Back
By Joy Harjo

I release you, my beautiful and terrible fear.
I release you.
You were my beloved and hated twin, but now, I don’t know you as myself.
I release you with all the pain I would know at the death of my daughters.

You are not my blood anymore.

I give you back to the white soldiers who burned down my home, beheaded my children, raped and sodomized my brothers and sisters.

I give you back to those who stole the food from our plates when we were starving.

I release you, fear, because you hold these scenes in front of me and I was born with eyes that can never close.

I release you, fear, so you can no longer keep me naked and frozen in the winter, or smothered under blankets in the summer.

I release you I release you I release you I release you

I am not afraid to be angry.
I am not afraid to rejoice.
I am not afraid to be black
I am not afraid to be white.
I am not afraid to be hungry.
I am not afraid to be full.
I am not afraid to be hated.
I am not afraid to be loved, to be loved, to be loved, fear.

Oh, you have choked me, but I gave you the leash.
You have gutted me but I gave you the knife.
You have devoured me, but I laid myself across the fire.

I take myself back, fear.
You are not my shadow any longer.
I won’t hold you in my hands.
You can’t live in my eyes, my ears, my voice my belly, or in my heart my heart my heart my heart.

But come here, fear.
I am alive and you are so afraid of dying.
victims of the Nazi Holocaust, observes: "The psychopathology may be hidden in characterological changes that are manifested only in disturbed object relationships and attitudes towards work, the world, man and God."

Many experienced clinicians have invoked the need for a diagnostic formulation that goes beyond simple post-traumatic stress disorder. William Niederland finds that "the concept of traumatic neurosis does not appear sufficient to cover the multitude and severity of clinical manifestations" of the syndrome observed in survivors of the Nazi Holocaust. Psychiatrists who have treated Southeast Asian refugees also recognize the need for an "expanded concept" of post-traumatic stress disorder that takes into account severe, prolonged, and massive psychological trauma.

One authority suggests the concept of a "post-traumatic character disorder." Others speak of "complicated" post-traumatic stress disorder.

Clinicians who work with survivors of childhood abuse have also seen the need for an expanded diagnostic concept. Lenore Terr distinguishes the effects of a single traumatic blow, which she calls "Type I" trauma, from the effects of prolonged, repeated trauma, which she calls "Type II." Her description of the "Type II" syndrome includes denial and psychic numbing, self-hypnosis and dissociation, and alternations between extreme passivity and outbursts of rage. The psychiatrist Jean Goodwin has invented the acronym FEARs for simple post-traumatic stress disorder and BAD FEARS for the severe post-traumatic disorder observed in survivors of childhood abuse.

Thus, observers have often glimpsed the underlying unity of the complex traumatic syndrome and have given it many different names. It is time for the disorder to have an official, recognized name. Currently, the complex post-traumatic stress disorder is under consideration for inclusion in the fourth edition of the diagnostic manual of the American Psychiatric Association, based on seven diagnostic criteria (see chart). Empirical field trials are underway to determine whether such a syndrome can be diagnosed reliably in chronically traumatized people. The degree of scientific and intellectual rigor in this process is considerably higher than that which occurred in the piatile debates over "masochistic personality disorder."

As the concept of a complex traumatic syndrome has gained wider recognition, it has been given several additional names. The working group for the diagnostic manual of the American Psychiatric Association has chosen the designation "disorder of extreme stress not otherwise specified." The International Classification of Diseases is considering a

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**Complex Post-Traumatic Stress Disorder**

1. A history of subjection to totalitarian control over a prolonged period (months to years). Examples include hostages, prisoners of war, concentration-camp survivors, and survivors of some religious cults. Examples also include those subjected to totalitarian systems in sexual and domestic life, including survivors of domestic battering, childhood physical or sexual abuse, and organized sexual exploitation.

2. Alterations in affect regulation, including
   - persistent dysphoria
   - chronic suicidal preoccupation
   - self-injury
   - explosive or extremely inhibited anger (may alternate)
   - compulsive or extremely inhibited sexuality (may alternate)

3. Alterations in consciousness, including
   - amnesia or hypermnnesia for traumatic events
   - transient dissociative episodes
   - depersonalization/derealization
   - reliving experiences, either in the form of intrusive post-traumatic stress disorder symptoms or in the form of nummative preoccupation

4. Alterations in self-perception, including
   - sense of helplessness or paralysis of initiative
   - shame, guilt, and self-blame
   - sense of defilement or stigma
   - sense of complete difference from others (may include sense of specialness, utter aloneness, belief no other person can understand, or nonhuman identity)

5. Alterations in perception of perpetrator, including
   - preoccupation with relationship with perpetrator (includes preoccupation with revenge)
   - unrealistic attribution of total power to perpetrator (caution: victim's assessment of power realities may be more realistic than clinician's)
   - idealization or paradoxical gratitude
   - sense of special or supernatural relationship
   - acceptance of belief system or rationalizations of perpetrator

6. Alterations in relations with others, including
   - isolation and withdrawal
   - disruption in intimate relationships
   - repeated search for rescuer (may alternate with isolation and withdrawal)
   - persistent distrust
   - repeated failures of self-protection

7. Alterations in systems of meaning
   - loss of sustaining faith
   - sense of hopelessness and despair
similar entity under the name "personality change from catastrophic experience." These names may be awkward and unwieldy, but practically any name that gives recognition to the syndrome is better than no name at all.

Naming the syndrome of complex post-traumatic stress disorder represents an essential step toward granting those who have endured prolonged exploitation a measure of the recognition they deserve. It is an attempt to find a language that is at once faithful to the traditions of accurate psychological observation and to the moral demands of traumatized people. It is an attempt to learn from survivors, who understand more profoundly than any investigator, the effects of captivity.

SURVIVORS AS PSYCHIATRIC PATIENTS

The mental health system is filled with survivors of prolonged, repeated childhood trauma. This is true even though most people who have been abused in childhood never come to psychiatric attention. To the extent that these people recover, they do so on their own. While only a small minority of survivors, usually those with the most severe abuse histories, eventually become psychiatric patients, many or even most psychiatric patients are survivors of childhood abuse. The data on this point are beyond contention. On careful questioning, 50–60 percent of psychiatric inpatients and 40–60 percent of outpatients report childhood histories of physical or sexual abuse or both. In one study of psychiatric emergency room patients, 70 percent had abuse histories. Thus abuse in childhood appears to be one of the main factors that lead a person to seek psychiatric treatment as an adult.

Survivors of child abuse who become patients appear with a bewildering array of symptoms. Their general levels of distress are higher than those of other patients. Perhaps the most impressive finding is the sheer length of the list of symptoms correlated with a history of childhood abuse. The psychologist Jeffrey Bryer and his colleagues report that women with histories of physical or sexual abuse have significantly higher scores than other patients on standardized measures of somatization, depression, general anxiety, phobic anxiety, interpersonal sensitivity, paranoia, and "psychoticism" (probably dissociative symptoms). The psychologist John Briere reports that survivors of childhood abuse display significantly more insomnia, sexual dysfunction, dissociation, anger, suicidality, self-mutilation, drug addiction, and alcoholism than other patients. The symptom list can be prolonged almost indefinitely.

When survivors of childhood abuse seek treatment, they have what the psychologist Denise Gelles calls a "disguised presentation." They come for help because of their many symptoms or because of difficulty with relationships: problems in intimacy, excessive responsiveness to the needs of others, and repeated victimization. All too commonly, neither patient nor therapist recognizes the link between the presenting problem and the history of chronic trauma.

Survivors of childhood abuse, like other traumatized people, are frequently misdiagnosed and mistreated in the mental health system. Because of the number and complexity of their symptoms, their treatment is often fragmented and incomplete. Because of their characteristic difficulties in close relationships, they are particularly vulnerable to revictimization by caregivers. They may become engaged in ongoing, destructive interactions, in which the medical or mental health system replicates the behavior of the abusive family.

Survivors of childhood abuse often accumulate many different diagnoses before the underlying problem of a complex post-traumatic syndrome is recognized. They are likely to receive a diagnosis that carries strong negative connotations. Three particularly troublesome diagnoses have often been applied to survivors of childhood abuse: somatization disorder, borderline personality disorder, and multiple personality disorder. All three of these diagnoses were once subsumed under the now obsolete name hysteria. Patients, usually women, who receive these diagnoses evoke unusually intense reactions in caregivers. Their credibility is often suspect. They are frequently accused of manipulation or malingering. They are often the subject of furious and partisan controversy. Sometimes they are frankly hated.

These three diagnoses are charged with pejorative meaning. The most notorious is the diagnosis of borderline personality disorder. This term is frequently used within the mental health professions as little more than a sophisticated insult. As one psychiatrist candidly confesses, "As a resident, I recalled asking my supervisor how to treat patients with borderline personality disorder, and he answered, sarcastically, 'You refer them.'" The psychiatrist Irvin Yalom describes the term "borderline" as "the word that strikes terror into the heart of the middle-aged, comfort-seeking psychiatrist." Some clinicians have argued that the term "borderline" has become so prejudicial that it should be abandoned altogether, just as its predecessor term, hysteria, had to be abandoned.
These three diagnoses have many features in common, and often they cluster and overlap with one another. Patients who receive any one of these three diagnoses usually qualify for several other diagnoses as well. For example, the majority of patients with somatization disorder also have major depression, agoraphobia, and panic, in addition to their numerous physical complaints. Over half are given additional diagnoses of “histrionic,” “antisocial,” or “borderline” personality disorder. Similarly, people with borderline personality disorder often suffer as well from major depression, substance abuse, agoraphobia or panic, and somatization disorder. The majority of patients with multiple personality disorder experience severe depression. Most also meet diagnostic criteria for borderline personality disorder. And they generally have numerous psychosomatic complaints, including headache, unexplained pains, gastrointestinal disturbances, and hysterical conversion symptoms. These patients receive an average of three other psychiatric or neurological diagnoses before the underlying problem of multiple personality disorder is finally recognized.

All three disorders are associated with high levels of hypnootizability or dissociation, but in this respect, multiple personality disorder is in a class by itself. People with multiple personality disorder possess staggering dissociative capabilities. Some of their more bizarre symptoms may be mistaken for symptoms of schizophrenia. For example, they may have “passive influence” experiences of being controlled by another personality, or hallucinations of the voices of quarreling alter personalities. Patients with borderline personality disorder, though they are rarely capable of the same virtuosic feats of dissociation, also have abnormally high levels of dissociative symptoms. And patients with somatization disorder are reported to have high levels of hypnootizability and psychogenic amnesia.

Patients with all three disorders also share characteristic difficulties in close relationships. Interpersonal difficulties have been described most extensively in patients with borderline personality disorder. Indeed, a pattern of intense, unstable relationships is one of the major criteria for making this diagnosis. Borderline patients find it very hard to tolerate being alone but are also exceedingly wary of others. Terrified of abandonment on the one hand and of domination, on the other, they oscillate between extremes of clinging and withdrawal, between abject submissionfulness and furious rebellion. They tend to form “special” relations with idealized caretakers in which ordinary boundaries are not observed. Psychoanalytic authors attribute this instability to a failure of psychological development in the formative years of early childhood. One authority describes the primary defect in borderline personality disorder as a “failure to achieve object constancy,” that is, a failure to form reliable and well-integrated inner representations of trusted people. Another speaks of the “relative developmental failure in formation of introjects that provide to the self a function of holding-soothing security”; that is, people with borderline personality disorder cannot calm or comfort themselves by calling up a mental image of a secure relationship with a caretaker.

Similar patterns of stormy, unstable relationships are found in patients with multiple personality disorder. In this disorder, with its extreme compartmentalization of functions, the highly contradictory patterns of relating may be carried out by dissociated “alter” personalities. Patients with multiple personality disorder also have a tendency to develop intense, highly “special” relationships, ridden with boundary violations, conflict, and the potential for exploitation. Patients with somatization disorder also have difficulties in intimate relationships, including sexual, marital, and parenting problems.

Disturbances in identity formation are also characteristic of patients with borderline and multiple personality disorders (they have not been systematically studied in somatization disorder). Fragmentation of the self into dissociated alters is the central feature of multiple personality disorder. The array of personality fragments usually includes at least one “hateful” or “evil” alter, as well as one socially conforming, submissive, or “good” alter. Patients with borderline personality disorder lack the dissociative capacity to form fragmented alters, but they have similar difficulty developing an integrated identity. Inner images of the self are split into extremes of good and bad. An unstable sense of self is one of the major diagnostic criteria for borderline personality disorder, and the “splitting” of inner representations of self and others is considered by some theorists to be the central underlying pathology of the disorder.

The common denominator of these three disorders is their origin in a history of childhood trauma. The evidence for this link ranges from definitive to suggestive. In the case of multiple personality disorder the etiological role of severe childhood trauma is at this point firmly established. In a study by the psychiatrist Frank Putnam of 100 patients with the disorder, 97 had histories of major childhood trauma, most commonly sexual abuse, physical abuse, or both. Extreme sadism and murderous violence were the rule rather than the exception in these dreadful histories. Almost half the patients had actually witnessed the violent death of someone close to them. In borderline personality disorder, my investigations have also docu-
mented histories of severe childhood trauma in the great majority (70 percent) of cases. The abuse generally began early in life and was severe and prolonged, though it rarely reached the lethal extremes described in patients with multiple personality disorder. The earlier the onset of abuse and the greater its severity, the greater the likelihood that the survivor would develop symptoms of borderline personality disorder. The specific relationship between symptoms of borderline personality disorder and a history of childhood trauma has now been confirmed in numerous other studies.

Evidence for the link between somatization disorder and childhood trauma is not yet complete. Somatization disorder is sometimes also called Briquet's syndrome, after the nineteenth-century French physician Paul Briquet, a predecessor of Charcot. Briquet's observations of patients with the disorder are filled with anecdotal references to domestic violence, childhood trauma, and abuse. In a study of 87 children under twelve, Briquet noted that one-third had been "habitually mistreated or held constantly in fear or had been directed harshly by their parents." In another 10 percent, he attributed the children's symptoms to traumatic experiences other than parental abuse. After the lapse of a century, investigation of the link between somatization disorder and childhood abuse has only lately been resumed. A recent study of women with somatization disorder found that 55 percent had been sexually molested in childhood, usually by relatives. This study, however, focused only on early sexual experiences; patients were not asked about physical abuse or a more general climate of violence in their families. Systematic investigation of the childhood histories of patients with somatization disorder has yet to be undertaken.

These three disorders might perhaps be best understood as variants of complex post-traumatic stress disorder, each deriving its characteristic features from one form of adaptation to the traumatic environment. The physisomatois of post-traumatic stress disorder is the most prominent feature in somatization disorder, the deformation of consciousness is most prominent in multiple personality disorder, and the disturbance in identity and relationship is most prominent in borderline personality disorder. The overarching concept of a complex post-traumatic syndrome accounts for both the particularity of the three disorders and their interconnection. The formulation also reunits the descriptive fragments of the condition that was once called hysteria and reafirms their common source in a history of psychological trauma.

Many of the most troubling features of these three disorders become comprehensible in the light of a history of childhood trauma. More important, survivors become comprehensible to themselves. When survivors recognize the origins of their psychological difficulties in an abusive childhood environment, they no longer need attribute them to an inherent defect in the self. Thus the way is opened to the creation of new meaning in experience and a new, unassimilated identity.

Understanding the role of childhood trauma in the development of these severe disorders also informs every aspect of treatment. This understanding provides the basis for a cooperative therapeutic alliance that normalizes and validates the survivor's emotional reactions to past events, while recognizing that these reactions may be maladaptive in the present. Moreover, a shared understanding of the survivor's characteristic disturbances of relationship and the consequent risk of repeated victimization offers the best insurance against unwitting reenactments of the original trauma in the therapeutic relationship.

The testimony of patients is eloquent on the point that recognition of the trauma is central to the recovery process. Three survivors who have had long careers in psychiatric treatment can speak here for all patients. Each accumulated numerous mistaken diagnoses and suffered through numerous unsuccessful treatments before finally discovering the source of her psychological problems in her history of severe childhood abuse. And each challenges us to decipher her language and to recognize, behind the multiplicity of disguises, the complex post-traumatic syndrome.

The first survivor, Barbara, manifests the predominant symptoms of somatization disorder.

I lived in a hell on earth without benefit of a doctor or medication. . . I could not breathe, I had spasms when I attempted to swallow food, my heart pounded in my chest, I had numbness in my face and St. Vitus Dance when I went to bed. I had migraine headaches, and the blood vessels above my right eye were so taut I could not close that eye.

[My therapist] and I have decided that I have dissociated states. Though they are very similar to personalities, I know that they are part of me. When the horrors first surfaced, I went through a psychological death. I remember flopping up on a white cloud with many people inside, but I could not make out the faces. Then two hands came out and pressed on my chest, and a voice said, "Don't go in there."

Had I gone for help when I had my breakdown, I feel I would have been classified as mentally ill. The diagnosis probably would have been manic depressive with a flavor of schizophrenia, panic disorder, and agoraphobia. At that time no one would have had the diagnostic tools to come up with a diagnosis of [complex] post-traumatic stress disorder.
The second survivor, Tani, was diagnosed with borderline personality disorder:

I know that things are getting better about borderlines and stuff. Having that diagnosis resulted in my getting treated exactly the way I was treated at home. The minute I got that diagnosis people stopped treating me as though what I was doing had a reason. All that psychiatric treatment was just as destructive as what happened before.

Denying the reality of my experience—that was the most harmful. Not being able to trust anyone was the most serious effect. . . . I know I acted in ways that were despicable. But I wasn't crazy. Some people go around acting like that because they feel hopeless. Finally I found a few people along the way who have been able to feel OK about me even though I had severe problems. Good therapists were those who really validated my experience.44

The third survivor is Hope, who manifests the predominant symptom of multiple personality disorder:

Long ago, a lovely young child was branded with the term paranoid schizophrenic. . . . The label became a heavy yoke. A Procrustean bed I always fit into so nicely, for I never grew . . . . I became wrapped, shrouded. No alert, spectacled psychologist had trained a professional mind upon my dull drudgery. No. The diagnosis of paranoid schizophrenia was not offered me where I could look kindly back onto the earnest practitioner and say, “You’re wrong. It’s really just a lifetime of grief, but it’s all right.”

Somehow the dreaded words got sprinkled on my cereal, rinsed into my clothes. I felt them in hard looks, and hands that inadvertently pressed down. I saw the words in the averted head, the questions that weren’t asked, the careful, repetitious confines of a concept made smaller, simpler for my benefit. The years pass. They go on. The haunting refrain has become a way of life. Expectation is slowed. Progress looks nostalgically backward. And all the time a lurking snake lies hidden in the heart.

Finally, dreams begin to be unlocking. Spurred on by the sheer, crisp increase of the Still, Small Voice. I begin to see some of what those silent, unspoken words never said. I saw a mask. It looked like me. I took it off and beheld a group of huddled, terrified people who shrank together to hide terrible secrets. . . .

The words “paranoid schizophrenic” started to fall into place, letter by letter, but it looked like feelings and thoughts and actions that hurt children, and lied, and covered disgrace, and much terror. I began to realize that the label, the diagnosis, had been a handmaid, much like the letter “A” Hester Prynne embroidered upon her breast. . . . And down all the days
Myths and Facts About PTSD

Posttraumatic Stress Disorder (PTSD) Alliance was a multi-disciplinary group of professional and advocacy organizations, including Sidran Institute, that have joined forces to provide educational resources to medical and healthcare professionals, individuals diagnosed with PTSD and their loved ones, the general public, and the media. The mission of the PTSD Alliance is to increase awareness and promote a better understanding of the prevalence, diagnosis, and treatment of PTSD.

Posttraumatic stress disorder, or PTSD, is a complex disorder that is often misunderstood. PTSD may develop following exposure to extreme trauma—a terrifying event or ordeal that a person has experienced, witnessed, or learned about, especially one that is life-threatening or causes physical harm. The experience causes that person to feel intense fear, horror, or a sense of helplessness. Not everyone who experiences a traumatic event will develop PTSD, but many people do.

MYTH: PTSD only affects war veterans.

FACT: Although PTSD does affect war veterans, PTSD can affect anyone. Almost 70 percent of Americans will be exposed to a traumatic event in their lifetime. Of those people, up to 20 percent will go on to develop PTSD. An estimated 1 out of 10 women will develop PTSD at some time in their lives. Victims of trauma related to physical and sexual assault face the greatest risk of developing PTSD. Women are about twice as likely to develop PTSD as men, perhaps because women are more likely to experience trauma that involves these types of interpersonal violence, including rape and severe beatings. Victims of domestic violence and childhood abuse are at tremendous risk for PTSD.

MYTH: People should be able to move on with their lives after a traumatic event. Those who can't cope are weak.

FACT: Many people who experience an extremely traumatic event go through an adjustment period following the exposure. Most of these people are able to return to leading a normal life. However, the stress caused by trauma can affect all aspects of a person's life including mental, emotional, and physical well-being. Research suggests that prolonged trauma may disrupt and alter brain chemistry. For some people, a traumatic event changes their views about themselves and the world around them. This may lead to the development of PTSD.

MYTH: People suffer from PTSD right after they experience a traumatic event.

FACT: PTSD symptoms usually develop within the first three months after trauma, but may not appear until months or years have passed. These symptoms may continue for years following the trauma, or, in some cases, symptoms may subside and reoccur later in life, which is often the case with victims of childhood abuse. Some people don't recognize that they have PTSD because they may not associate their current symptoms with past trauma. In domestic violence situations, the victim may not realize that their prolonged, constant exposure to abuse puts them at risk.
What Is a Dissociative Disorder?

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Introduction
Dissociative Identity Disorder (DID) (known in the past as Multiple Personality Disorder-MPD) and other Dissociative Disorders are now understood to be fairly common effects of severe trauma in early childhood. The most common cause is extreme, repeated physical, sexual, and/or emotional abuse.

There is a great deal of overlap of symptoms and experiences among the several Dissociative Disorders, including DID. Some people who may not qualify for a specific diagnosis may, nevertheless, have problems with dissociation. For ease of reading, we use “Dissociative Disorders” as a general term for all of the diagnoses. Individuals should seek help from qualified mental health providers to answer questions about their own particular circumstances and diagnoses.

Q: Is DID the same as MPD?
In 1994, the American Psychiatric Association’s manual that classifies and describes all psychiatric diagnoses changed the name from Multiple Personality Disorder (MPD) to Dissociative Identity Disorder (DID). They felt this better reflected the current professional understanding of the disorder, based on significant recent research.

Q: What Does Trauma Have to Do with DID?
Posttraumatic Stress Disorder (PTSD) is a trauma-related mental illness affecting 8% of Americans. PTSD is closely related to Dissociative Disorders. In fact, most people with a Dissociative Disorder also have PTSD. The cost of trauma disorders is extremely high to individuals, families, and society. Recent research suggests that people with trauma disorders may attempt suicide more often than people who have major depression. Research also shows that people with trauma disorders have more serious medical illnesses, substance use, and self-harming behaviors.

Q: What Is Dissociation?
Dissociation is a disconnection between a person’s thoughts, memories, feelings, actions, or sense of who he or she is. This is a normal process that everyone has experienced. Examples of mild, common dissociation include daydreaming, highway hypnosis, or “getting lost” in a book or movie, all of which involve “losing touch” with awareness of one’s immediate surroundings.

Q: When Is Dissociation Helpful?
During a traumatic experience such as an accident, disaster, or crime victimization, dissociation can help a person tolerate what might otherwise be too difficult to bear. In situations like these, a person may dissociate the memory of the place, circumstances, or feelings about of the overwhelming event, mentally escaping from the fear, pain, and horror. This may make it difficult to later remember the details of the experience, as reported by many disaster and accident survivors.

Q: What is a Dissociative Disorder?
Tragically, ongoing traumatic conditions such as abuse, community violence, war, or painful medical procedures are not one-time events. For people repeatedly exposed to these experiences, especially in childhood, dissociation is an extremely effective coping “skill.” However, it can become a double-edged sword. It can protect them from awareness of the pain in the short-run, but a person who dissociates often may find in the long-run his or her sense of personal history and identity is affected. For some people, dissociation is so frequent it results in serious pathology, relationship difficulties, and inability to function, especially when under stress.

Q: Who Gets Dissociative Disorders?
As many as 99% of people who develop Dissociative Disorders have documented histories of repetitive, overwhelming, and often life-threatening trauma at a sensitive developmental stage of childhood (usually before the age of nine). They may also have inherited a biological predisposition for dissociation. In our culture, the most frequent cause of Dissociative Disorders is extreme physical, emotional, and sexual abuse in childhood. Survivors of other kinds of childhood trauma (such as natural disasters, invasive medical procedures, war, kidnapping, and torture) have also reacted by developing Dissociative Disorders.

Q: Is DID a Major Mental Health Problem?
Current research shows that DID may affect 1% of the general population and as many as 5-20% of people in psychiatric hospitals. The rates are even higher among sexual-abuse survivors and addicts. These statistics put Dissociative Disorders in the same category as schizophrenia, depression, and anxiety, as one of the four major mental health problems today.
Q: Does DID Affect Both Women and Men?
Most current literature shows that Dissociative Disorders are recognized primarily among women. The latest research, however, indicates that the disorders may be equally prevalent (but less frequently diagnosed) among men. Men with Dissociative Disorders are most likely to be in treatment for other mental illnesses or drug and alcohol abuse, or they may be incarcerated.

Q: How Does a Dissociative Disorder Develop?
When faced with an overwhelming situation from which there is no physical escape, a child may learn to "go away" in his or her head. Children typically use this ability as a defense against physical and emotional pain, or fear of that pain. By dissociating, thoughts, feelings, memories, and perceptions of the trauma can be separated off in the mind. This allows the child to function normally. This often happens when no parent or trusted adult is available to stop the hurt, soothe, and care for the child at the time of traumatic crisis. The parent/caregiver may be the source of the trauma, may neglect the child's needs, may be a co-victim, or may be unaware of the situation.

Q: How Do Dissociative Disorders Help People Survive?
Dissociative Disorders are often called a self-protection or survival technique because they allow individuals to endure "hopeless" circumstances and preserve some healthy functioning. For a child who has been repeatedly physically and sexually assaulted, however, dissociation becomes a reinforced and conditioned defense.

Q: If It's a Survival Technique, What's the Down Side?
Because it is so effective, children who are very practiced at dissociating may automatically use it whenever they feel threatened—even if the anxiety-producing situation is not extreme or abusive. Even after the traumatic circumstances are long past, the left-over pattern of defensive dissociation sometimes remains into adulthood. Habitual defensive dissociation may lead to serious dysfunction in school, work, social, and daily activities.

Q: How Do the Identities of DID Develop?
Until about the age of eight or nine years, children are developmentally primed for fantasy play, such as when they create and interact with imaginary "friends." When under extreme stress, young children may call on this special ability to develop a "character" or "role" into which they can escape when feeling threatened. One therapist described this as nothing more than a little girl imagining herself on a swing in the sunshine instead of at the hands of her abuser. Repeated dissociation can result in a series of separate entities, or mental states, which may eventually take on identities of their own. These entities can become the internal "personality states" of DID. Changing between these states of consciousness is often described as "switching."

Q: Do People Actually Have “Multiple Personalities”?
Yes, and no. One of the reasons for the decision to change the disorder's name from MPD to DID is that "multiple personalities" is a misleading term. A person with DID feels as if she has within her two or more entities, each with its own way of thinking and remembering about herself and her life. These entities previously were often called "personalities," even though the term did not accurately reflect the common definition of the word. Other terms often used by therapists and survivors to describe these entities are: "alternate personalities," "alters," "parts," "states of consciousness," "ego states," and "identities." It is important to keep in mind that although these alternate states may feel or appear to be very different, they are all manifestations of a single, whole person.

Q: Is it Obvious when a Person Switches Personalities?
Unlike popular portrayals of dissociation in books and movies, most people with Dissociative Disorders work hard to hide their dissociation. They can often function so well, especially under controlled circumstances, that family members, coworkers, neighbors, and others with whom they interact daily may not know that they are chronically dissociative. People with Dissociative Disorders can hold highly responsible jobs, contributing to society in a variety of professions, the arts, and public service.

Q: What Are the Symptoms of a Dissociative Disorder?
People with Dissociative Disorders may experience any of the following: depression, mood swings, suicidal thoughts or attempts, sleep disorders (insomnia, night terrors, and sleep walking), panic attacks and phobias (flashbacks, reactions to reminders of the trauma), alcohol and drug abuse, compulsions and rituals, psychotic-like symptoms, and eating disorders. In addition, individuals can experience headaches, amnesias, time loss, trances, and "out-of-body experiences." Some people with Dissociative Disorders have a tendency toward self-persecution, self-sabotage, and even violence (both self-inflicted and outwardly directed).

Q: Why Are Dissociative Disorders Often Misdiagnosed?
Dissociative Disorders survivors often spend years living with the wrong diagnosis. They change from therapist to therapist and from medication to medication, getting treatment for symptoms but making little or no actual progress. Research shows that people with Dissociative Disorders spend an average of seven years in the mental health system before getting the correct diagnosis. This is common because
seven years in the mental health system before getting the correct diagnosis. This is common because the symptoms that drive a person with a Dissociative Disorder to treatment are very similar to those of many other psychiatric diagnoses.

Q: What Are Some Common Misdiagnoses?
Common misdiagnoses include attention deficit disorder (especially among children), because of difficulties in concentration and memory; bipolar disorder, because “switching” can look like rapid-cycling mood swings; schizophrenia or psychoses, because flashbacks can cause auditory and visual hallucinations; and addictions, because alcohol and drugs are frequently used to self medicate or to numb the psychic pain.

Q: What Other Mental Health Problems Are People with DID Likely to Have?
In addition, people with Dissociative Disorders can have other diagnosable mental health problems at the same time. Typically these include depression, post traumatic stress disorder, panic attacks, obsessive compulsive symptoms, phobias, and self-harming behavior such as cutting, eating disorders, and high-risk sexual behaviors. Although they may get expert treatment for the more common secondary issue, if the dissociative disorder is not addressed, recovery is generally short lived.

Q: Can Dissociative Disorders Be Cured?
Yes. Dissociative Disorders respond well to individual psychotherapy, or "talk therapy," and to a range of other treatment modalities, including medications, hypnotherapy, and art or movement therapy. In fact, compared to other severe psychiatric disorders, Dissociative Disorders may carry the best prognosis, if proper treatment is undertaken and completed. The course of treatment is long-term, intensive, and painful, as it generally involves remembering and reclaiming the dissociated traumatic experiences. Ultimately, the "alters" or "parts" can merge into a single whole "personality," reclaiming the awareness, identity, and history previously held by the individual parts. Individuals with Dissociative Disorders have been successfully treated by therapists of all professional backgrounds, generally with special training, working in a variety of settings.

Q: Where Can I Get More Information?
Sidran Institute. At Sidran, we help people understand, recover from, and treat dissociative and traumatic stress conditions. We are a national nonprofit organization and one of the nation's leading providers of traumatic stress education, publications, and resources. Sidran is dedicated to helping people with traumatic stress conditions, providing education and training on treating and managing traumatic stress, and informing the public on issues related to traumatic stress. Sidran Institute Press, our publishing division, is a leading publisher of books about trauma and dissociation.

The Sidran Bookshelf is a Web-based and mail order supplier of books, audio and video productions, and informational materials of particular interest to Dissociative Disorder survivors, their supportive family and friends, and their therapists. The Sidran Help Desk provides customized resources to survivors, clinicians, family, and friends all over the world.

www.Sidran.org
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D.I.D. and Switching-- What's it Like

What is switching like when you have DID? Switching is the process of changing from one alter/ personality/ inside person to another. It varies from one system to another. Some of the members of AMJ, my forum for people with DID, have put together some valuable insights on what the process of switching is like for them. Some quotes:

- Tt is if I am watching what is happening from behind. The best thing I can say is that it reminds me of being back stage watching what is going on through the curtain or wings of the stage.

- There are times when I feel very distant from everything, and everything seems foggy. It’s like I’m on the outside, watching a TV with reception that fades in and out. Sometimes the reception isn’t so bad, so I can follow what’s going on, and keep track of the conversation/events. Sometimes the reception is very bad and I can’t keep track of what’s going on at all. Sometimes I don’t feel outside myself, I just feel like I’m in the background and someone else is talking/doing, but I can do/say things too.

- Before a switch we often get a building pressure kind of throbbing head and just before it’s like our eyes aren’t in the front of our head anymore, like they get sucked backwards deep into our skull. This part seems to be a co-conscious experience. Then time gets lost except for whoever came out.

(read more)

- Sometimes I feel out of control and that I MUST protect myself at all costs, either by the whole lashing out thing, or by submitting completely. Switching is more of a PTSD thing for me, related to triggers, particularly in relationship. There are sometimes warning signs, but not always. When there are, it is usually my going silent and voiceless, and withdrawing completely, and then comes the storm - unless I manage to negotiate via internal dialogue, or reaching out and communicating with someone I feel safe with, in which case the switch is less 'public'. I am always co-conscious, but as the powerless onlooker much of the time, unless I am more present, in which case it’s more of a mix.

- for us it’s like a cave. most are in the back of the cave and can kinda look out from time to time or all the time if they like, but when a switch occurs the one coming forward comes closer to the front of the cave and the one up front tends to slide back. depending on how far the one up front (usually me) goes farther back the more lost time i get, but sometimes two come to the front and that is when we are co-conscious. switches can happen instantly if needed or they can happen over the course of a minute or so. usually in therapy it happens over a minute or so unless there is a sudden change in topic conversation and someone feels the need to take over.

- To me it begins in a series of steps:
  1) I start to blank out - everything starts looking blurry and unreal
  2) I feel as though I am being pulled backwards
  3) Then I am somewhere behind, still present but not totally all there... (I have co-consciousness)

It feels like, when you look down a microscope at something, and then, while *still* looking through the eyepiece, you rotate the lens below to a different magnification. Feels almost exactly like that. Unless it is a hostile take over.. then it feels more like a shove from inside my mind, a horrible ripping pain starts in my heart and I feel as though I’ve been literally pulled out of the front through a small hole. Not pleasant.

- If i switch constantly I tend to lose time and memory. I know when I'm going 2 switch because we have an agreement to be nice enough to ask the other one if its ok

- If having a partial co-consciousness, I am watching me doing and talking things like on TV, not able to do anything for it. I'm like trapped in our body not able to do anything, but just watch what is happening.

- Backwards in the vision. As though moving backwards from the eyes. Going back and fourth to normal. Slight hit of... dizziness, eyes go really funny for a moment, feels intense, then back. After that I don't know.

I am a young woman living with a dissociative disorder that came about as a result of years of trauma. Although there are many people who share my body with me, we are all learning to work together and live a better life.

Name: Pilgrim
Location: USA

E-mail me

This diary is listed under:

Dissociative Identity Disorder

Recent Entries

Don't Miss Her Much anymore
D.I.D. and Switching-- What's it Like
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Feeling Safe in therapy
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Everything Changes when your heart is broken
Two Year Anniversary
Two years ago, the last normal morning
Understanding DID
Books on Multiple Personality Disorder/ Books on DID
Breaking the Pattern
Ritual Abuse

“We are pregnant with freedom.”
-Assata Shakur
RAVEN KALIANA

Raven Kaliana survived ritualistic child abuse, child pornography, and child prostitution. She’s on the Board of Directors of Survivorship, and published the Courage Journal, 1994-97. Currently writing a play, Raven is also a painter, sculptor, and puppeteer!

Raven performed “The Bear” at our 2005 Artists Against Rape.

The Bear
©2005

Solid air, moisture-thick with cold fog
Occupies my skull
My thoughts
Departed flock of a thousand birds
Shattered away in all directions
They’ve abandoned my small, befuddled
Animal body
I can’t make myself understand
What predator I’m up against

I’m 14
Here, on the brown clay earth behind the shed
My heel strikes a hollow, boxlike sound

The old bear of my spirit
Rears up from the murk,
It’s more important to walk the truth
Than it is to survive it

Its roar sears a line of blue light down my core
Burning through my haze
Now I’m here with a rusty hammer
Unbuckling the padlock hinge
From the lip of the dusty trap door

My dad’s world
His real world
Is under the ground
I wish this was a metaphor

Let’s take a tour
The unsteady wooden ladder
Creaks in time with my descent
The hairs rise up on the back of my neck
At the sound of his singsong ramblings
“No one will come looking for you. I’m cleaning up the streets. Garbage disposal, they’ll say.”

From the hallway I can see her, pinned and helpless
On a table, him hovering near
Her mouth sealed over in duct tape
Tugging cruelly at her mocha skin
Long hands restrained with dark metal clasps
Her pink denim miniskirt has become
Irreversibly stained
I’m guessing, like me
She’s fourteen
What school marked her absent today?

The wrong john picked her up last night
He didn’t deplete his rage on his own children
What he dumped into my body did not protect her
He sharpens the knife
Used last on my brother

The old bear howls
This generational horror, hatred overfilling
Stairstepping pools
This needs to stop, right here
On the geography of my life
The birds descend, a black flock hurtling forward
SOMEONE has to stop this
SOMEONE has to say
Children deserve safety
This child deserves safety
And I do.

I’ll fight you, Daddy
Any way
I can.
Survivors of Extreme Abuse: The Awful Rowing Toward Social Emancipation

By akaunk

For survivors of extreme abuse, the disclosure of the crimes they experienced and the public identification of the perpetrators of those crimes can be monumentally daunting tasks. Among the impediments they may face in their pursuit of personal and social justice are their own psychological challenges, due to the complex, and sometimes debilitating effects of having experienced severe trauma, the dangers inherent in exposing criminals or criminal networks, and social denial of their plight on almost every level.

“A woman’s first scream is for help. Her second scream is for justice.”

- Coral Anika Theill, BONSHEA

IMAGINE

Survivors have an invaluable gift to share with society: intimate knowledge of crimes perpetrated in their midst, and the criminals who committed them. Their knowledge and insight could theoretically lift the great rock of our cultural denial and officially sanctioned version of reality, and expose the dark and dangerous world of child, drug and arms traffickers, rapists, child pornographers, serial killers, cults, secret societies and government corruption. And that exposure would surely mark the beginning of the end of the widespread abuses that plague our society now.

But that doesn’t happen.

SPEAK NO EVIL

Survivors need to tell their stories; it’s a vital component of their healing process. And they need to be heard; it’s a vital component of society’s healing process. But for many survivors, establishing the requisite trust in a personal or therapeutic relationship for this to happen can be a big challenge in and of itself. To speak that truth publicly can be an overwhelmingly complex and terrifying undertaking. They risk being stigmatized, disbelieved, harassed, sued or physically harmed.

When a survivor reports criminal abuses to law enforcement agencies, she or he can expect to be met with breathtaking ignorance on the subjects of the prevalence of rape and incest, the sheer numbers of children who live under the social radar,[i] (either completely undocumented, as in the case of children of cult members and the like, or under the control of abusers who keep them isolated) and a limited understanding of post traumatic stress syndromes, if any. The requisite legal infrastructure for dealing with extreme abuse is next to non-existent.

For example, with the notable exception of Michigan,[ii] US victims of non-state actor torture are not specifically protected by law. This is because the crime has not been officially named and recognized legislatively. In 2008, Jeanne Sarson, MEd, BN, RN, and Linda MacDonald, MEd, BN, RN, two renowned survivor advocates in Nova
Scotia, wrote a report called *Torture of Canadian Women by Non-State Actors In the Private Sphere* in their effort to make all of Canada a “torture-free zone.” In this report they explain why officially recognizing non-state actor torture is so crucial:

“...Canada’s failure to name and criminalize non-state actor torture means, for example, that the women are not believed when they seek police protection, thus their safety is compromised. They cannot lay criminal charges identifying that they have endured torture in the private sphere because no specific law criminalizing non-state actor torture exists in Canada. And when there is no specific law there is no such recognized crime. The women frequently experience discreditation, are considered ‘crazy’, or are labeled mentally ill when seeking professional help.”

Some victims risk more than being shunned and stigmatized when they disclose abuses to authorities. In cases of cult, cult/government and other organized crimes, the survivor runs the risk of reporting the crime to a person who is part of the crime network, whether it be a police officer, attorney, judge, federal agent or politician. Compounding these conundrums is the fact that many survivors tend to isolate, and often distrust organizations and institutions in general. All of this, of course, works in favor of the perpetrators.

In addition to the obvious risks involved in publicly naming names, survivors often have to cope with memories of having been specifically threatened with violence in the past if they dared to expose their perpetrators.

Complicating this task even further, some survivors of extreme abuse have been programmed to “switch” to alters who will behave in such a way as to destroy their own credibility, or even to commit suicide if they start talking about their abuse. Results from the first ever international survey of survivors of extreme abuse include statistics regarding the prevalence of this and other silencing techniques: 57% of 997 respondents said they had self-destruct programming installed should they begin to remember their programming, and 77% of 1159 respondents were threatened with death if they so much as talked about the abuse.

Another common practice among handlers and programmers is to install alters who have been programmed to report any potentially damaging disclosure of their abuse to the perpetrators of that abuse. In other words, internally covert tattletales.

Survivors are also at a great disadvantage in more subtle and insidious ways. When it comes to exposing perpetrators and their crimes, many survivors experience deeply conflicted needs and drives, obstacles such as learned helplessness, self-blame and other disempowering beliefs and attitudes.

**HEAR NO EVIL**

Socially the constraints on disclosure are also confounding, if not prohibitive. One deterrent is the simple fact that well-qualified health care professionals are usually very expensive. This alone represents a major obstacle for many survivors. Finding a qualified therapist is also a big challenge. It’s still a rare therapist who has a clear understanding of cult psychodynamics, or who’s been trained to treat the full range of what can be very complex post-traumatic experience.

Part of the problem is that this field of study as a psychiatric science is relatively new. The diagnosis of PTSD (Post-Traumatic Stress Disorder) only made the Diagnostic and Statistical Manual of Mental Disorders, or DSM, in 1980. There are mental health professionals who still believe that survivors who disclose histories of extreme abuse are acting out of a need to feel special, or are merely seeking attention. DID (Dissociative Identity Disorder) is still highly controversial, not only in that mental health professionals squabble over subtle differences in qualifying symptoms, how it develops, or should best be treated, but, especially in the case of deliberate dissociation, whether or not it even exists.

The social ramifications of this conflict permeate not only the health care industry, but affect who gets insurance, what gets taught in universities, and what juries and judges believe or dismiss when confronted with PTSD or DID afflicted survivors. How can survivors get heard and healed while physicians, academicians and attorneys do battle in the Dark Ages?
Another reason for the current dearth of specialists is that they’re at risk for taking on patients whose families may retaliate against them for their client’s reactions to the healing process. They face the same credibility challenges academically, professionally and legally that their clients do socially because of the all-pervasive climate of denial. And this is no accident.

For the last 17 years, abusers have had a powerful ally. In 1992, the False Memory Syndrome Foundation, or FMSF, launched a movement to discredit survivors, and to vilify therapists who treat them.

FMSF was founded by Pamela and Peter Freyd after Peter had been accused of molestation by his daughter, Dr. Jennifer Freyd, Professor of Psychology at the University of Oregon. Two of the first board members, therapists Hollida Wakefield and Ralph Underwager, had to resign after publicly defending pedophilia. Many other board members, past and present, have CIA or military intelligence connections (Tavistock Institute trained Dr. Louis West, known for his CIA funded work on mind control techniques, among them).

FMSF tactics include suing therapists for malpractice and filing amicus briefs (documents filed by someone not a party to the case) in court cases relating to child abuse. But the real success story here is their ability to manipulate public perception. Mike Stanton, writing for the Columbia Journalism Review, summarized this phenomenon: “The foundation is an aggressive, well-financed p.r. (sic) machine adept at manipulating the press, harassing its critics, and mobilizing a diverse army of psychiatrists, outspoken academics, expert defense witnesses, litigious lawyers, Freud bashers, critics of psychotherapy, and devastated parents.”

He goes on to note: “A study published (in 1996) by a University of Michigan sociologist, Katherine Beckett, found a sharp shift in how four leading magazines — Time, Newsweek, U.S. News & World Report, and People — treated sexual abuse. In 1991, more than 80% of the coverage was weighted toward stories of survivors, with recovered memory taken for granted and questionable therapy virtually ignored. By 1994, more than 80% of the coverage focused on false accusations, often involving supposedly false memory.”

There is now an FMSF chapter in every state.

Of the brave souls who choose to defy the status quo and specialize in the field of trauma, it will be the minority who fully comprehend and acknowledge the extremities to which perpetrators are capable of going to achieve their ends, and especially how well they may be organized and interconnected. As a result, a client often has to contend with an ever-present layer of resistance to the credibility of her or his memories, and/or her or his apparently baffling constellation of symptoms, which impinges on any therapeutic value the telling of their stories might otherwise have.

Elie Wiesel, novelist and Holocaust survivor, wrote: “When human beings tell victims, who have suffered excruciating pain and loss that their pain and loss were illusions, they are committing the greatest indignity humans can inflict on another.”

There are other challenges for a survivor in a therapeutic relationship even if that therapist is well qualified to treat post-traumatic symptoms, and honors their integrity and courage. The intrinsic trust issues a survivor brings to the table can be debilitating, and the power differential inherent in the traditional client-therapist dynamic can serve to undermine trust and create an atmosphere that impedes the healing process on many levels. In cases where survivors were tortured, programmed or experimented upon by psychologists, psychiatrists or other medically trained personnel, trusting any kind of therapist or doctor can require an enormous leap of faith.

Survivors who have been institutionalized may endure fates much worse than being discredited and dismissed socially. The many ways in which survivors have been re-traumatized while in institutional care have been well documented. They often suffer from psychological abuse such as being controlled, isolated, stigmatized, misdiagnosed, etc. They may also be physically abused: physically or chemically restrained, made to strip, overmedicated or given dangerous psychotropic medication, among other deplorable violations. And again, survivors of medical experiments or medical treatments designed to induce memory loss and compliance are especially vulnerable to institutional re-traumatization.

Further undermining faith in these traditional modes of healing for mind-control victims is the fact that numerous doctors, universities and hospitals, from the earliest days of psychiatric studies, were involved in sadistic
experimentation. For example, Ewen Cameron, arguably the most well known mind-control doctor for the CIA, was also the President of the American Psychiatric Association from 1952 to 1953.

"...if you faced the death of bombs and bullets
you did not do it with a banner,
you did it with only a hat to
cover your heart.
You did not fondle the weakness inside you
though it was there.
Your courage was a small coal
that you kept swallowing.
If your buddy saved you
and died himself in so doing,
then his courage was not courage,
it was love; love as simple as shaving soap.

Later,
if you have endured a great despair,
then you did it alone..."

-Anne Sexton, excerpt from Courage, from The Awful Rowing Toward God

The Awful Rowing Toward God was the last book poet Anne Sexton wrote before taking her own life. Her long time therapist was Dr. Martin T. Orne. Dr. Orne was a founding member of FMSF, a senior CIA researcher, and is known for performing CIA funded mind control experiments.

SEE NO EVIL

"The major goal of the Cold War mind control programs was to create dissociative symptoms and disorders, including full multiple personality disorder"

- Colin Ross, Bluebird: Deliberate Creation of Multiple Personality by Psychiatrists

"‘Monarch’ refers to young people in America who were victims of mind control experiments run either by U.S. government agencies such as the Central Intelligence Agency, or military intelligence agencies. The story told by Monarch victims... Is that they were tortured for the purpose of creating “multiple personalities” within them. These multiple personalities could then be programmed as desired – as spies, “drug mules,” prostitutes, or assassins."

- Senator John W. DeCamp, excerpt from The Franklin Cover-Up, Child Abuse, Satanism, and Murder in Nebraska[vii]

"...Perhaps most disturbing of all was the fact that the extent of experimentation on human subjects was unknown. The records of all these activities were destroyed in January 1973, at the instruction of then CIA Director Richard Helms."

-Senator Edward Kennedy, from his opening remarks at the 1977 Church Committee hearings concerning project MKUltra

The average US citizen, understandably, has almost no cultural frame of reference for processing personal histories involving extreme abuse, especially cult, secret society and government atrocities like ritual abuse and institutionalized mind control. Groundbreaking academic lectures[viii] go unacknowledged, mainstream publishers won’t touch manuscripts written by survivors, and their shocking testimonies[ix] are suppressed. Carol Rutz, author of A Nation Betrayed, and one of the four researchers behind the Extreme Abuse Survey, describes the on-line resistance to the EAS going forward in her 2007 presentation of the survey results at SMART’s[x] 10th Annual Ritual Abuse, Secretive Organizations and Mind Control Conference:
“I would like to give you an idea of how fearful some people were that this survey would be successfully carried out. The whole system we had in place online resisted a series of port scanning attacks which raised peak in the first week. We were close to denial of service because we lost bandwidth due to ongoing attacks which were about 9,000 per hour. Mid March we had an elaborate brute force attack to the Windows server. Not being a techie, that is as much as I can explain. Thank goodness we had a series of servers in place that protected all data.”

Likewise, official government documents showing direct evidence of sponsorship of mind control experimentation is given no press whatsoever. The silence in the media on these topics is deafening.

Why don’t these kinds of atrocities committed against children and other disempowered citizens make CNN? As many adult survivors of organized crime syndicates know all too well, leaders in these organizations typically also own corporations, or hold powerful positions in the corporate world, and/or positions of high authority in civilian or military government. Children and adults who have been programmed as sex slaves, couriers, spies or assassins are valuable assets to the entities that developed them. The sexual exploitation of children is a highly lucrative industry, and deliberately dissociated government and military operatives serve as politically and militarily invaluable means of maintaining power and control. Clandestine government and corporate operations that rely on this invisible slave force are not about to let the proverbial cat out of the bag. The FMSF PR machine is in good company.

It has been widely reported that by the end of 2008 there were only six companies dominating US media. This concentration of corporate media ownership means that there are only a few organizations dictating what makes the news for the majority of Americans. Among other deeply unfortunate social ramifications of this state of affairs is the fact that mainstream media are rendered far more vulnerable to manipulation by the corrupt powers that be.

One major impediment to letting the truth about extreme abuse see the light of day in mainstream media is outright ownership of telecommunications corporations by organized criminals. The general demise of the free press can be partly attributed to a systematic corrosion of regulations and safeguards, executed by the same entities that benefit most from the ensuing malleability of the reality projected by the mass media: huge corporations, political ideologues and the military-industrial complex.

“Somebody, sometime has got to take a stand and say democracy cannot survive, much less thrive with the level of big corporate and big government interference and intimidation in news.”

-Dan Rather on “Larry King Live,” 9-20-07

The current musical chairs approach to political office further degrades the distinction between corporate and government objectives. Former high profile politicians serve on boards of powerful corporations, forming intricate networks linking corporate media to military, congressional and executive branches of the US government. Some then re-enter the political arena, completing the “revolving door” cycle. Conversely, many corporate executives become politicians, and around and around it goes.

Each of the six remaining corporate media behemoths has direct ties, through interlocking directorates and common shareholders, with other giant corporations, many of which are government contractors. And some corporations that are government contractors flat out own media corporations, like GE owning NBC.

There are currently more government contractors out there than ever before. Tim Shorrock, reporting for Salon.com, wrote the following in an article published in 2007: “On May 14, at an industry conference in Colorado sponsored by the Defense Intelligence Agency, the U.S. government revealed for the first time how much of its classified intelligence budget is spent on private contracts: a whopping 70%.”

There are now more private contractors working for the federal government than actual government employees; the line between corporate and government interests has all but vanished. And the entities responsible for this phenomenon are the same entities that have historically exploited the disempowered to further their agenda of political and social control.

Underworld atrocities involving political, military or commercial exploitation of children are not going to make the 10:00 news.
But why would this corporatocracy bother to discredit survivors who remember previously repressed trauma if that trauma were an isolated incident, perpetrated by a solitary criminal? Or people anywhere on the spectrum of dissociative “disorders”? They have to squelch the whole notion of repressed memories and dissociative identities, and especially the fact that a person can be deliberately split for sadistic reasons.

If the average citizen understood the basic psychodynamics of extreme trauma, they would be more likely to give credence to survivors’ memories in general. Public pressure would be brought to bear on the legal justice system to respond accordingly, which would inevitably lead to public exposure and criminal convictions. This could ultimately lead to large networks of corruption collapsing.

General social acceptance and understanding of the manifestations of psychological trauma represent a serious threat to those whose power, wealth and ambitions depend on survivors remaining invisible and discredited.

“Go, go, go said the bird: human kind

cannot bear very much reality.”

- T.S. Eliot, from *Burnt Norton*

Author David Ray Griffin coined the phrase “nationalist faith” to describe the phenomenon of categorical denial, in the face of irrefutable, relevant evidence, of incidents wherein governments have acted against their own citizens. This unconscious, inner framing of how the world works, of what is and isn’t possible according to unprocessed beliefs, is a big part of the brick wall survivors face when they try to speak their truths.

The brutal, hidden world of organized criminal networks that survivors understand intimately is a completely invisible and, more importantly, impossible reality to the majority of the population. The same can be said of extreme domestic violence. No father would prostitute his own daughter, or sell her to a sadistic doctor. There’s no such thing as a satanic cult, because no human being would worship evil. The U.S. military would never torture a child until their mind splintered into pieces to build a super spy, or an assassin. Governments could never traffic innocent children with the same indifference with which they illegally traffic arms or illegal drugs. But they do.

Another deterrent to widespread acceptance of survivors’ post trauma experience is based on a simple truth about human nature: it’s very sad and unpleasant to hear about crimes perpetrated against children. It’s easier to pretend it doesn’t happen than to acknowledge it and feel powerless to stop it.

Judith Herman wrote, in *Trauma and Recovery*: “It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do NOTHING…the victim, on the contrary, asks the bystander to share the burden of pain. The victim demands action, engagement and remembering.”

**STRENGTH IN NUMBERS**

If anything, standard therapeutic practice, in its current form, discourages survivors from collaboration. This is due, in part, to the prevailing myth that survivors’ memories and accounts are fragile and susceptible to distortion by exposure to other survivors’ histories. This can be seen as an extension of the misperception that survivors, especially of mind control, are by nature super-suggestible.

This is a particularly cruel bias in light of the fact that they have sustained abuse so violent in nature that they were pushed to the limit of integration and had to split from the experience (a natural, adaptive response). To suggest that they’re somehow innately more impressionable and gullible than a “normal” person is to sadistically dismiss the courage and strength it took to survive.

These misconceptions only serve to exacerbate the debilitating sequestering of a population already condemned to social isolation through denial of both their symptoms and the underlying causes. Also, these biases obviously have the disturbing effect of protecting the perpetrators. One survivor who bears witness to being tortured or trafficked is “delusional,” two survivors pointing at the same perpetrator is a law suit, and they know it.

“There was a theft.
That much I am told.
I was abandoned.
That much I know.
I was forced backward.
I was forced forward.
I was passed hand to hand
like a bowl of fruit.
Each night I am nailed into place
and forget who I am”

-Anne Sexton, from Briar Rose (Sleeping Beauty)

The perpetrator of an atrocity steals many things from the victim: innocence, power, meaning, hope and faith among them. But the giant disconnect the victim experiences is perhaps the most tragic loss of all. Because no one can heal in isolation.

The disconnects happen on every level. Internally, the sensory and emotional impressions of the trauma can be shattered into oddly isolated states. The victim can suffer from identity fracturing and disintegration. Attachments to family and friends can be breached, and victims often feel socially detached in general. The dissociations are profound. That’s why it’s so vital that survivors reach out and communicate with one another; it’s why survivor solidarity can be such a profoundly healing experience. And what heals survivors of society’s darkest deeds heals society.

BELL RINGING

“Ring the bells that still can ring
Forget your perfect offering
There is a crack, a crack in everything
That’s how the light gets in.”

-Leonard Cohen, from Anthem

Since the media, the legal justice system, the scientific community, and the health provider industry have all failed spectacularly to comprehend, acknowledge and communicate the truth about post-trauma experience, deliberate dissociation, and the atrocities that spawn “survivors,” the onus is on survivors themselves to enlighten society.

As Emma Goldman wrote, “The most violent element of society is ignorance.” As long as the nature of the aftermath of psychological trauma is one of society’s best kept secrets, perpetrators of atrocities will prevail.

General awareness of survivors’ challenges and dilemmas has the awesome potential to lead not only to personal justice on a small scale, but ultimately to social justice on a global scale. This is the precious gift survivors have to give, through their courage, integrity and hope: the protection of future generations of innocent children.

“Whenever I despair, I remember that the way of truth and love has always won. There may be tyrants and murderers, and for a time, they may seem invincible, but in the end, they always fail. Think of it – always.”

-Mahatma Gandhi
Notes

[i] Even the number of reported missing children is staggering: According to the National Center for Missing and Exploited Children, “Every year in America an estimated 800,000 children are reported missing, more than 2,000 children each day. Of that number, 200,000 are abducted by family members, and 58,000 are abducted by non-family members. The primary motive for non-family abductions is sexual. Each year 115 children are the victims of the most serious abductions, taken by non-family members and either murdered, held for ransom, or taken with the intent to keep.”


[ii] In 2006, Michigan Governor Jennifer M. Granholm signed two bills into legislation that made torture a criminal act. See: http://www.michigan.gov/gov/0,1607,7-168-23442_21974-133334-_00.html


Their incredible website: http://www.ritualabusetorture.org/

[iv] Helen McGonigle, a Connecticut attorney and fearless survivor advocate, made the following observation (emphasis hers):

“…the worldwide proliferation of the multi-billion dollar pornography industry, internet child porn rings, sex trafficking, all combined with the millions of unregistered births, provides an ample supply of potential victims. As a Senior State Department adviser on trafficking in persons was quoted: “we’re not finding victims in the United States because we’re not looking for them”.


[v] 1,471 adult survivors of extreme abuse from more than 30 countries participated in this groundbreaking on-line survey developed by Carol Rutz, Wanda Karriker, Thorsten Becker and Bettina Overkamp: http://extreme-abuse-survey.net/


[vi] It’s now commonly referred to as PTSS, or post-traumatic stress syndrome, as the term “disorder” is a misnomer in the sense that it implies that there’s something inherently wrong with the survivor. In fact, it’s a sane, adaptive response to an overwhelmingly crazy event. The same can be said for DID, but sadly, as of yet, isn’t.

[vii] Conspiracy of Silence, the hour long documentary about this scandal involving the typical constellation of survivor horrors: satanic ritual abuse, mind control, child trafficking, senators, major media corporations and, of course, the CIA, was scheduled to air May 3, 1994, on the Discovery Channel, but was cancelled unexpectedly. A new book, The Franklin Scandal, about the scandal and the ensuing cover-up was published by investigative journalist Nick Bryant this year (2009).

[viii] “The Greenbaum Speech” by Dr. Corydon Hammond is a prime example: http://www.bibliotecapleyades.net/sociopolitica/esp_sociopol_mindcon03.htm


“In March of 1995, Valerie Wolf, M.S.W., and two of her clients who had been subjected to mind control experimentation since early childhood appeared before the President’s Advisory Committee on Human Radiation Experiments. After consulting with forty other therapists across the country (the majority of whom remained
Ms. Wolf documented in writing the names of the research projects and the names of the people involved.

The two survivors, Claudia Mullen and Chris DeNicola Ebner, testified that as victims they experienced electric shock, hallucinogens, dislocation of limbs, sadistic acts of pedophilia, hypnosis and sensory deprivation. Often they were locked in cages for long periods of time. At the conclusion of the Presidential Hearing, the Committee recommended further exploration of the mind control experimentation on unwitting human subjects. It has been over a year and a half since this recommendation was made, but nothing further has been done by the President’s Advisory Committee. You will not be surprised to learn that there has been no coverage or investigation by the mainstream media despite the testimony provided by Wolf, Mullen and Ebner.”

[x] SMART: http://ritualabuse.us/

[xi] Carol Rutz’s presentation:


[xiv] A prime example of an organization that has a lot to gain and everything to lose by influencing popular media is the quintessentially metastatic Tavistock Institute. This London-based institution, with its long history of colluding with the MI6 and CIA on mind control techniques, is known both as the “mother of all propaganda ministries” (to quote Dr. John Coleman, author of The Tavistock Institute of Human Relations) and the world center for foundation ideology. It has been reported that the institute currently operates a multibillion dollar a year network of foundations in the US, which in turn are enmeshed with a multitude of giant corporations.

[xv] One particularly egregious example is the Washington D.C. based private equity firm, the Carlyle Group. Run by leading members of Bush Senior’s presidential administration, Carlyle is the largest private equity firm in the world, and the nation’s 11th largest defense contractor. In 2008, Booz Allen Hamilton, one of CIA’s major contractors, sold a majority stake in the US government business to The Carlyle Group for $2.54 billion.

Portfolio telecommunication companies include Dex Media, the former directories business of Qwest Communications, and Insight Communications, the ninth largest cable company in the U.S.


Carlyle company director is Daniel Akerson, a former board member of AOL Time Warner (CNN is owned by Time Warner.) Frank Carlucci, Carlyle Chairman and Chairman Emeritus from 1987 to 2005, was a former Deputy Director of the CIA, and former US Secretary of Defense under Reagan.

The elder President Bush, (also former CIA Director) was a senior advisor until he retired in 2003 amid conflict-of-interest allegations. He’s currently on retainer. President George W. Bush served on the Board of Directors of Caterair, one of Carlyle’s first acquisitions. Former secretary of state James Baker was senior Carlyle Senior Counsel until 2005.

[xvi] See Project Censored’s 2009 Media Map of Major Media Ownership and Governance:

http://www.projectcensored.org/censorship/media-map/

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ACTS OF TORTURE

(Ritual abuse-torture)

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PERSONS AGAINST RITUAL ABUSE-TORTURE
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Jeanne Sarson, RN, BScN, MEd & Linda MacDonald, RN, BN, MEd have been active in the caring about persons victimized by ritual abuse-torture (RAT) since 1993. They initiated a “kitchen table” research project, in partnership with persons who reported being victimized by perpetrators of ritual abuse-torture, for the purpose of learning of ways to educate others by promoting greater insights into the human evil actions of the perpetrators; are involved in activism to advocate for global changes that will help promote, prevent, and protect RAT from being inflicted unto innocent infants, toddlers, children, youth, and “captive” adults; write; and manage the website:

http://www.ritualabusetorture.org
PERSONS AGAINST RITUAL ABUSE-TORTURE

Abstract:

This paper emphasizes the universality of acts of torture whether committed by the political state sanctioned torturer—the state actor—or whether perpetrated by the ritual abuse-torture family and/or group—the non-state actors. Both groups of torturers inflict acts of torture that are a violation of the victimized person’s human rights. Specific focus is given to the acts of torture inflicted by the ritual abuse-torture family/groups and these are discussed under the headings of physical, sexualized, and mind-spirit tortures. Vignettes are included.
ACTS OF TORTURE: RITUAL ABUSE-TORTURE

Jeanne Sarson, RN, BScN, MEd & Linda MacDonald, RN, BN, MEd

Burned nearly 100 times with cigarettes; terrified; gang-raped; dogs used; horror; blood; suspended over a pit of the bodies of persons who had been murdered and persons who were still dying; a knife forced into her hands and held there by her torturers as they plunged it into another woman and this horror videotaped for blackmailing purposes; hearing the torturer’s “if you tell no one will believe you,” statement; their laughter; humiliation—these are some of the over-whelming ordeals Sister Diana Ortiz reports were inflicted unto her during her 24-hour state of captivity by the Guatemalan army’s counterinsurgency force, on November 2, 1989. Escaping back to the United States Sister Ortiz uncovers crucial information that convinces her of links between her torturers and the Guatemalan and U.S. governments.¹

Burned with cigarettes, candles, hot light bulbs for more times than can be recorded; terrified; family/group/individually raped; suspended by her limbs; bestiality; horror; blood; forced involvement in real and/or sham murder rituals; a knife forced into her hands and held there by her torturers as they plunged it into another human being; horrified; horrors videotaped as trophies for future pleasures, for commercial trade on the pornography market, and for emotional blackmailing purposes; hearing the torturer’s statement “if you live to tell no one will believe you,”; their laughter; humiliation—these are just a few of the over-whelming ordeals Sara describes experiencing during her 35-years of captivity and ritual abuse-torture by “the family”. A co-culture of trans-generational kin and/or non-kin whose like-minded needs and desires for ritual abuse-torture (RAT) can be inter-connected regionally, nationally, internationally, and transnationally.²

Both of the above life-threatening ordeals are almost mirror images of acts of torture inflicted by torturers. Sister Ortiz’s torture ordeals political and/or state sanctioned—committed by “state actors”³, Sara’s committed by “non-state actors”⁴—family/group perpetrated. Because Sister Ortiz describes her torturers to be persons of the Guatemalan army’s counterinsurgency force she could argue that her torturers were state actors acting in an official capacity thus her ordeals of torture could, possibility, be addressed by the Committee Against Torture⁵ under the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. On the other hand, Sara’s ordeals of

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² Sara (pseudonym) is working to share her “story” in our book, The torturers walk among us, a work in progress.
torture would presently not be attended to by the Committee because her torture was not “… inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.”6 However, the acts of torture these men and women torturers committed—as state or non-state actors—against Sister Ortiz and Sara can equally be described as “…act[s] by which severe pain or suffering, whether physical or mental,[were] … intentionally inflicted … [as] an aggravated and deliberate form of cruel, inhuman or degrading treatment or punishment [and] is an offence to human dignity and shall be condemned as a denial of the purposes of the Charter of the United Nations and as a violation of the human rights and fundamental freedoms proclaimed in the Universal Declaration of Human Rights.”7

Sara’s ritual abuse-torture ordeals and the similar ordeals of other Canadians, have, to date, gone unacknowledged in Canada or have been misnamed and minimized as acts of abuse because Canada’s Criminal Code refers to torture and torturers only in the political or official sense.8 The existence of non-state torturers—ritual abuse-torturers is not addressed. This must change! An adult or child tortured by non-state actors needs to have the violation of their fundamental human rights recognized and upheld as stated in Article 5 of the Universal Declaration of Human Rights. It reads, “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”9 Furthermore, because childhood is entitled to special care and protection, Canada, as a State Party to the Convention on the Rights of the Child, under Article 37, has agreed that “No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment …”10 Fundamental changes are required to the Canadian Criminal Code, the definition and understanding of torture needs to be expanded to include torture by non-state actors. As well, persons, families, or groups who commit such acts of torture ought to be identified as non-state torturers.

Thus, our goal in writing this paper is to show that acts of torture are not confined to the political or state-sanctioned arena. Rather, the reality is torturers—non-state actors—live and walk among us. For instance, there are the ritual abuse-torturers, the spousal torturer, the parent torturer, the pedophilic torturer, the torturer who uses their professional caregiver status as a cover, or the stranger who abducts a victim to torture. And, because of like-minded ideologies non-state torturers/groups may also inter-connect with political or state sanctioned torturers, or with torturers who hold positions as public officials or who are publicly employed professionals, or who function within other organized criminal groups11.

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This paper will not focus on the acts of torture of these “crossover” inter-connected groups. We will focus on our experiences and the collective wisdoms of the participants in our “kitchen table” participatory research project who described and explained their ordeals of ritual abuse-torture or spousal torture. It is also our goal to add this collective wisdom to the expanding body of knowledge that is developing about the reality of the ritual abuse-torture family/groups.

Although most literature uses the term ritual abuse, we use the term ritual abuse-torture because the persons who participated in our kitchen table research project were of the opinion the word abuse did not adequately describe their life-threatening ordeals. They stated they had suffered the pain of torture. Additionally, as witnesses and carers to the horrific suffering and heinous ordeals described, we cannot in all humanitarian consciousness refer to their heinous life-threatening ordeals as abuse. The ordeals described constitute acts of torture—acts of torture inflicted by non-state actors—acts of physical torture, sexualized torture, and mind-spirit torture.

**Acts of Torture by Non-State Actors: The Perpetrators of Ritual Abuse-Torture**

Searching the literature on torture made it repeatedly clear that the methods of torture used by male and female torturers—whether state or non-state actors—are, for the most part, repetitively universal. However, some perpetrators can utilize specific torture practices dependent on location and available equipment or tools useful for their purposes. Such an example are the women wardens, officers of the South African state, who practiced institutionalized torture by pumping water into women prisoner’s fallopian tubes and administering electric shocks to their nipples. Or, the torturer can have a “favourite” modus operandi. This was evident when we listened to Dawn describe her ordeals of spousal torture. One of her husband’s “favourite” torture techniques was, “repeatedly ramming a Hermit 827 wine bottle into my bum … leaving it in place for hours … hours of terror, pain, and bleeding.”
Acts of torture by non-state actors, likewise acts of state-sanctioned torture, has the pervasive capacity to destructively humiliate and destroy all aspects of the victimized person’s sense of humanness and wholeness. Torture victimization can distort one’s sense of knowing one is a person. It can destroy one’s personality, dignity, Self-worth, Self-confidence, and free will. Spirituality and sexuality and one’s abilities to experience joy and beauty, to know success, to think freely, to function socially, and feel and/or be safe and secure can be altered, distorted, and severely compromised.

To wholistically understand and to cope with the massive degree of victimization and traumatization we were listening to, and the chaos and suffering we were witnessing, we were driven to search for answers. Some of these we found in the political or state sanctioned torturer-victim literature. And, this literature helped us organize our thinking—moving our knowledge and our practices into the realisms of understanding the intentionally organized criminal acts of the ritual abuse-torture family/group and the impacts ritual abuse-torture had on the tortured—the victims!

Below we share our framework of categorizing the techniques of torture used by the ritual abuse-torture family/group—the non-state actors—that helped us gain understanding into the horrendous ordeals described to us by the women involved in our participatory research project. Women who identified them-Selves as experiencing ritual abuse-torture during their childhoods; a woman who identified her-Self as just exiting her ritual abuse-torture family two years previously; and, Sara, who remained a captive enslaved women into her mid-thirties.

**Categorizing acts of Torture by Non-State Actors:**

**The Perpetrators of Ritual Abuse-Torture**

To be more effective in our caring we realized we had to understand the co-culture of the ritual abuse-torturer, the torturer-victim relationship, and the torturous acts of the perpetrators of ritual abuse-torture. It also became evident to us that each ritual abuse-torture family/group had its own idiosyncrasies regarding the type of torture inflicted. Torturer-victim relationships varied between and within groups. One variable that seemed to influence torturing methods was the involvement of professionals as the perpetrators—the non-state actors—of ritual abuse-torture. For instance, when nurses and/or doctors were the alleged perpetrators drugging methods were more complex because, we reasoned, of their professional knowledge and their access to many drugs; their skills in the administration of drugs; their advanced skills and utilization of hypnosis and other mind-control conditioning techniques, and their access to institutional equipment and facilities, such as morgues. These professionals were able to abuse their power and abuse public trust in order to cover their crimes. Additionally, victimized persons were of the opinion that the professional’s position made them a daunting perpetrator because of the power of their position within the institution and within the community, thus, “if I told who would believe me?”

It needs to be emphatically emphasized and understood that for some of the participants in our kitchen table participatory research ritual abuse-torture victimization began in infancy, for others ritual abuse-torture ordeals started at later ages depending on the pedophilic preferences of the individual/family/group members. And as we have previously stated,
ritual abuse-torture victimization can extend into adulthood—the infant victim becomes the captive enslaved adult victim! For all, abuse was the daily relational norm within their families. Additionally, experiencing torture was a daily norm for some, interspersed with varying degrees of weekly and monthly ritual abuse-torture violent family/group gatherings—“rituals and ceremonies” of torture, terror, and horror. For others the torture, terror, and horror “ritual and ceremonial” ordeals were less frequent. All ritual abuse-torture ordeals were brutalizing, terrorizing, horrifying, and torturous!

To help us understand the co-culture of ritual abuse-torture families/groups we organized the perpetrator’s acts of torture—their victim’s ordeals—into three main categories: (1) physical tortures, (2) sexualized tortures, and (3) mind-spirit tortures. In each category are sub-categories with examples that describe some of the torture ordeals the women in our kitchen table participatory research project described as being inflicted unto them—mainly during childhood, but not exclusively—by perpetrators—the non-state actors—within the ritual abuse-torture family/group.

1. PHYSICAL TORTURES inflicted unto victims:
   a. Physical tortures that cause extreme and excruciating pain include prolonged and severe beatings; poking and pinching tortures; being dragged or lifted up by one’s hair; being hung by one’s legs or arms; having irritants like pepper blown into one’s eyes; being forced to remain in abnormal positions for prolonged periods of time while being kicked, hit, ridiculed, and laughed at; being scratched, marked, and threatened with a knife or other sharp objects; burnt with cigarettes, hot light bulbs, and lit candles; having body limbs twisted/bent into abnormal and painful positions; exposed to cold and/or heat tortures by being placed in a freezer for terrifying periods of time or being tied out in the hot sun for extended periods—sunburned; and, experiencing “falanga” which is beatings to the soles of the victimized person’s feet that causes severe and lingering pain which radiates up the legs into the knees, hips, and back making walking difficult and painful.
   b. Physical tortures that cause extreme exhaustion occur with food and water deprivations; being kept awake all night; not allowed to sleep in a bed or have bedding for warmth; being placed in a room alone and bombarded with repetitive messages and/or glaring lights; subjected to prolonged and severe isolation, total silence, prolonged darkness, and/or confined spaces; tied down; forced to go to school or to work during the daytime then, after hours, forced into slavery, such as cleaning the tub with a toothbrush for hours, and/or being “rented” out at night—trafficked into the “sex” trade.
   c. Physical tortures that can cause permanent disability, permanent loss, and/or disfigurement can happen when both ears of a victimized person are beaten at the same time, this causes severe pain and possible permanent hearing loss (telefono);


d. Physical tortures that cause fear and terror of immediate death such as electrical shock torture; suffocation to near death tortures; being choked to unconsciousness; threatened with drowning by having one’s face held under water or being submerged under water—in torture language this is called “submarino”\textsuperscript{17}; use of guns for Russian roulette “game”; having a gun placed in one’s mouth, vagina, and/or anus and hearing the clicking sound when the trigger is pulled; having a plastic bag placed over one’s head and tied around one’s neck—torture language refers to having a dark bag or cloth tied over one head as “hooding”\textsuperscript{18}; as a child being told to run out into the traffic (if injury happens it will be called an accident); and/or being forced to inflict cruelty/killing of animals with the threat from the perpetrator that this could happen to you—the victim.

2. SEXUALIZED TORTURES inflicted unto victims:
   a. Rapes inflicted during violent family/group “ritual and ceremonial” gatherings, rapes by siblings, and rapes by the same gender which, for some victimized persons, can be experienced as being more victimizing and traumatizing; rapes inflicted when perpetrators force child victims to participate in child-child sexualized atrocities for the entertainment and pleasures of the adult perpetrators; and/or the forced exposure to and/or the forced participation of victims in the sexualized group torture of animals and/or persons.
   b. Using objects such as a gun, knife, broom or mop handle, tree branches, toys, plastic markers, and kitchen items such as a spoon or fork as tools of torture to forcibly penetrate the victimized person’s body.
   c. Using animals and fake and/or real insects, reptiles such as snakes and bugs to terrorize victims by placing these on/in the victim’s body; forced bestiality\textsuperscript{19} with trained or “pet” dogs; the use of house, farm, and circus animals for pedophilic and/or adult pornography; and the killing of pets and other animals to be used in ritualized sexualized “ceremonial” practices; and the forced exposure to and/or forced participation in the sexualized torture of others.
   d. Using body fluids as instruments of torture by forcing the victimized person to suck, eat, or drink animal and/or human vaginal fluid, sperm, blood, urine, feces; and/or forcing victimized persons to smear or be smeared with urine, blood, or feces; or be smeared with soiled kitty litter.
   e. Sexualized enslavement and trafficking of victimized persons into the pedophilic/adult “sex” trade of prostitution and pornography by being rented/sold into sexualized slavery by family/group when an infant, toddler, child, youth, and as a captive adult; forced nakedness; forced involvement in pornographic


\textsuperscript{19} Under Canada’s Criminal Code every person who commits bestiality, forces bestiality unto another person, or commits bestiality in the presence of or incites a person under the age of fourteen years to commit bestiality is guilty of an indictable offence with imprisonment or punishable on summary conviction (Greenspan, E. L., & Rosenberg, M. (2003). *Martin’s Annual Criminal Code* (S. 160). Aurora, ON: Canada Law Book Inc.)
skits, movies, snuff movies, and/or pornographic pictures; and threatened that pornographic materials will be used to expose and discredit the victim if they ever try to tell.

f. **Exposed to and forced participation in sexualized torture ritualisms** by being forced to take, to use, to sniff, and/or be injected with mind-altering drugs—alcohol, pills, “sugar” (cocaine), intramuscular and/or intravenous injections; subjected to painful cleansing ritualisms during which the victimized child’s entire body, skin, and all body orifices were scrubbed with stiff brushes and irritating solutions; in a violent family/group gathering the victimized child is given an enema then forced to smear feces over another child-victim’s body; be urinated on during violent family/group gatherings; enforced cannibalistic practices—for example, the victimized person’s vagina is cut, blood is mixed with alcohol, then the victimized person is forced to drink the mixture and/or is forced to engage in Self-cutting then to suck their own blood.

g. **Necrophilic tortures** to heighten “dead-like” necrophilic sexualized pleasures by choking victims to a state of unconsciousness, or over-drugging to cause temporary paralysis so victim remains motionless during sexualized tortures; forced contact with perceived/real dead animal and/or human bodies; forced killing of an animal or forced involvement in what the victimized person believes to be real, not sham, killings and the eating of animal, fetal, or human flesh.

3. **MIND-SPIRIT TORTURES inflicted unto victims:**

a. **Insider schooling/training** depends on the idiosyncrasies of the ritual abuse-torture family/group. It can involve active indoctrination of the children with organized teaching and training sessions about issues such the family/group’s superiority; about the dangers and inferiority of outsiders; about how to act and be perfect during the violent family/group ritualisms; about the use of insider language, symbols, chants, and songs; creating controlling belief systems such as one about the all-knowing powers that relate to a satanic or luciferin-based theme. A child might be taught to know their role as “the chosen one” or “satan’s child”, be expected to know and respect roles of others within the family/group, for instance knowing and respecting the person who is satan, or the high priest, or high priestess; the trainer, re-programmer, controller, terminator, enforcer, guard, server (sets up the altar), sitters or servants who act as “babysitters” to control a child or a captive adult, or the older women who carry out tasks directed to them by the men of the family. Indoctrination serves to enforce the normalization of all forms of torture and reinforces the family/group goal of perpetuating the cycle of the RAT family/group co-culture.

b. **Programming tortures** such as hypnosis and post hypnotic suggestion, mind-control conditioning, and mind-altering drugging given as early as infancy in a

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baby bottle, are all tactics used to distort a victimized person’s cognitive, emotional, psychological, behavioural, aesthetic, and spiritual growth and development, to render them powerless, as well as disorientating their world-view. All these processes can combine to form a state of “mental enslavement”\(^{23}\) of just doing, of feeling and being robot-like (robotization)\(^{24}\). For instance, “Questioning wasn’t allowed, you just did as you were told—you obeyed, you were loyal, and you were taught to do everything for the family/group,” was a common repetitive theme voiced by participants in our kitchen table participatory research project. As was the verbalization, “I felt like the walking dead, a zombie.”

c. **De-spiritualization and de-humanization tortures** attempt to destroy the personhood and will of infants, toddlers, children, youth, and captive enslaved women by using humiliation and degradation tortures; by treating the victimized person as a discardable object, a thing, or an “it” (objectification); and/or treating them like an animal distorting their beliefs and perceptions to the point the victimized person may believe they are an animal or that they will have animal babies (animalization),\(^{25}\) by forcing the victimized person to witness and/or be exposed to the degradation tortures of others; by their forced exposure to and/or involvement in sham and/or actual torture/killing ritualisms of fetuses, children, and/or adults, and/or the forced cruelty/killing of animals. These family/group tortures inflict chaotic overwhelming “crazy-making” ordeals that terrorize, horrify, and robotize. These ordeals are commonly reinforced with isolation and deprivation tortures and cruel inhumane experimentation tortures. By inflicting brutal and painful tortures in combination with mind-spirit tortures, perpetrators can shatter the infant’s, the toddler’s, the child’s, the youth’s, or the captive enslaved adult’s wholistic\(^{26}\) relationship with/to Self. To survive the victimized person copes by developing creative and complex disassociative responses.

d. **Growth and developmental distortions** is a technique used by perpetrators to cause chaos, confusion, and enslavement in their child victims. For example, a RAT torturer who teaches a child to believe that at age seven they become an adult distorts the child’s relationship with/to them-Self in that they do not perceive them-Self as a child. Enforcing such a distorted belief system facilitates the pedophile’s sexualized torture of the child via the rationale, “I have to teach you now, before you become an adult, so you’ll know what to do when you’re a woman at age seven.” It also pulls the victimized child into the perpetrator’s normalization of pedophilic violence thereby manipulating the child victim into believing the sexualized torture pain and suffering represents “normal” relationship activities. As Sara stated, “for 40 years I believed I


\(^{24}\) Robotization is a word Jeanne coined to define the torturer’s goal—feeling like a robot is the victimized person’s response to their torture; Sankar, Y. (1992). Education, human values and ethics: Imperatives for the information society (p. 41-74). Toronto: Canadian Scholars’ Press.

\(^{25}\) Animalization is a word Jeanne coined in an attempt to give evidence to the severity of the destruction perpetrators of RAT can inflict on an infant’s, toddler’s, child’s, youth’s, or adult’s relationship with/to Self.

\(^{26}\) We spell wholistic with a “w” because a person who had been victimized by RAT torturers asked us to spell the word this way to give voice to the fact she is a whole person.
was an adult at seven, to realize that I was just a little child when they tortured me is a shocking and painful reality.” Sara’s statement not only reflects her physical and sexualized tortures, it highlights the RAT perpetrator’s torture of her mind and her spirit.

e. Suicidality is a tactic RAT perpetrators teach to their child victim in an effort to secure the child victim’s silence of never telling. Teachings fall under the guise that suicide—Self-sacrifice—is the ultimate gift the child can give to the family—to satan—because Self-sacrifice is an honour, a virtue, a way to peace, and a way to prevent from becoming a traitor to the RAT family/group. Should the victimized child or adult ever try to tell or “be tricked” into telling by an outsider the risks for suicide attempts are extremely high because of this prior suicide conditioned-programming. Conditioned-programming tactics normalize suicide as a way of coping. Additionally, the risks for suicidality increases if the victimized person experiences re-victimization. When speaking with several participants about their primary re-victimization ordeals one participant stated she had been tricked into visiting a minister and his wife and when she arrived experienced an “healing” exorcism which left her so traumatized she attempted suicide. Another woman stated she had suffered sexualized torture inflicted by healthcare professionals that had used the knowledge of her RAT family/group programming vulnerability, for instance the woman reported that one therapist had counselled her on various ways to commit suicide.28 The therapists had explained how, if she slit her wrists in the bathtub “all the pain will drain out and run down the tub drain”. She also reported the “professionals” had taken her driving in her car “to practice” how she was to drive her car over the bank and into the water so “she would have peace”, and that they had reinforced her conditioned suicidality programming by detailing how she was to jump off one of the Halifax bridges and into the water “wearing a white nightgown”. A Halifax bridge, the Macdonald Bridge, has been identified as a site frequently used by some persons who commit suicide.29

f. Evilism tactics use the vulnerability of a child’s innocence. RAT torturers entrap their child victim by manipulating this innocence—they can trick the child into

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28 Every person who counsels a person to commit suicide, whether suicide ensues or not, is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years. (Greenspan, E. L., & Rosenberg, M. (2003). *Martin’s Annual Criminal Code* (S. 241). Aurora, ON: Canada Law Book Inc.)

believing that they have monsters or demons within and/or they will turn evil if they ever tell on the family/group, for example. This mind-spirit torture tactic makes the child fearful of them-Self, reinforces disassociative responses from their own body, entraps the child victim to bond solely with the family/group, and to believe without question the teachings of the family/group.

g. State of captivity torture is nourished within the infants, toddlers, children, youth, and captive enslaved women of the RAT family/group. Perpetrators draw on the attachment needs of infants/children—needs for connection with their prime caregivers, “the family”. This attachment is full of incongruencies—life-threatening torture ordeals interspersed with moments of abusive “kindness”. Starving for connection the child becomes a captive victim. There is no escape. They need love, caring, and approval to survive. They must adapt to the family environment for the family/group enforces isolation from “outsiders” which forces the child victim to further bond to their torturers. In the child victim’s efforts for love and approval, to receive some kindness and recognition, to nourish their Self-esteem, they may try to do whatever is asked of them. If they do their best, if they “do perfect”, during the violent sexualized family/group ritualisms—“rituals and ceremonies”—or “do good” when they are “rented out” during their pedophilic exploitation, they might win snippets of approval from their torturers—their prime caregivers. Starving for love and approval and the need to survive, attachment bonding becomes mixed with Stockholm syndrome bonding. The evil-based RAT pedophile/family/group, if successful, has achieved a bonding relationship with the victimized child, trained “the perfect victim” who will become the captive adult—enslaved, exploitable, a financially renewable resource!

h. Enslavement and modern day slavery occurs because the RAT torturer considers they have rights of ownership over their child or captive enslaved woman victim thus they have the right to use victimized persons as slaves for various forms of exploitation, such as financial and sexualized exploitation. Financial exploitation means all monies earned by children or woman victims, whether from legitimate jobs or from exploitation, goes to the family/group. Infants, toddlers, children, and youth are rented out into the off-street sexualized pedophilic exploitation and pornography market and captive enslaved women are trafficked into off-street and on-street adult pornography and prostitution “sex” trade. Enslavement also teaches the victimized person to believe they are owned by their torturers, that they are bonded to their torturers, and that they need to “do good” for the family/group. They commonly do not realize they have a right to monies earned, even from legitimate jobs. For instance, Sara, an adult woman with a professional career, did not know that her salary belonged to her. She reported all wages were given to her parents—the ritual abuse-torture family/group—who then supplied her with the bare essentials including


31 The Supplementary Convention on the Abolition of Slavery, the Slave Trade, and the Institutions and Practices Similar to Slavery, 1956 (Article 1) states modern slavery to be “any institution or practice whereby a child or young person under the age of 18 years is delivered by either or both of [her] natural parents or by [her] guardian to another person, whether for reward or not, with a view to the exploitation of the child or young person or of [her] labour.”
food. Groceries were taken to her monthly and were so sparse that she needed to ration them. She reports that although she lived in a separate dwelling she was only allowed to use the bathroom once after she got home from work and would never dare break this rule because she believed the family were so powerful they knew of her every move. A life-time of being subjected to totalitarianistic rules reinforced by acts of torture, terror, and horror used in her conditioned-programming successfully kept her a captive, enslaved, and exploited adult.

**How categorizing helped**

We realize that one category and act of torture crosses quickly into another category of torture. For instance, sexualized tortures also involve physical tortures as well as mind-spirit tortures; however, categorizing and sub-categorizing the acts of torture perpetrated by RAT individuals/families/groups as we have in the previous section helped us:

1. To develop language to fit, to understand, and to accurately describe the ritual abuse-torture ordeals we were hearing;
2. To understand the co-culture of the RAT family/groups and the RAT torturer-victim relationship;
3. To understand the victimized person’s complex, multi-layered responses to their ritual abuse-torture victimization and traumatization;
4. To be more effective in our abilities to be supportive and caring;
5. To self-care, to remain grounded, and to maintain our boundaries by keeping our thoughts and emotions clear and out of the way of the victimized person’s struggle to move through their often chaotic and distorted responses; and,
6. To develop an organized framework that we could use to effectively educate others and facilitate our activism efforts to have the acts of torture inflicted by the non-state actor—the perpetrator of ritual abuse-torture—recognized as torture, as human cruelty, as an organized crime, as a crime against the humanity of victimized persons, and a violation of their human rights.

**Misnaming**

Misnaming acts of torture committed by non-state actors as abuse minimizes the extensiveness of violence that can exist within intimate relationships, for example, within ritual abuse-torture family/group relationships and/or the relationships of other interconnected criminal crossover groups. Ignorance, denial, disbelief, rejection, and blame-the-victim responses flourish when individuals—professional and lay—and communities are not reality-based and misname acts of torture by non-state actors as abuse. Victimized persons are commonly and repeatedly told by torturers that, “If you tell no one will ever believe you”\(^{32}\)—a statement that is given substance by bystander and community ignorance, denial, disbelief, or rejection. Misnaming acts of torture by non-state actors as abuse prevents wholistic empathic understanding of the victimized person’s life-threatening victimization and traumatization responses, thus, the provision of care and support offered will not “fit”. Because persons exiting ritual abuse-torture families/groups in which they have expended

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extraordinary resilience to survive, their exiting, healing, and re-socialization needs can be wholistically complex. Misnaming acts of ritual abuse-torture as abuse can lead to the perpetuation of organized acts of torture by these families/groups.

Misnaming can lead to secondary re-victimization which occurs, for example, when a caregiver who is supposed to care does not or is not open to learning how to care for a specific group of clients. For instance, several women in our kitchen table participatory research project explained how they were triggered into terrorization responses when sent for physician-ordered blood tests—one person huddled into a corner in terror at the sight of her blood, another collapsed into frozen speechlessness. Both women described how their terrorization responses were totally misunderstood by the healthcare providers. One healthcare provider responded with annoyance and harshness, the other with ignorance that led to extensive hours of mistreatment in an outpatient department. Alternatively, primary re-victimization occurs when a victimized, thus vulnerable, person seeks help and the helper(s) is a perpetrator who inflicts further physical, sexualized, and mind-spirit atrocities unto the victimized person. A situation which we have previously discussed, thus women in our kitchen table participatory research project identified experiencing both primary and secondary re-victimization.

Misnaming acts of torture by non-state actors as abuse facilitates perpetrators of ritual abuse-torture not being held accountable for their acts of torturing. Misnaming means criminal charges and sentencing will not reflect the atrocities that RAT torturers commit, thus, their crimes go unrecognized. In Canada, the law as it presently stands, limits torture and a torturer to being defined as intentional acts or omissions by which severe pain or suffering, whether physical or mental, are inflicted by a person with an “official” position, such as a peace officer, a public officer, or a member of the Canadian Forces.33 Thus, in our opinion, Canadian law defining torture has to be amended to include acts of torture by non-state actors such as RAT torturers. When acts of torture by non-state actors—a human rights atrocity—are not named appropriately society will be handicapped by ignorance in its ability to respond effectively. For instance, when applying child protection Acts; when upholding United Nations Conventions, such as the Convention on the Rights of the Child; and when making decisions meant to protect the safety and be in the best interest of the child or woman victim/survivor. Ignorance will also taint the appropriateness of intervention, prevention, and educational strategies aimed at helping future generations of children be and stay safe.

Vignettes: Childhood RAT Ordeals Inflicted by Non-State Actors

Below we share some of the ordeals of the women who were involved in our kitchen table participatory research project. These vignettes illustrate the acts of torture the RAT torturers inflicted and each vignette needs to be placed in context. It needs to be remembered that each vignette is a brief glimpse of one moment in time, one moment in the everyday lived realities of persons—infants, toddlers, children, youth, and captive enslaved women—whose lives consisted of surviving within ritual abuse-torture families/groups. And, as Sara pointed out, “and then there were leap years”.

Carrie

Examples of the ritual abuse-torture ordeals she endured:
1. Mind-spirit tortures of de-spiritualization, de-humanization, and drugging, and
2. Physical torture: fear and terror of immediate death via being threatened with drowning

My father and about 12 of his friends were an organized group who practiced evil and satanic-based rituals and ceremonies on me and other children ... pedophilic life-threatening ordeals of torture which took me into the darkest side of humanity ... into the blackest hole of hell. There were the times when we, the other children and I, were forced to drink wine until we were very drunk ... then the adults would laugh at us ... I can still hear the tone of their laughter ... even today as I speak to you this feeling of being humiliated returns. In between their “formal” rituals and ceremonies ... my life was constantly being threatened ... threats that kept me very silent about my father’s secret relationship with me! One personally chilling and threatening experience was the day my father took me with my pet kitten, Brownie, for a walk to the lake in the woods. There he forced me to hold Brownie under the water ... he forced me to drown Brownie ... I screamed and screamed but my father told me I was never to tell my mother about what was going on or he’d kill me like I’d killed Brownie ... the horror ... the terror ... I called my kitten Brownie because he had brown spots. I never told ... Carrie

Hope

Examples of the ritual abuse-torture ordeals she endured:
1. Mind-spirit tortures: training, conditioning, and the witnessing of the degradation of infants
2. Physical torture: fear of immediate death via suffocation, and
3. Sexualized pedophilic tortures

Everything got twisted in the family—even food. For example, mashed potatoes were a very effective training tool—the family would stuff and stuff mashed potatoes into my mouth and throat, massage my throat while speaking softly to me in voice tones that were trance-inducing ... terrified of suffocating ... this exercise was to train me to let the mashed potatoes slide down my throat without gagging ... this taught me not to gag during ordeals of pedophilic oral rape ... something my father, the family, and others did very frequently to me. Being conditioned for oral rape started, I believe, when I was just a wee one—just like the little babies I witnessed when I was older, having their eyes taped shut before they were forced to suckle the men’s penises ... Hope

34 Church, L. R. (2000, September 30). Man gets 24 years for satanic-ritual rape of 10-year-old girl. The Tennessean. This is an article of the growing awareness of RAT crimes.
35 Carrie (pseudonym) participated in our kitchen table research project identifying her-Self as a survivor of RAT (satanic-based).
36 Hope (pseudonym) participated in our kitchen table research project identifying her-Self as a survivor of RAT (christian-luceriferin-based).
Phoenix

Examples of the ritual abuse-torture ordeals she endured:
1. Physical tortures: confined space, deprivations, exhaustion
2. Sexualized torture, and
3. Mind-spirit tortures: de-spiritualization and de-humanization tortures

... terrified ... horrified ... by the christian-satanic-based tortures by both parents, by inter-generational and extended family members ... father’s friends ... both female and male ... who tied me up ... raped me ... bestiality—dog penises in the kitchen ... buried, with a sibling, in a hole in the dirt floor of the basement of the family home ... terrified and horrified ...  Phoenix37

Kate

Examples of the ritual abuse-torture ordeals she endured:
1. Physical tortures: tied down, held down
2. Sexualized torture including bestiality, and
3. Mind-spirit tortures: witnessing horror, enforced dissociation

I was surrounded by German Sheppard dogs ... they were barking ... restrained somehow ... frenzied activity and chaos all around me ... confused and terrified. My sister and the woman are held down ... the dogs are over them. There are ropes and handcuffs. Men then rape my sister. I see her eyes and she doesn’t see, although her eyes are open. Then I was held down. Hands and objects did things to me. My grandfather gave the orders ... my brother watched ... he didn’t look scared ... he looked like my grandfather. I looked for but couldn’t find my father. I was about six or seven years old ... I left my body in that room.”... Kate38

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Bibliography


37 Phoenix (pseudonym) will have her story shared in our book, a work in progress.
38 Kate (pseudonym) participated in our kitchen table research project identifying her-Self as a survivor of RAT.

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PERSONS AGAINST RITUAL ABUSE-TORTURE
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Overview of Recovery

SNAPSHOT OF RECOVERY

Going through my family photo album, I often find a picture of me at the age of three. I was sitting in some tallish grass with a ribbon in my hair. I was holding a toy machine gun. As I remembered the story behind it, I came to think of it as representing my recovery. One day a man came over to my house and brought my cousin a toy machine gun. The instant I saw it, I knew I had to have it. I pestered my parent for it and was finally allowed to have it away from my cousin and escaped into the backyard. I staked out my territory and began shooting until I ran out of ammo. I was impressed with the incident, took a picture of myself with the gun, and showed it to everyone. It was my moment of triumph. The thought in my mind was: if I can have this gun, no one could ever get near me.

I found a way to get that picture back then. A few years later, I discovered that I was aware of repressing it, but the thought behind it remained intact. I began to understand why reclaiming it was so important to me. I had always thought I was just a rambunctious, tomboyish child. Today I see things in a different light. Today I see the fight for the machine gun as a fight for my life. The little girl in the picture was being abused by every significant adult in her life. By six, through predetermined, abusive rituals, my anger and any thought of fighting back were gone. Although I never lost my fighting spirit, I did lose touch with that original, whole, alive child. To protect her I hid her so well, that nobody, not even I, could find her. In time, I forget who she was. By losing touch with that still alive child, I lost my sense of self.

For me, recovery has been about rescuing my three-year-old, forsaken child. She has been waiting, frozen in time, to be told that the abuse has stopped. And I am beginning to see her more clearly now. Today I see the toy machine gun, and behind
it a broken heart. It was broken many times, and in many pieces, but it still kept beating somehow. She is making her way home to me, the hurting and waiting adult. A Survivor

Recovery is the search to find and heal each hurting part of ourselves. Each part, like the three-year-old, is waiting to be found. As the split-off parts are reunited, survivors feel increasingly healed and whole inside. Our healing proves an enduring truth—that the human spirit cannot be broken. It will survive impossible odds.

Of all pilgrimages, the greatest is to relieve the sorrow-laden heart.

Abdu’l-Baha

SEARCH FOR THE CHILD

Life is sacred, and every child is a sacred child. Infants contain our human potential. That potential unfolds through love, nurturing, and guidance. Abuse interfered with that process. Instead of thriving, our sacred child withdrew and hid. It found many ways to stay protected and safe. The purpose of recovery is to find that original child. By recovering and healing the child, we heal the adult. A healed adult is in touch with her or his true self and human potential.

The search for the sacred is always difficult. Like the Odyssey, the journey seems an unending series of Catch-22’s, double-binds, and impossible challenges. That’s how it was for me. Years into recovery, I thought I’d been making good progress, only to find myself in an impossible bind. Here’s an entry I found in my journal:

It feels as though I’ve been wandering in a forest of monotonous trees, meeting challenge after challenge for seven years. One day recently I thought I saw a clearing. But when I got to the sparsely growing trees, I found a bog. And the thing is that I have to make it through that fog. With each step, I find myself being dragged down deeper and deeper. I can’t go forward, I hate it where I am, and I’ve come too far to turn back.

One survivor described the familiar feeling:

It feels like I’m on a treadmill called recovery. It’s not an option to get off the treadmill. The only thing I can do is keep moving. I feel like I’m a numb being, walking in slow motion and being carried backward by the treadmill. Deborah

There may be bewilderment, confusion, and terror. Often it’s hard to get your bearings, to know what’s happening, to know if you are coming or going, or even if you’re on the right track.

It feels like I’m in a labyrinth of trick mirrors. I never know what’s real and what’s not. I can’t tell if I’m going forward or moving backward, and more often than I care to admit, I think to myself, “My God, am I ever going to make it out of here?” Roxana

THE FORMULA

Yes—you can make it through. Here’s how survivors are doing it:

It requires that leap of faith initially. You feel when you think, “I just can’t do it. I can’t do another day.” That’s when we really need some faith, or just a little willingness to be the fact that maybe there’s help for us. You have to do it alone. There’s all kinds of help.
it'll come in all kinds of forms. You just have to put one foot in front of the other and there's a natural momentum in this life bringing help to anyone who wants it. Lynn

For some, abandoning faith is what gets them through.

Faith was something I hated, as was trust. The idea that my life sucked and I was suicidal, and had absolutely nothing to lose by trying this process on a month by month basis got me through the first year. Adam, survivor of satanic and KKK abuse

The formula for successfully completing a pilgrimage has always been the same. No matter how complex and confusing the entire process seems, the formula doesn't change:

Trust in your own process. You will need to find some guides. Others will appear when you need them. Gather up your special talents and strengths. You will need all of them to complete the journey. Listen to your inner wisdom. And remember, the hero always makes it home.

The important thing is that we remember that keys to our freedom are simple things. They mix in esoteric things that are beyond our ken. The key to the door is a very simple. And once it's found, you're going to sit and go, "How could it be so simple?" And it is simple. Surrane

Here's how success is initially. You know what you have to do. And you can't go if you don't do it. I can't go... I really need to have the willingness to be open and to let others help for us. You don't have all kinds of help.

**CYCLES OF RECOVERY**

Going through recovery is like running laps. You pass the finish line many times, only to have to run the course again. At times it feels like a marathon with no end. But just as marathon runners go through recognizable phases during the course of the race, recovery has its special rhythms. Following are cycles survivors have described. You may discover others.

**PEELING THE ONION**

To keep from being overwhelmed with all the information at once, our body/mind have protective mechanisms that reveal the abuse to us in phases or layers. The layers may be grouped according to the age(s) when the abuse took place, according to type of abuse, certain perpetrators, or difficulty of the material. Survivors have compared this process to peeling an onion. With each phase a layer of information is revealed. As each layer is peeled away and healed, you experience a wonderful sense of completion. This feeling can last for weeks, months, even years. Another layer may begin to emerge, and you are surprised to learn that there is more. However, the good news is that with each layer, you are becoming more healed.

**THE SPiral**

_The Courage to Heal, Third Edition_, by Ellen Bass and Laura Davis, describes the spiral cycle as follows:

You go through the same stages again and again, but traveling up the spiral, you pass through them at a different level with a different perspective. You might spend a year or two dealing intensely with your abuse.
Then you might take a break and focus more on the present. A year or so later, changes in your life—a new relationship, the birth of a child, graduation from school, or simply an inner urge—may stir up more unresolved memories and feelings, and you may focus in on it again, embarking on a second or a third or a fourth round of discovery. With each new cycle, your capacity to feel, to remember, to make lasting changes is strengthened.

**THE SEESEW (OR TEETER-TOTTER)**

Dr. Pete Danyluck of the Restoration Therapy Center in San Mateo, California, observed the up/down cycles of recovery. His description made me think of a seesaw. Most of the early stages are spent on the low end. You may be feeling depressed, terrified, dissociated, suicidal, and ashamed. As you work through each experience, you take some of your burden and place it on the other side. And slowly the balance begins to shift, until one day you’re on top. You may feel invincible, like you’ve conquered all obstacles to recovery, and sitting on top of the world. However, a new wave of unassimilated events, a quarrel with a friend, a financial crisis, or disappointment at school may send you plunging down again. As you hit bottom, it may feel as though you’ve never left. It can be the most devastating feeling in the world, especially because you now know what it’s like to be on top. However, now it takes less time and effort to make it to the top again, because the burden you’ve placed on the other side through recovery gives you more leverage.

In between there will be times when you may feel stuck. You feel caught midway, frustrated with no movement. Even though you may feel stuck in limbo, trust that there is something important going on inside. As you gain strength through recovery, fewer and fewer things can plunge you back down. You remain on top for increasingly longer periods of time. From the high vantage point, you gain a better perspective on your history. In time, you will feel like you’ve come to terms with your past. You are no longer riding the highs and lows on the seesaw of recovery. More and more you begin to feel balanced, or “centered.” You are able to get off the seesaw and get on with life. You may return from time to time, but you are no longer riding a seesaw, with recovery as the consuming focus of your life.

**THE JIGSAW STORYBOOK**

Making sense of repressed experiences is like putting pieces of a jigsaw puzzle into place. It takes a while before the full picture emerges. At times you get pieces that don’t seem to fit. It’s important not to throw them away. Every piece has its place. Sometimes you want to give up on the puzzle altogether—it seems too complicated. But with a lot of hard work and patience a picture begins to emerge. One day you feel you “get” the picture, and experience a great sense of relief.

As new pieces continue to emerge, you begin to work on the next picture. Every picture is self-containing and complete. You become more proficient in putting together succeeding puzzles. In time you have a book with many pages. One day, as you flip through the pages, you find they tell a story—your story. The book is complete.

**STAGES OF RECOVERY**

Recovery follows many paths and courses. No two paths are alike. The events occur in their own time, place, and order. Internal journeys are not linear but multidimensional. There is movement on many levels and in many directions. You usu-
ally cannot recognize a stage until you’ve moved beyond it. However, looking back, survivors have identified certain landmarks.

Most survivors do not complete each stage with a single pass through. You may return many times, completing many visits. As one survivor remarked, “I had to go through these over and over again with new information before I actually started to ‘take.’”

While the stages are numbered for convenience, they do not imply an order. Survivors can be working on stage eight all along. You may start at stage six, and then move to stage two. You may be in stages three and four at the same time. You may have moved through all the stages with one experience and at the same time find yourself in the beginning stages of the next. All of these are common. The important thing is to recognize the similarities and respect your differences, while charting your own course.

2. SOMETHING IS WRONG

This is usually a time of searching. For some it’s because “life is hell, and always has been.” You may find yourself in and out of abusive relationships, unable to hold down a job for more than a few months; perplexed by violent, uncontrolled behaviors; or a victim of sex, drug, or other addictions.

The other extreme is also common. Many survivors lead “model” lives except for the occasional depression. You may have graduated from college with high marks and have a successful career. You may be raising an exemplary family, going to church regularly, have a wonderful circle of friends, and be a contributing member of the community. But something’s not right, and you can’t put your finger on it.

Survivors try promising solutions. Understandably, are drawn to cults or cult-like groups offering the answer. Many survivors report having been attracted by new age religions, guru-oriented groups, or organizations such as EST (Erhard Seminar Training), offering crash courses in belief and attitude transformation. Many survivors are avid readers of self-help books. It seems that all the ideas apply but that, long-term, nothing works.

2. I THINK I NEED HELP

Things get out of hand, become unbearable, or you run out of self-help options and seek outside help. You may find a therapist, join a support group, or check into a treatment center. You may find yourself establishing close relationships with other survivors while remaining certain that you are not one of them.

It’s like before I realized I was a lesbian. I started hanging out with lesbians and felt really comfortable around them. One day it hit me that I was a lesbian, and so with great anxiety I “came out” to one of them. I was stunned when she said casually, “I just assumed you were one of us.” It’s the same with the ritual abuse. I found myself hanging out and feeling really comfortable with other survivors. I was drawn to learn more about it and found myself reading everything I could lay my hands on. My partner knew I was a survivor long before I did. Jeannie

3. GROWING AWARENESS OF YOUR TRUTH

If you’ve found a therapist familiar with post-traumatic reactions, you may begin to get in touch with underlying issues that have affected your life. You may identify unhealthy patterns, including addictions. As you stop behaviors that helped you to repress your trauma, you may
begin to get flashes of unresolved events. It may be sexual abuse by a family friend, molestation by a coach or teacher, sexual encounters with your siblings, or incest by one or both of your parents. You begin to see through the myth that yours was a perfect family.

As you grow stronger through recovery, new information begins to emerge. You may remember other people, candles, robes, and rituals. You may get in touch with experiences in which you or others were abused. Later you may uncover rituals in which you abused. Later still, you may recall cult dogma and how you exited the cult.

*When I came into recovery, I used to say, "The truth will set me free. Seek the truth and the truth will free you." And I'm very much aware that the truth does not set us free. Once we know the truth the fear can put us back into denial, and if we do, we can be used by our cult perpetrators. Freedom is found in how we process the truth. That is what sets us free."* Sharrone

4. RESPONSES TO THE TRUTH—RELIEF/DISSOCIATION/EMERGENCY STATE

There are many reactions survivors have upon discovering their ritual abuse past. You may have a single reaction or, more likely, a combination of reactions. You may experience immediate relief—“At last I know what’s the matter with me. This sure explains a lot of things.” Relief may be followed by confusion and disbelief. “That couldn’t have happened. I must be making it up.” You may find yourself in an emergency state: dissociation, terror, hopelessness, feeling overwhelmed. At the same time, messages to injure or kill yourself if you begin to remember may get activated. No matter how strong the thoughts or impulses, DO NOT ACT ON THEM. Turn to the back page and follow the steps you’ve outlined to keep yourself safe. In time you will recognize these impulses for what they are: a stage of recovery that you will learn to overcome.

*That’s when all the feelings came. I wanted to be dead and I was willing to kill myself. But I had a lot of good friends who knew right away that I was starting to weird out on them and they wouldn’t let me.* Grace

Some survivors resort to old behaviors in response to the truth. You may turn to tried-and-true coping habits such as drinking, drugs, creating havoc in your life, double- and triple-booking appointments, provoking arguments. Some, believing themselves to be helpless, return to a cult.

Whatever the initial reaction or reactions, many survivors journey on.

*It’s been off and on for many, many months—just back and forth about believing it or not. And I was using that word “hallucinate,” saying, “Well, you know, either it’s real or else I’m really f*cked up. I’m either in denial or I’m falsely accusing my parents. In either case I can no longer bear the shaky ambivalence of the middle ground.”* Deborah

5. DECISION TO HEAL

Survivors begin to come to terms with what’s happened and make a commitment to heal their pain. You read everything you can get your hands on and bring reading material to your therapist. The “work” begins to take on a rhythm: retrieving repressed experiences, examining unhelpful behaviors, discovering deeper emotions and feelings. What used to be a constant fear may now be felt as constant terror.
Instead of feeling better, you may actually feel worse. You can’t see an end to the pain. As things come together in one area, they seem to fall apart in another.

What I keep learning is that the better I get, the worse I feel. Now I find myself saying, “Things are getting worse, I must be getting better.” Amiee

Each “falling apart” eventually brings a coming together. Despite the pain, and unbearable feelings, there is healing. Life, at last, begins to make sense. You’re committed to recovery. You’ve seen wearing the “recovery uniform,” warm-up pants and a sweatshirt—as one survivor put it, “survivor fatigues.” You feel out of place in the “regular” world. Conversations about the news, politics, or brands of good tea no longer interest you. Your life feels consumed with recovery. You only feel comfortable with other survivors and wonder if you’ll ever relate to “normal” people again.

6. LEARNING YOUR OWN SYSTEM

As recovery progresses, you begin to recognize your own patterns and behaviors. You become aware of your defenses, how your body communicates, and how you respond to it.

What’s been the most liberating is to catch the automatic things—like when someone says, “Hi, how are you?” and I want to hide under my desk. I can recognize that that’s an overreaction. Before, I didn’t do anything about it because I was not aware of what was happening. But now I can recognize when I am having an irrational thought or behavior. So I don’t act. I stop and ask, what’s really going on with me?” It’s knowing that I’m having a feeling, what to call it, why it’s there, and if it’s a bad feeling, knowing how to deal with it. Sunny

You discover simple truths that other people have always taken for granted, or, as one survivor put it, “You have BFOs: Blinding Flashes of the Obvious.” For example, one survivor realized, “I am alive.” You discover split-off parts or selves. You worry, “But who am I, really? Will the real me please stand up?” At the same time, you despair of ever getting through it all. As one survivor told me, “I just sat on the couch all day, staring at the rug and telling myself, ‘I just can’t do this anymore. I can’t have even one more memory. I just can’t go on.’” But in time your strength and resolve return, and you journey on.

You learn to let go of the struggle and accept what comes. In time the splits begin to heal and you feel more whole. As you feel more in control, you begin to appreciate yourself and respect the ways in which you’ve coped. You feel there may be a life after recovery. You assure newly aware survivors that there is hope.

7. DEMYSTIFYING THE RITUALS AND THE CULT

Through continued examination of the past, you begin to gain perspective. You uncover negative thinking and discover how to break it. You discover ways in which you were manipulated and set up. You discover the lies. In Out of Darkness, Dr. Walter Young, medical director of the National Treatment Center for Multiple Personality and Dissociation, observes: “The production of illusions suggests that the cult members have extraordinary powers that the child cannot possibly confront or challenge. . . . The task of treatment is to recover from tricks and brutal indoctrinations perpetrated by sadistic humans,
not evil ‘deities.’ You begin to break free of the lies and manipulations. You may begin to see your abusers as addicts—powerless, not powerful. You gain freedom from the pain and fear. Your healing takes on a new momentum. You now have the skills to handle whatever else may come.

8. TAKING BACK YOUR OWN POWER

You take charge of your own recovery. You experience more good days than bad days. You have come to terms with fear, guilt, shame, and blame. You can accept yourself and what happened. You can take responsibility for things within your power and let go of things that are not—and you know which is which.

Slowly you begin to take action on your own behalf. You may decide to go back to school, change careers, relocate, or break off an unhealthy relationship. Where once secrecy was a sacrosanct rule, you may suddenly find yourself wanting to tell. You may join a survivor advocate group, initiate workshops, display your art work, or tell your story in other creative ways.

As you feel increasingly whole, you’re surprised to find that the “real you” hasn’t changed but now has more freedom of expression. You realize that you had always put your best foot forward, but now it feels like it’s your foot and not someone else’s. You begin to experience your spiritual self and your healthy, wholesome sexual self. You are able to be playful and spontaneous. Others see you and find hope for themselves.

It seems like the most important thing we can do at the outset of recovery is take back some power—and that’s nothing more than exploding the myth that we’re powerless. We’re strong individuals or we wouldn’t have made it. We’re just out of touch with that strength. Sunny

* * *

How are you doing? Remember the feelings list? Mad, glad, sad, etc.? (See page 19.) It’s a good idea to check the list at break times, to help you get in touch with yourself. It may be helpful to keep a bookmark at that page.

HOW LONG BEFORE I’M HEALED?

Healing times can vary widely. It also depends on when you start counting. A significant amount of time is saved with a proper initial diagnosis. In my case, it would have saved eighteen years. I’ve heard of survivors being misdiagnosed for thirty years or longer. Prompt diagnosis is usually the single biggest factor in advancing your recovery.

Many survivors work on other issues before discovering their ritual abuse past. This is an important period that lays the foundation for the work ahead.

I always felt so frustrated because it took me so long to get to the place where I’m having memories and dealing with this—six years of hard work and recovery before I had my first memory. And I just thought, “God! I’m retarded.” I felt like I was defective in some major way. But I tell you, it takes every ounce of recovery I have to do this. I’ve never had to call on my repertoire of tools like I do with this. I’m taxed to the limit. And now with hindsight I can see the brilliance of it all. From my experience, I really trust the wisdom of it, and everyone has to find that out for themselves.

Lynn

One of the hardest things about recovery is that while each milestone seems enormous, overall progress often feels imperceptible.
I never forget how hard recovery is. Never. The worst part of it was nine years of hard work. We’re talking twenty-four hours a day working our rear ends off in order to get well. Year after year of struggling, struggling, struggling. And I saw no possibility of it changing. I just knew I had to keep crawling. Looking back, it doesn’t look like it took all that long, but going through it, it felt like it was endless. Caryn StarDancer

Every time a new issue begins to emerge, survivors tend to think, “I haven’t made any progress at all.” However, if you go to a support group and listen to newcomers, you’ll immediately recognize how far you’ve come.

If you discover and then can accept that there is ritual abuse in your background, you can begin to experience immediate results in healing. The most remarkable changes often occur in the first few months or years. No one can know in advance how long your overall healing will take—not even your therapist. Length of recovery is affected by many factors: your age when the abuse began; length of time you were abused; type of abuse you suffered; whether the abuse was overt or covert; your relationship to the violators; the types of defenses you employed; your ability to get good professional help; number of years spent reinforcing dissociative behaviors; amount of time you can devote to recovery.

Some survivors make immediate leaps in recovery. Others take a long time to get their bearings and then make excellent progress in the later stages. Almost everyone experiences ups and downs, great strides and then greater frustrations, moments of hope and moments of hopelessness, and plateaus of no movement at all. Some survivors stop therapy, thinking they are fully healed. However, months or even years later, they return for more. If this happens to you, do not blame or shame yourself for having “failed.” Appreciate the breathing space. You need it. The key is to stay in touch with your own process and trust it.

There’s a beauty to getting to the plateau that I’m at. Even though I’ve got the summit of the Himalayas up ahead of me, I feel like I’m at a plateau where I can look back and know how perfect the wisdom has been—the timing and everything. Lynn

**WHAT RECOVERY MEANS**

Survivors talk about “recovery” and “being recovered.” For some, it is a process in which we become increasingly healthy. For others, the idea of “lifelong recovery” is unimaginable. They need to know that there is an end. The two ideas are valid and complementary.

Caryn StarDancer, survivor, leading educator on ritual abuse, and editor of *SurvivorShip*, defines being recovered as follows:

Being recovered means completing a critical mass of healing. It is a given amount of healing after which the feeling of well-being is self-sustaining, and the process takes on a momentum of its own.

It used to be my therapist, my support system, and books that kept me going. Now it’s something inside that keeps me going. Jeanne

Because of the goal-oriented thinking in our society, many survivors feel pressure to be recovered. But for most, recovery is a lifelong process.

It took a lifetime to get me this sick, and my approach is, it’ll take the rest of my life to get well.
But every day gets better, and I’m going forward. Dave

My goal used to be to become “normal.” Now it’s to become more who I am—to be more sensitive, more aware, more alive. Jeanne

Many survivors feel relieved in simply accepting the process without goals or expectations. As one survivor put it,

One day I realized that I wasn’t going to be happy every day for the rest of my life, and that was okay. I found a lot of freedom in that thought. Janes

Letting go of certain expectations can enhance your recovery:

Maybe there are things that you don’t recover. It’s really valuable to know where to cut your losses. It’s never going to be the way it should have been. My inner kids will never have a “Mrs. Cleaver Mom.” And there’s a certain freedom in facing it—being able to say, “I know what I can do and what I can’t.” So if I can base my recovery on what can be helped, then I’ll get further faster.

Recovery is the point when the aftereffects of ritual abuse no longer define every experience and dominate day-to-day. It’s the process of achieving selfhood through healing. Therapist Mary Ellen Holmen at the Recovery Center in Albuquerque, New Mexico, suggested the following signs of recovery.

BAROMETERS OF RECOVERY

1. You believe and trust yourself.
2. You take delight in your own company and in the company of others. You are as content being alone as you are being social.
3. You feel whole within yourself. You do not need something outside of yourself, such as approval, a job, wealth, spouse, academic credentials, slim physique, social status, etc., to feel complete. You are neither made superior nor diminished by these things. You do not judge your own or other people’s worth according to these things. As Mary Ellen remarked, “It must be awful to be one’s credentials.”
4. You don’t change who you are to conform to who you’re with.

As I recover, I realize more and more how my life’s been about following “ought to’s” instead of “want to’s.” And I realized that the inescapable result of that is that my epitaph will read, “She lived someone else’s life.” And that would be horrible. Sophia

5. You love yourself and so can love others.
6. You feel a connection with our universe. You experience the oneness of this planet, its people, plants, and animals.
7. You intuitively know where you end and where others begin (often referred to as having “boundaries”). You understand that we are all separate yet a part of this planet, and so, connected.
8. You are responsible for your own thoughts, feelings, and behaviors. You also know that your thoughts, feelings, and behaviors affect our planet and all things in it.
9. You live in the present more than in the past or future. You are conscious of your history, but you do not dwell on it. You may have goals, but you are not driven or possessed by them.
10. You feel at home with yourself. You are comfortable in your body, with your emotions, mind, and spirit.
You are the only one who can live your life. Your thoughts, feelings, and actions are your own. You are responsible for your own life. You are not responsible for the lives of others. You are not responsible for the actions of others. You are not responsible for the consequences of your actions. You are not responsible for the actions of the universe. You are not responsible for the actions of the heavens. You are not responsible for the actions of the earth. You are not responsible for the actions of the air. You are not responsible for the actions of the fire. You are not responsible for the actions of the water.

Today, for the first time, I feel alive in this world. I feel that I am not living less than a normal person. I know that healing is not only a miracle for me, but it is also a miracle for others. Because my mind was a mess, I was not able to live my life in any way that I could have lived it. Now that my healing journey has begun, I am not afraid to live my life in any way that I choose. I am not afraid to live my life in any way that I want. I am not afraid to live my life in any way that I choose to live it.

Now that you have established some recovery essentials, remember to exercise them while you are reading through this book. Focused meditation is essential for the healing process. Focused meditation will help you to focus on the present moment. Focused meditation will help you to focus on the present moment. Focused meditation will help you to focus on the present moment.

Don't be afraid to take a break from reading. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important. Being willing to ask for help is important.

And may your journey be peaceful, may your life be happy, may your path be smooth, and may you have the strength to face whatever challenges you may encounter.
Vicarious Trauma

“From what we get, we can make a living; what we give, however, makes a life.”

- Ashe
There is joy in life
There is beauty in life
There is color in life
There is vision in life
There is growth in life

There is life
There is life
There is life

There are bright things
New days
New ways to look at the same old thing

There are colorful ways to look at the same old thing

Old things become new each day in new light

New light brings new color and new energy

And even old things
Seen the same old way
Can be beautiful
Like sunrise
and leaves
And even old things change
Every sunrise
Every tree leaf

If you look around
You will see
Change
Steadily
Surrounds you

There is power in this
Hay Poder en Esto
VICARIOUS TRAUMATIZATION
A.K.A. ...

Secondary Traumatization

Secondary Traumatic Stress (S.T.S.D.)

Compassion Stress

Compassion Fatigue

What it means:
“The cumulative transformative effect on the helper of working with survivors of traumatic life events”.  
(Saakvitne & Pearlman. “Transforming the Pain”)

“The natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experience by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person.”
(Figley. “Compassion Fatigue: Coping with Secondary PTD Among Those Who Treat the Traumatized)

“A transformation in one’s inner experience resulting from empathic engagement with client’s traumatic material.”  
(Saakvitne & Pearlman. “Transforming the Pain”)

Vicarious Trauma impacts us in 3 realms of our lives:
* Professional
* Organizational
* Personal
Primary vs. Secondary Trauma ~ What PTSD has taught us.

*Primary stress is more clearly identified and symptoms are more “legitimate”.

PTSD (Post Traumatic Stress Disorder) is a disorder that typically affects people who have experienced extreme traumatic or violent events. (i.e. accidents, earthquakes, violent attacks, domestic violence, sexual assault, etc.)

Symptoms of trauma result from one’s unique reaction to an event – not solely from the event.

<table>
<thead>
<tr>
<th>PTSD &amp; Typical Symptoms of Trauma</th>
<th>Symptoms of Vicarious Traumatization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrusive reenactment, visualization, and avoidance of reminders of the traumatic event</td>
<td>Intrusive reenactment, visualization, and avoidance of reminders of the trauma survivor or the survivor’s traumatic event</td>
</tr>
<tr>
<td>Sleep disturbance usually accompanied by thoughts or dreams of the traumatic event</td>
<td>Sleep disturbance usually accompanied by thoughts or dreams of the survivor of the traumatic event</td>
</tr>
<tr>
<td>Sense of Hopelessness &amp; Helplessness</td>
<td>Sense of Hopelessness &amp; Helplessness about working with the survivor of the trauma</td>
</tr>
<tr>
<td>Pervasive fear &amp; hypervigilance</td>
<td>Pervasive fear &amp; hypervigilance</td>
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<tr>
<td>“Mood Swings”</td>
<td>“Mood Swings”</td>
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</tbody>
</table>
SECONDARY TRAUMA VS. BURN OUT

So what IS Burn Out?
“Job strain resulting from long-term and/or intensive work with emotionally demanding situations or populations when one has little or no control over outcomes.”

*Burn out is not uniquely related to trauma.

SYMPTOMS OF BURN OUT INCLUDE:

* Lowered sense of accomplishment
* Depressed mood
* Cynicism

* Loss of compassion
* Discouragement
* Boredom

Burn out is effectively treated by simple measures such as vacation, varying work schedule, changing environment, etc.

<table>
<thead>
<tr>
<th>BURN-OUT</th>
<th>VICARIOUS TRAUMATIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can happen with most any job</td>
<td>High risk in “helping professions”</td>
</tr>
<tr>
<td>Symptoms affect job performance</td>
<td>Symptoms job performance, the organization and personal life</td>
</tr>
<tr>
<td>Symptoms are not trauma related</td>
<td>Symptoms are directly trauma related</td>
</tr>
<tr>
<td>Can easily be remedied with time off, change in schedule/routine, etc.</td>
<td>Can only be remedied by addressing the impact of trauma at work, at home, and “in the world”</td>
</tr>
<tr>
<td>Widely accepted and accommodated in most work places</td>
<td>Often mistaken for burn out or dismissed as a “personal problem” and not addressed at the workplace</td>
</tr>
</tbody>
</table>
Some Risk Factors for Vicarious Traumatization:

You are at greater risk if you:

✓ Work with child survivors of trauma
✓ Lack training in dealing with trauma, violence & their outcomes
✓ Work where encountering “victims” is not typically expected
✓ Have high ideals for making change
✓ Have the personality traits of compassion and empathy
✓ Have past unresolved trauma (risk for re-stimulation/PTSD symptoms)
✓ Work with large numbers of traumatized or victimized people (volume!

How you know if you are affected:

SYMPTOMS OF V.T.:

**Re-experiencing** (*Intrusive*)
Recalling the traumatic event/traumatized person at unexpected times.

Dreams/Nightmares related to event/person

Flashbacks

Reminders of event/person cause you discomfort or distress

**Avoidance/Emotional Numbing**
Efforts to avoid thoughts/feelings about event/person

Efforts to avoid activities/situations that remind you of event/person

Forgetting parts of the event (psychogenic amnesia)

Decreased interest in activities that used to interest you

Detachment/estrangement from others

Diminished affect

Sense of a foreshortened future
Physiological arousal
Sleep problems
Irritability
Problems concentrating
Hyperalertness
Exaggerated startle response
Increased physiological reactivity to cues of the event/person

Disruptions in affect regulation
Difficulties tolerating and managing strong emotions
Difficulty soothing and calming oneself
Dissociative/numbing responses to strong emotions (flat)

Interpersonal problems
Difficulty setting limits and maintaining boundaries
Difficulties with intimacy
Less open emotionally to others
Feel others cannot understand
Unable to experience unconflicted desire/pleasure
Problems trusting others
Problems holding others in high esteem

Energetic Vulnerabilities
Disequilibrium of chi, prana
Increased vulnerability to immune system malfunction, chronic muscular tightness, fatigue, etc.
Other changes in our “inner world”
Problems holding high esteem for ourselves
Decreased sense of safety
Difficulties with trust/control

Disruptions in our frame of reference:
- Identity
- World view
- Spirituality
- Hope

"Vicarious traumatization also carries a social cost... Unaddressed vicarious traumatization, manifest in cynicism and despair, results in a loss to society of hope and the positive actions it fuels. This loss can be experienced by our clients, as we at times join them in their despair; by our friends and families, as we no longer interject optimism, joy, and love into our shared pursuits; and in the larger systems in which we were once active as change agents, and which we may now leave, or withdraw from emotionally in a state of disillusionment and resignation.”
(Pearlman & Saakvitne, 1995, p.33)
What to do about it:

The ABC’s of Prevention & Healing

Awareness

Understand that you are at great risk for developing symptoms of V.T.
Recognize & normalize your symptoms.
Be attuned to your needs, limits, emotions and resources.
Practice mindfulness & acceptance.

Balance

Strive for balance among activities ~ Work, Play, & Rest.
EVEN IF THIS FEELS UNNATURAL!

Connection

Connect to yourself, to others, and to something larger.

Communicate as a way to connect and to break the silence of unacknowledged pain.

Connection with others offsets isolation and increases validation and hope.
For effective treatment and prevention, V.T. must be addressed in all 3 realms.

**Personal**
SHARE!
Make your personal life your priority
Seek out non-work related friends & activities
Use your creativity
Value leisure time & activities as of vital importance
Use a professional
Re-connect to your spirituality
Attend a support group for people who work with trauma survivors

**Professional**
Laughter {Beware of healthy humor becoming hurtful sarcasm.}
Vent appropriately {Beware of healthy venting becoming cynicism.}
Vary the rhythm of the day
Nurture colleagueship
Take breaks
Move!
Seek supportive supervision
Acknowledge co-workers' good work

**Organizational**
Understand V.T. as an organizational responsibility – **NOT an individual problem**
Acknowledge the risks of V.T. as inherent to our work
Make space for peer support – Formally and informally
Practice RESPECT as a rule – for coworkers, “clients” & selves
Balance work load
Develop system for acknowledgment
Commit to an agency environment of addressing V.T. (including education and
V.T.-specific forums)
Commit to an agency environment of addressing burn out
## The Personal Impact of Vicarious Trauma

<table>
<thead>
<tr>
<th>COGNITIVE (What you think)</th>
<th>EMOTIONAL (How you feel)</th>
<th>BEHAVIORAL (What you do)</th>
<th>SPIRITUAL (What you believe)</th>
<th>INTER-PERSONAL (How you relate)</th>
<th>PHYSICAL (What your body does)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confusion</td>
<td>Anxiety</td>
<td>Clingy - Cold</td>
<td>Loss of “purpose” in life</td>
<td>Withdrawn</td>
<td>Aches &amp; pains</td>
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<tr>
<td>“Spaciness”</td>
<td>“Ups &amp; Downs”</td>
<td>Moody</td>
<td>Anger at God/H.P.</td>
<td>Over-protectiveness</td>
<td>“Shock”</td>
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<tr>
<td>Trauma Imagery</td>
<td>Anger/Rage</td>
<td>Nightmares</td>
<td>Questioning prior beliefs</td>
<td>Mistrustfulness</td>
<td>Dizziness</td>
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<tr>
<td>Rigidity</td>
<td>Numbness</td>
<td>Impatience</td>
<td>Pervasive sense of hopelessness</td>
<td>Decrease in intimacy/sex</td>
<td>Difficulty breathing</td>
</tr>
<tr>
<td>Apathy</td>
<td>Overwhelm</td>
<td>Appetite change</td>
<td></td>
<td>Isolated</td>
<td>Somatic complaints</td>
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<tr>
<td>Self-Doubt &amp; Minimization</td>
<td>Fear</td>
<td>Hypervigilance</td>
<td></td>
<td>Projecting anger/blame</td>
<td>Impaired immune system</td>
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<tr>
<td>thoughts of harming others or self</td>
<td>Depression</td>
<td>Increased startle response</td>
<td></td>
<td>Intolerance</td>
<td>functioning</td>
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<tr>
<td>Disorientation</td>
<td>Survivor’s Guilt</td>
<td>Negative coping</td>
<td></td>
<td>Loneliness</td>
<td>Rapid heartbeat</td>
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<td></td>
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<td>Sleep disturbances</td>
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</tr>
</tbody>
</table>
Self-Care

Rate the following areas in frequency

5 = Frequently
4 = Occasionally
3 = Rarely
2 = Never
1 = It never occurred to me

Physical Self-Care

☐ Eat regularly (e.g., breakfast, lunch, and dinner)
☐ Eat healthily
☐ Exercise
☐ Get regular medical care for prevention
☐ Get medical care when needed
☐ Take time off when sick
☐ Get massages
☐ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
☐ Take time to be sexual—with yourself, with a partner
☐ Get enough sleep
☐ Wear clothes you like
☐ Take vacations
☐ Take day trips or mini-vacations
☐ Make time away from telephones
☐ Other:

Psychological Self-Care

☐ Make time for self-reflection
☐ Have your own personal psychotherapy
☐ Write in a journal

Transforming the Pain: A Workbook on Vicarious Traumatization
Saakvitne, Pearlman, & Staff of TSI/CAAP (Norton, 1996)
Read literature that is unrelated to work
Do something at which you are not expert or in charge
Decrease stress in your life
Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
Let others know different aspects of you
Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theater performance
Practice receiving from others
Be curious
Say no to extra responsibilities sometimes
Other:

Emotional Self-Care
Spend time with others whose company you enjoy
Stay in contact with important people in your life
Give yourself affirmations, praise yourself
Love yourself
Reread favorite books, re-view favorite movies
Identify comforting activities, objects, people, relationships, places and seek them out
Allow yourself to cry
Find things that make you laugh
Express your outrage in social action, letters, donations, marches, protests
Play with children
Other:

Transforming the Pain: A Workbook on Vicarious Traumatization
Saakvitne, Pearlman, & Staff of TSI/CAAP (Norton, 1996)
Spiritual Self-Care

- Make time for reflection
- Spend time with nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nonmaterial aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to you and notice its place in your life
- Meditate
- Pray
- Sing
- Spend time with children
- Have experiences of awe
- Contribute to causes in which you believe
- Read inspirational literature (talks, music, etc.)
- Other:

Workplace or Professional Self-Care

- Take a break during the workday (e.g., lunch)
- Take time to chat with co-workers
- Make quiet time to complete tasks
- Identify projects or tasks that are exciting and rewarding
- Set limits with clients and colleagues
- Balance your caseload so no one day or part of a day is “too much”
- Arrange your work space so it is comfortable and comforting

Transforming the Pain: A Workbook on Vicarious Traumatization
Saakvitne, Pearlman, & Staff of TSI/CAAP (Norton, 1996)
Assessment Worksheet 4 continued  (PAGE 4 OF 4)

- Get regular supervision or consultation
- Negotiate for your needs (benefits, pay raise)
- Have a peer support group
- Develop a non-trauma area of professional interest
- Other:

Balance

- Strive for balance within your work-life and workday
- Strive for balance among work, family, relationships, play, and rest

Other Areas of Self-Care that are Relevant to You

Transforming the Pain: A Workbook on Vicarious Traumatization
Saakvitne, Pearlman, & Staff of TSI/CAAP (Norton, 1996)
Everything you ever wanted to know about playing the Stress Management Game...

• The Game: Take four weeks to focus on taking steps toward personal progress.

• The Rules:

  ✓ Each day try to get at least 15 points on the grid of activities.

  ✓ Use weekend days to boost your points for the week.

  ✓ Use the blank rows at the bottom of the table to add daily habits that you would like to work on.

  ✓ Take no more than three “activity free days” to opt out of accumulating points.

  ✓ Enlist a buddy to play the game with you.

• The Winners: Everyone who plays the game for the entire four weeks!

• Super Winners: Anyone who plays the game for 90 consecutive days!
# Stress Management Game

<table>
<thead>
<tr>
<th>Dates:</th>
<th>Pts</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrating with Water</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Healthy Eating</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time outside</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Exercise</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Rest Break</td>
<td>5</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relaxation/Meditation</td>
<td>10</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Quiet time/Wind Down 30 Minutes Before Going to Bed</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Seek Support from Others</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decompress/Debrief/Neutralize Activating Incidents</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Zap a Reaction or Redirect Anger or Frustration</td>
<td>10</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use Play or Humor to Lighten Things up/Balance Things Out</td>
<td>5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Help a Colleague, Relative, or Friend by Being a Good Listener/Witness and Resisting Being the “Rescuer” or “Victim”</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Recognize Another for a Job Well Done</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Acknowledge Yourself for a Job Well Done</td>
<td>5</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Under-Commit Your Time and Energy</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seek Professional Help, When Needed</td>
<td>15</td>
<td></td>
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</tbody>
</table>

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Total Points for the Week

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Barbara J. Thomas, MA  
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Bjim@clinicalpsy@sbcglobal.net
# SELF-CARE AND MANAGING STRESS

<table>
<thead>
<tr>
<th>SOURCES OF STRESS:</th>
<th>STRATEGIES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Confidence</td>
<td>Utilize supervision, peers</td>
</tr>
<tr>
<td></td>
<td>Realize your own strengths</td>
</tr>
<tr>
<td></td>
<td>Seek mentors and practice skills</td>
</tr>
<tr>
<td></td>
<td>Seek training, observe others, read</td>
</tr>
<tr>
<td>Personal Sore Spots</td>
<td>Know your “buttons”</td>
</tr>
<tr>
<td></td>
<td>Desensitize yourself (write the most troubling things a survivor could say/do and rehearse your response)</td>
</tr>
<tr>
<td></td>
<td>Find a colleague for practice and support</td>
</tr>
<tr>
<td>Built-up Stress</td>
<td>Be aware of your own limits</td>
</tr>
<tr>
<td></td>
<td>Know the signs of burn-out</td>
</tr>
<tr>
<td></td>
<td>Attend to your needs for leisure, socialization, rest, and pleasure</td>
</tr>
<tr>
<td></td>
<td>Know when to ask for help</td>
</tr>
<tr>
<td>Physical Responses</td>
<td>Practice relaxation</td>
</tr>
<tr>
<td></td>
<td>Take slow, deep breaths</td>
</tr>
<tr>
<td></td>
<td>Progressive muscle release</td>
</tr>
<tr>
<td></td>
<td>Maintain a neutral expression</td>
</tr>
<tr>
<td></td>
<td>Keep your voice calm and ready</td>
</tr>
<tr>
<td>Organizational/Administrative</td>
<td>Clarify agency policies</td>
</tr>
<tr>
<td>Confusion</td>
<td>Know and practice safety procedures</td>
</tr>
<tr>
<td></td>
<td>Supervisors should advocate for staff safety</td>
</tr>
<tr>
<td></td>
<td>Initiate a “buddy” system</td>
</tr>
<tr>
<td></td>
<td>Establish liaisons with police</td>
</tr>
</tbody>
</table>

*Day IV Handout – Self-Care and Managing Stress*
Defining Vicarious Trauma

- A change in a service provider’s inner experience as a result of empathic engagement with survivors of trauma and hearing their story.

- Changes that occur in the service provider’s physical, emotional, and/or behavioral states as a result of exposure to traumatic stories or events.

Causes of Vicarious Trauma

- Exposure to stories of trauma
- Desire to help/change survivor’s situation
- Feeling powerless when a service provider does not see positive changes in the survivor’s situations
- Overly identifying with survivors
- Thinking we have the power to change the survivor’s situations

Dealing with Vicarious Trauma

Some ways in which people have found it helpful to prevent and manage vicarious trauma include:
- Awareness – being attuned to one’s needs, limits, emotions and resources; practice self-acceptance.
- Balance – maintaining balance among activities, especially work, play, and rest.
- Connection – maintaining supportive relationships; communication is part of connection and breaks the silence of unacknowledged pain; these connections help prevent isolation and increase validation and hope.
TEN BELIEFS THAT PREVENT HELPERS FROM GETTING HELP!

WE BELIEVE:

1. We should not experience personal problems…that we know better!

2. We view personal problems as a sign of inadequacy or failure.

3. We think that there is no safe place for us to get help.

4. We should be aware of all helping resources for all problems.

5. We have helping skills and can take care of ourselves.

6. We often intellectualize and/or disassociate from the emotional impact of our problems.

7. We often counsel family, friends, and significant others…a violation of boundaries.
8. We feel responsible for and often take the blame if a family member or significant other has a personal problem.

9. We feel embarrassed to seek help from fellow professionals.

10. As a result of the above, we often wait longer than others to let people help and often sabotage our own treatment.

Professional helpers often share the above characteristics. Early family experience may have contributed to becoming a caretaker at an early age and continuing that role into adulthood. It may also be a factor of being part of a small community (professional or social) where everyone knows everyone else.
How can our organizations and work environments support us?

- supervision
- group case review
- self-care groups
- paired debriefings
- group and team building exercises

- other?
DAILY EVALUATION FORM

TODAY’S DATE _________

1) How valuable were today’s sessions for you, based on a scale of 1 to 5?
   (1 = not valuable at all; 5 = extremely valuable)
   
   _________ _________ _________ _________ _________
   1         2         3         4         5

2) Identify 3 things from today that will be useful to you in your job.
   a. ________________________________________________________
   b. ________________________________________________________
   c. ________________________________________________________

3) Please provide any comments or recommendations regarding the content of
   today’s training.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4) Please feel free to write any additional comments here.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
## Responses as Guide to Action: Working with Victims of Domestic Violence

### Emotional Response

<table>
<thead>
<tr>
<th>The Victim’s Response</th>
<th>The Worker’s Response</th>
<th>For the Victim</th>
<th>For Yourself</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fear</strong></td>
<td><strong>Denial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of getting hurt again or being rejected by those close to her or by institutional personnel. Of being injured or killed. Specific phobias can develop.</td>
<td>Of the seriousness or even the existence of the problem. May put problem outside of her. She may say “this can’t be happening” or “I have a problem; he doesn’t.”</td>
<td>Offer medical attention, safety options e.g., shelter, moving, living with friends. Listen to her fears. Help her anticipate dangers and plan for safety. Secure your work environment.</td>
<td>Do not discount any fears, they are based on reality. Establish safety procedures; 1) People who will look out for you. 2) Self-defense courses</td>
</tr>
<tr>
<td><strong>Overwhelmed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By lack or total inadequacy of options and resources. By feelings of terror, rage, helplessness. By urgency of need to drastically change her entire life, e.g., move, find new schools, new job. By other people’s expectation.</td>
<td>By lack or total inadequacy of options and resources for victims. By hearing too many painful, scary stories. By anxiety because you cannot control client’s fate. By anxiety because victim’s safety is questionable.</td>
<td>Help her mobilize a support network. Help her prioritize and focus on safety as the primary concern. Help client articulate goals. Point out her personal strengths.</td>
<td>Establish realistic goals. Try to determine your own limits and personal needs. Talk out feelings. Check out your expectations for yourself and for clients. Use support networks for yourself and victim.</td>
</tr>
<tr>
<td><strong>Discouragement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being beaten down by having ventured forth before and finding that nothing worked. Constant confrontation with institutional indifference or hostility. Support systems will not come through and she may feel unable to mobilize herself anymore.</td>
<td>Cannot do anything for victim. Victim’s discouragement may produce overwhelming anxiety about your own helplessness. Violence makes you acutely aware of how helpless you can be.</td>
<td>Do not establish goals for client based upon your definition of “what’s best.” Help her see that there are alternatives. Try to understand the significance of even small steps. Help her believe she can regain control over her life.</td>
<td>Try to establish specific areas where you and victim can succeed. Share your concerns. Feel mastery in your job; know resources, helpful counseling ideas and what has worked for other programs.</td>
</tr>
<tr>
<td><strong>Ambivalence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May question whether or not she should leave or terminate the relationship. Partner may be both loving and violent. She may have to make drastic life style changes and feels legitimately ambivalent about them.</td>
<td>May question whether or not victim should “break up family.” May feel ambivalent about getting involved with victims.</td>
<td>Acknowledge ambivalence. Do not push her to change. She must make her own choices and resolve conflictual feelings. Allow her to express her ambivalence, and accept it.</td>
<td>Examine the sources of your ambivalence, value systems, societal pressure, stereotypes, etc. Acknowledge your own ambivalence. Do not avoid talking about client’s ambivalence: accept it as part of the deal.</td>
</tr>
</tbody>
</table>
MY GREAT WORTH

Objective: To overcome barriers that keep advocates/service providers from receiving the full measure of self-esteem and self-worth available from their work.

Imagine yourself at an awards ceremony. What is it that you most wish someone from each of the following three categories would say about you and the work you have done?

An important supervisor:

A special survivor you once worked with:

A family member:

Day IV Activity Sheet – My Great Worth
Case Vignettes

Sara is a 23-year-old woman who frequently wakes up in the middle of the night after having nightmares about a child being forced to have sex. Rarely does she have a full night’s sleep and usually spends her days at work exhausted and irritable. Often she finds herself feeling anxious when she sees a young child with her father and wonders whether the parent has molested the child.

Ellen is a 25-year-old woman who has difficulty concentrating at work. She often keeps to herself and rarely speaks to her co-workers. Often she seems nervous and jumpy when someone approaches her to ask her a question. She seldom socializes outside of work and feels afraid of most men, thinking that they are probably abusive. She often finds herself crying at the slightest thing.

What do Ellen and Sara have in common?
EMPATHY vs. SYMPATHY

EMPATHY

Empathy is a psychological identification with or attempt to understand the feelings, thoughts, or attitudes of another person. It is the attempt to put oneself in the survivor’s shoes.

SYMPATHY

Sympathy is the ability to share the feeling of another, especially in sorrow or trouble, as in compassion or commiseration. Sympathy describes a quality of relations between people or things whereby whatever affects one also affects the other. Sympathy also implies that the service provider feels sorry for the survivor.

EMPATHY

• An intellectual/personal understanding
• A professional distance
• Maintenance of objectivity
• Compassion without companionship
• Leaves room for EMPOWERMENT of the survivor
SYMPATHY

- Emotional identification
- Loss of objectivity
- Personal attachment
- Compassion and companionship
- Open to co-dependency
- Can take power away from the survivor
Burnout, vicarious traumatization and its prevention

What is burnout, what is vicarious traumatization?

Christian Pross, MD*

Abstract
Previous studies on burnout and vicarious traumatization are reviewed and summarized with a list of signs and symptoms. From the author’s own observations two histories of caregivers working with torture survivors are described which exemplify the risk, implications and consequences of secondary trauma. Contributing factors in the social and political framework in which caregivers operate are analyzed and possible means of prevention suggested, particularly focussing on the conflict of roles when providing evaluations on trauma victims for health and immigration authorities.

Caregivers working with victims of violence carry a high risk of suffering from burnout and vicarious traumatization unless preventive factors are considered such as: self care, solid professional training in psychotherapy, therapeutic self-awareness, regular self-examination by collegial and external supervision, limiting caseload, continuing professional education and learning about new concepts in trauma, occasional research sabbaticals, keeping a balance between empathy and a proper professional distance to clients, protecting oneself against being mislead by clients with fictitious PTSD. An institutional setting should be provided in which the roles of therapists and evaluators are separated. Important factors for burnout and vicarious traumatization are the lack of social recognition for caregivers and the financial and legal outsider status of many centers. Therefore politicians and social insurance carriers should be urged to integrate facilities for traumatized refugees into the general health care system and centers should work on more alliances with the medical mainstream and academic medicine.

Key words: burnout, vicarious traumatization, care for caregivers

Introduction
Symptoms of burnout include apathy, feelings of hopelessness, rapid exhaustion, disillusionment, melancholy, forgetfulness, irritability, experiencing work as a heavy burden, an alienated, impersonal, uncaring and cynical attitude toward clients, a tendency to blame oneself coupled with a feeling of failure (Table 1). Such phenomena are quite familiar from the normal health care system. Who has not experienced, as a patient or accompanying family member in a doctor’s office or hospital, how impersonally and with what disinterest one is at times treated, and in what an insensitive and cynical tone doctors speak of suffering and illness!

A few years ago, a young doctor documented conversations between surgeons and OR nurses during operations in British hospitals and found distressing incidents...
of contempt and obscenity. Beyond the indignation, the question arises of how this behavior can be explained. A certain amount of professional cynicism, and this is true of other professions as well, apparently serves to relieve tension and stress and helps deal with the accumulated misery and suffering with which personnel are confronted day after day in a medical environment. The line is crossed when cynicism turns into brutalization and contempt, which affects care and harms the patients. Helping has not only a noble and charitable side, but also an aggressive aspect. The following will discuss this in greater detail.

Johan Lansen has pointed out that people working with survivors of torture experience symptoms that go far beyond the usual burnout. In addition to burnout, such aid workers, like their clients, may develop symptoms of posttraumatic stress disorder (PTSD), with sleep disorders and threatening nightmares. This results in feelings of great vulnerability. Fears may arise in which less significant daily events are suddenly experienced as threatening. A growing feeling of alienation may set in, accompanied by withdrawal and isolation. The person no longer feels understood by friends and relatives and loses the confidence that good is still possible in the world; at home, they are quiet and withdrawn, cannot regain previous feelings of security, and are disillusioned by humanity. These manifestations are known as vicarious traumatization of members of healing professions.3

Based on their studies on incest survivors Laurie Anne Pearlman and Karen Saakvitne define vicarious traumatization as a transformation of the helper’s inner experience, resulting from empathic engagement with a client’s trauma material.4

**Studies of vicarious traumatization**

There have so far been few studies of burnout and vicarious traumatization among those who treat victims of extreme violence. McCann and Pearlman5, who coined the phrase “vicarious traumatization,” advocate the “infection model.” The authors postulate that the patients’ tormenting flood of memories, their nightmares, fears, despair and distrust, infect the therapist. As typical symptoms of vicarious traumatization, they see depression, cynicism, boredom, loss of sympathy and empathy, dejection. Danieli and Miller advocate a similar model, in the sense of “infectious trauma” or “emotional infection.”6 Figley7 speaks of secondary traumatic stress reactions or “compassion fatigue” among therapists, manifested in feelings of faintness, confusion, and isolation from friends and relatives, which can create the same symptoms as PTSD and distinguishes this from chronic burnout syndrome, which can occur in all aid professionals (Table 2). Kleinman and Maeder call secondarily-traumatized therapists “wounded healers.”8 These are people who, through their own traumatic experiences, possess a greater capacity for empathy; however, their need to heal others helps them avoid contact with their own unprocessed traumas.

Wilson and Lindy9 see these occurrences

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**Table 1. Signs and symptoms of burnout (Lansen, Fineman and Maslach).**

<table>
<thead>
<tr>
<th>Sign</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apathy</td>
<td>Feeling of hopelessness</td>
</tr>
<tr>
<td>Feeling of hopelessness</td>
<td>Rapid exhaustion</td>
</tr>
<tr>
<td>Rapid exhaustion</td>
<td>Disillusionment</td>
</tr>
<tr>
<td>Disillusionment</td>
<td>Melancholy</td>
</tr>
<tr>
<td>Melancholy</td>
<td>Forgetfulness</td>
</tr>
<tr>
<td>Forgetfulness</td>
<td>Irritability</td>
</tr>
<tr>
<td>Irritability</td>
<td>Experiencing work as a heavy burden</td>
</tr>
<tr>
<td>Experiencing work as a heavy burden</td>
<td>Alienated, impersonal, uncaring and cynical attitude towards clients</td>
</tr>
<tr>
<td>Alienated, impersonal, uncaring and cynical attitude towards clients</td>
<td>Tendency to blame oneself</td>
</tr>
<tr>
<td>Tendency to blame oneself</td>
<td>Feeling of failure</td>
</tr>
</tbody>
</table>
as lapses in the patient-therapist relationship with a summation of negative or positive countertransference reactions. On the one hand, this can manifest itself in too much detachment on the part of the therapist, who no longer shows empathy and withdraws into an intellectualizing, apparently neutral posture. On the other hand, it can be expressed in the therapist’s undistanced over-identification with the patient, which leads him or her to act in concert with the patient, a disabling exaggeration of care that results in mutual dependence.

Hoppe’s study of this dynamic focused on the relationship between evaluators and test subjects based on his experience as an evaluator of concentration camp survivors in the 1950s and 1960s. He distinguished four typical attitudinal patterns on the part of evaluators:

1) Total denial. The evaluator identifies with the aggressor and fends off his own fear,

2) Rationalization. The evaluator’s attitude seems open and well-meaning, but he then finds no connection between the persecution and the suffering from a scientific standpoint. His lip service of understanding to the suffering helps to relieve his feelings of guilt, while the “objective” conclusions guarantee recognition as a reasonable, unbiased evaluator by the German authorities and German colleagues. Victims would associate this type of evaluator with the “nice SS man” who offered them a cigarette during interrogation.

3) Overidentification with the victim. The evaluator ties the victim to him and thus satisfies his own narcissistic and omnipotent needs. Because of his subjective and polemic statements, his evaluations are generally not recognized by the reparations offices, and thus this type of evaluator disappoints the high hopes that he raises in the victims. Hidden behind his sympathy and exaggerated empathy with the survivors is a hatred of the Nazis, who destroyed his own hopes, as well as anger at himself for not fulfilling these hopes.

4) Controlled identification. This position represents the ideal evaluator, who withholds his own judgment, sees the unbelievable experiences of concentration camp survivors as possible and credible, does not shut himself off from the unbearable terror of which he is told, feels empathy, but also observes himself critically and perceives countertransference phenomena and his own defense mechanisms.10

Studies on helper personalities and burnout
Studies by Hawkins and Shohet,11 Rioch, et al., and Guggenbühl-Graig12 on helper
personalities make possible an even more far-reaching understanding of the causes of burnout. They postulate that no one acts for purely altruistic reasons in entering a helping profession, and show that it is the dark sides of the personality that can lead to early burnout, if suppressed and left unprocessed. They include in this dark side a hidden urge for power on the part of the helper, as the “healthy” one superior to the “sick and helpless” client. Power over the client helps the helper to conceal and avoid his or her own feelings of helplessness and incapacity. Thus, for example, a helper will attempt to overcome his or her own feelings of helplessness by devoting hectic activity to clients, fighting for them with the authorities, and, in his or her role as the omnipotent rescuer, essentially reducing them to the role of a child. Such altruistic care of a cancer patient can help ward off fear of one’s own death. A helper who takes on too many clients, groaning under a too-great workload and refusing to accept the support and help of colleagues, is trying through addictive overactivity to defend against his or her own neediness. Another dark side of the “selfless” helper is narcissistic lust for glory and honor, for idolization by thankful clients. A final aspect, which is particularly taboo, is a person’s own violent side. A helper who has taken on the care of violent psychotics, suicides and drug addicts may have done this because, out of unconscious motives, he acts out and controls his dark side with the help of his patients: his hidden murderous impulses, paranoid fears, confusion and despair.

**Two examples**

**Case history 1**

In his last years of practice, an expert on the evaluation of concentration camp survivors underwent an about-face in his evaluation practice. Until then, he had pled for a finding of persecution harms even in doubtful cases, but now, even in obvious cases of survivor syndrome, he would conclude that they involved early-childhood psychological damage in the form of neurotic disturbance, which had simply been worsened temporarily by persecution. His evaluations came to public attention and an organization of concentration camp survivors complained to the reparations offices about what they considered his tendentious evaluations. His colleagues reported that in recent years he had withdrawn more and more from clinical work, isolated himself, and refused inquiries from colleagues and invitations to professional lectures. The tone of his evaluations was covertly aggressive towards the applicants. A colleague who was relatively close to him believed he detected depression. Thus, he said, the doctor in question had frequently expressed doubts about the results of his work as a psychiatrist and downplayed the unquestioned success of his reforms in the anachronistic German system of psychiatric care. After his retirement he brusquely burnt all bridges to his colleagues and died shortly thereafter. It must also be mentioned that this man had been a pioneer in his field; he had played an important role in the heated debates and scientific battles over so-called concentration camp syndrome in the 1960s and 1970s and had taken on the big names in German psychiatry, infected as they were by the racial-hygiene spirit of Nazism. How could one explain this about-face in his later years? My remarks are hypothetical, but there is much evidence that this colleague suffered from burnout. He had given his all in a grueling debate fought with no punches pulled, both professionally and on a political and legal level. He and other pioneers of the psychopathology of persecution were publicly defamed as unreliable evaluators who gave out positive evaluations as fa-
He may have come to a point where he was tired of being an outsider and hoped finally to be accepted by the academic mainstream. Perhaps he had also been manipulated by some of his clients. A small number of faked instances of persecution harms may have triggered a backlash, and from then on he received each applicant with great mistrust.

**Case history 2**

A psychologist who had made a name evaluating traumatized refugees and fighting with the authorities became, over the years, more and more the addressee for refugees who had problems with residency permits. In the country she came from, she herself had been subject to political persecution, but she spoke with evident disdain of her compatriots and claimed that the majority of them exaggerated and had not experienced particularly grave persecution. She took no patients from her homeland, only particularly difficult cases from other countries. Her office was packed during office hours. She would go through fire for her clients and for many took on the role of mother and friend. She took more applications for statements and evaluations than she could handle. Her very careful, convincing evaluations helped many people gain residency permits. For some clients, she functioned as both therapist and evaluator, which led to unresolvable conflicts of roles and loyalties. Like a typical workaholic, she worked to the brink of exhaustion for her clients. At the same time, she gained a narcissistic benefit: she is revered by her grateful clients like a cult figure and in this way satisfies her need for love and friendship. The fact that her evaluations help many clients to achieve residency status in court gives her a feeling of power and fantasies of being an omnipotent rescuer. In turn, this raises the expectations of her clients, and word gets around that she is a life preserver for hopeless cases. She is overwhelmed with clients. When her clients lead her astray and she is exposed and exploited in court, she is forced to the painful realization that this cannot end well, that it will all fall apart sooner or later, and that the clients are not her friends. Eventually she reaches her limit, her altruistic attitude changes, she is aggressive towards clients and colleagues and escapes into illness. Additionally, her over-identification and over-involvement with the victims was accompanied, as in Hoppe, by anger at herself for not doing enough against violence and its consequences.

In one of the big rallies in the mid 1990s against xenophobic and racist Neonazi
violence in Germany a slogan was carried saying: „Dear foreigners please protect us against these Germans!” Many caregivers of the postwar generation in Germany are driven by the wish to make up for the crimes of the Nazi parent generation. The slogan can be read as an appeal to foreign immigrants to absolve Germans from the sins of their Nazi parents.15

It is frequently observed that beginners in the field of psychotraumatology are in danger of starting off with highly inflated expectations. They are full of illusions that this work can help them battle the causes of violence in general or that their clients can be completely healed. This makes their disappointment all the greater when these expectations are not fulfilled and it turns out instead that the labour is often Sisyphean, marked by frequent setbacks, and that the criteria for success must be set very low.16

Social aspects
I would like to add something that is lacking in the studies mentioned here: One cause of burnout in helpers who work with traumatized people is their low level of social recognition, especially in the professional establishment. Such recognition, expressed in things as profane as titles, positions and salaries, nevertheless plays a major role in the psychological health of the helper. To return to the first case history: the doctors who dealt with the suffering of concentration camp survivors in the years immediately following the war were a small minority, unrecognized by the medical academic mainstream. They pursued their studies on their own, without institutional support. The subject was taboo in society, and it did not further one’s career. Only much later did a few of them receive academic honors. The same is true today for colleagues who deal with torture victims and traumatized refugees. Their outsider position is apparent in the very fact that their institutions exist in a gray area outside of the normal health care system and the universities, and are understaffed and very modestly financed. Thus the people who work there feel like hamsters on a wheel. They work very hard, possess an enormous amount of knowledge and experience for which they are not well paid, and earn neither the interest nor the recognition of the professional world. They have little possibility of professional advancement. On the contrary: the subject of psychotraumatology is controlled by others who make careers with client populations that are easier to sell, such as victims of crime and traffic accidents. The issue is power and influence in society: who determines the prevailing scholarly views, who has the authority to interpret in the field of psychotraumatology? Colleagues from facilities for traumatized refugees often find their evaluations nullified by colleagues who have much less experience with these specific clients, but are considered more credible by courts and agencies merely because of their academic titles or important positions in the profession.

On the other hand, this outsider existence also has its fascinations. Torture is a taboo subject that is given a wide berth by normal people and society. They delegate the responsibility for doing something about it to institutions like centers for torture victims. There is something heroic, pioneering, missionary about the work. One is admired for this, but also dismissed as an exotic idealist. This is seductive, and it promotes narcissistic overestimation of the self. The danger exists of losing sight of reality; an elite team spirit develops in which the outside world is seen as hostile, or flatly separated into good and evil. This exaggerated self-image inevitably breeds disappointment that can be expressed in conflicts among col-
leagues. In principle, a treatment center for torture victims is a socio-medical service like any other, like child protection centers, addiction clinics, pain clinics, etc. If such centers became part of the normal health and welfare systems, this would reduce the idealistic overload and exaggerated expectations and would ease the pressure on the staff. In the Netherlands, treatment of traumatized refugees was integrated years ago into the general health care system. This form of social recognition and integration has led to noticeable relief and increased professionalization.

The overburdening of the evaluator role in the residency process

The terrible stories that confront therapists and evaluators of torture survivors create spontaneous feelings of sympathy and a strong impulse to help. One is tempted to do anything possible to ease the persons’ suffering and guarantee them a secure life in exile. The risk of losing professional detachment is great. In the eyes of the subjects, the evaluator has enormous power, which can mean life or death in a residency procedure: residency means life, deportation means death. This puts massive pressure on the doctor or psychologist and, from the subject’s point of view, shifts onto him a responsibility that is not his. I believe that the high risk of burnout for evaluators of the traumatized is also a result of this extreme tension, of the excessive demands that follow from the role of omnipotent judge and savior that is thrust upon him. Yet it is not his job to judge the subject’s credibility or the plausibility of his story of persecution, like a criminologist. The final decision is made by the judge. The authority of the doctor or psychologist, as a clinical evaluator, consists exclusively in recognizing illness, diagnosing it, and assessing causation based on patient history and clinical and psychological test results. Especially in psychology and psychosomatics, one finds oneself here in the realm of probabilities.

Like the reparations offices for Nazi persecutees in the past, however, the agencies – state foreigners’ offices, the federal office for recognition of foreign refugees, and the pension offices (for former East German political persecutes) – require so-called “objective” information and findings.

The temptation to take an overly biased position in favor of the subject lies precisely in this overburdening of the evaluators’ role. It also lies perhaps in latent feelings of guilt for being confronted from a secure position of privilege in a rich country of refuge with a person who has lost everything, partly because of actions by the country of refuge (weapons sales, economic assistance, restrictive asylum laws). Evaluators are under heavy moral pressure and fear the envy and aggressive reaction of the subject in case of a negative judgment. They may also fear being seen as heartless and being blamed for the subject’s deportation and delivery to his tormentors. Negative transference where the therapist finds himself in the role of the perpetrator are particularly hard on therapists working with trauma victims. Not infrequently, colleagues who, in the process of an evaluation, reach a result other than the one desired by their subjects are berated and morally pressured by them. One refugee rejected by the treatment center took over the waiting room for days, slept by the entrance, repeatedly forced his way into the colleagues’ office to show his scars, and complained to the director of the center that he was being treated like an animal.

As with treatment, there are also too few facilities and experts to evaluate reactive psychological trauma results. All facilities are overbooked and have long waiting lists. This is partly because refugees who have given up
everything in their home countries and find themselves here in exile at the lowest end of the poverty scale are confronted with an asylum process that requires detailed, consistent and coherent biographical histories of persecution. Often, because of their psychological disorders, they are unable to deliver this. The result is a pull in the direction of institutions that deal explicitly with torture. Lawyers and charitable organizations send their clients to centers for traumatized refugees as a last hope, because, supposedly, only an attestation or statement from such a center can help. Doctors and psychologists are utilized for work that lawyers and refugee counselors should actually be doing. But most clients cannot afford a lawyer, and therefore turn to psychosocial facilities that will advise them for free.

**Preventing burnout and vicarious traumatization**

The most important means of preventing burnout and vicarious traumatization in the field of psychotrauma is therapeutic self-awareness through a therapy training course. (Table 3). If this is lacking, it should at least be provided on the job; otherwise, early burnout is inevitable. Regular self-examination with the help of collegial and external supervision is essential for both evaluations and treatment, in order to confront helpers, in a controlled environment, with their dark side. This would aid in determining whether they have become overidentified with their clients and risk losing professional detachment, or whether they have maneuvered themselves into detached avoidance or denial of the trauma. But despite common misperceptions, supervision cannot replace training and self-awareness!

To prevent clients from exploiting and deceiving helpers, limits and proper professional distance must be maintained. The patients’ information should be supplemented by third party information, by comparisons with prior statements to agencies, and the knowledge of human rights organizations about methods of persecution and torture and prison conditions, including data on countries of origin. Several detailed interviews should be held before writing a statement or evaluation, including inquiry into the incidents described from various perspectives, keeping in mind that faked histories generally cannot be maintained consistently over a long period.

A further protection against burnout consists of the institutional and personal separation of therapist and evaluator, which has not been done to a sufficient degree in many facilities due to lack of financial and staff resources. It should be demanded from funders and the responsible authorities. In Berlin, this step has already been taken: the Center for the Treatment of Torture Victims, together with other facilities and the responsible professional associations, conducts a curriculum for diagnosis and treatment of PTSD for doctors and psychologists, at the

<table>
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<th>Table 3. Factors of prevention.</th>
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<td>Self Care – avoid workaholism, time for hobbies, leisure, family and friends</td>
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<tr>
<td>Solid professional training in diagnosis and (psycho)therapy</td>
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<tr>
<td>Therapeutic self-awareness</td>
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<td>Regular self-examination by collegial and external supervision</td>
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<td>Limiting caseload</td>
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<td>Continuing professional education and learning about new concepts in trauma</td>
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<td>Opportunities for research and training sabbaticals</td>
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<td>Keeping a balance between empathy and a proper professional distance to clients Protecting caregivers against being mislead by clients with fictitious PTSD</td>
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<td>Institutional setting in which the roles of therapists and evaluators are separated</td>
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<td>Social recognition for caregivers</td>
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<td>Overcoming financial and legal outsider status of centers</td>
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<td>Integration of centers into the general health care system</td>
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<td>Alliance with medical mainstream and academic medicine</td>
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**SCIENTIFIC ARTICLE**
end of which the participants receive certification. Over the long term, this will increase the hitherto very small number of evaluation experts operating in the state of Berlin, to the point where it will be possible to separate the two functions.

As a further means of prevention, it is important that individuals not be solely involved with evaluating or treating traumatized patients. Many colleagues at centers for traumatized refugees, out of a healthy instinct for self-preservation, have reduced their hours in recent years and set up offices in which they also treat less-ill patients with neurotic disorders. Politicians and social insurance carriers should be urged to integrate facilities for traumatized refugees into the general health care system, as this would in the long run avoid the expensive follow-up costs of in-patient psychiatric care in chronic cases, free the work from its ideological burdens and its niche as an exotic charity, and offer more opportunities for continuing education in other areas. Not infrequently, apathy and disinterest appear in helpers in the midst of their professional careers if they cease to continue their professional education, and instead fall into the familiar rut of routine. This is a further cause of burnout that has rarely been mentioned in the literature.17 Thus a work environment must be created that encourages flexibility and creativity and promotes continuing education and qualification, for example in the form of sabbaticals for research projects and publications.

References and notes
14. The examples are taken from the author’s own observations. Facts and details have been changed.
Suicide

“Why is patience so important? Because it makes us pay attention.”

-Paolo Coelho
The Woman Hanging From The Thirteenth Floor Window
by Joy Harjo

She is the woman hanging from the 13th floor window. Her hands are pressed white against the concrete moulding of the tenement building. She hangs from the 13th floor window in east Chicago, with a swirl of birds over her head. They could be a halo, or a storm of glass waiting to crush her.

She thinks she will be set free.

The woman hanging from the 13th floor window on the east side of Chicago is not alone. She is a woman of children, of the baby, Carlos, and of Margaret, and of Jimmy who is the oldest. She is her mother's daughter and her father's son. She is several pieces between the two husbands she has had. She is all the women of the apartment building who stand watching her, watching themselves.

When she was young she ate wild rice on scraped down plates in warm wood rooms. It was in the farther north and she was the baby then. They rocked her.

She sees Lake Michigan lapping at the shores of herself. It is a dizzy hole of water and the rich live in tall glass houses at the edge of it. In some places Lake Michigan speaks softly, here, it just sputters and butts itself against the asphalt. She sees other buildings just like hers. She sees other women hanging from many-floored windows counting their lives in the palms of their hands and in the palms of their children's hands.

She is the woman hanging from the 13th floor window on the Indian side of town. Her belly is soft from her children's births, her worn levis swing down below her waist, and then her feet, and then her heart. She is dangling.

The woman hanging from the 13th floor hears voices. They come to her in the night when the lights have gone dim. Sometimes they are little cats mewing and scratching at the door, sometimes they are her grandmother's voice, and sometimes they are gigantic men of light whispering to her to get up, to get up, to get up. That's when she wants to have another child to hold onto in the night, to be able to fall back into dreams.
And the woman hanging from the 13th floor window hears other voices. Some of them scream out from below for her to jump, they would push her over. Others cry softly from the sidewalks, pull their children up like flowers and gather them into their arms. They would help her, like themselves.

But she is the woman hanging from the 13th floor window, and she knows she is hanging by her own fingers, her own skin, her own thread of indecision.

She thinks of Carlos, of Margaret, of Jimmy. She thinks of her father, and of her mother. She thinks of all the women she has been, of all the men. She thinks of the color of her skin, and of Chicago streets, and of waterfalls and pines. She thinks of moonlight nights, and of cool spring storms. Her mind chatters like neon and northside bars. She thinks of the 4 a.m. lonelineses that have folded her up like death, discordant, without logical and beautiful conclusion. Her teeth break off at the edges. She would speak.

The woman hangs from the 13th floor window crying for the lost beauty of her own life. She sees the sun falling west over the grey plane of Chicago. She thinks she remembers listening to her own life break loose, as she falls from the 13th floor window on the east side of Chicago, or as she climbs back up to claim herself again.
Understanding and Helping the Suicidal Individual

BE AWARE OF THE WARNING SIGNS

Are you or someone you love at risk of suicide? Get the facts and take appropriate action.

Get help immediately by contacting a mental health professional or calling 1-800-273-8255 for a referral should you witness, hear, or see anyone exhibiting any one or more of the following:

- Someone threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself.
- Someone looking for ways to kill him/herself by seeking access to firearms, available pills, or other means.
- Someone talking or writing about death, dying or suicide, when these actions are out of the ordinary for the person.

Seek help as soon as possible by contacting a mental health professional or calling 1-800-273-8255 for a referral should you witness, hear, or see anyone exhibiting any one or more of the following:

- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped – like there’s no way out
- Increased alcohol or drug use
- Withdrawing from friends, family and society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic mood changes
- No reason for living; no sense of purpose in life

BE AWARE OF THE FACTS

1. Suicide is preventable. Most suicidal individuals desperately want to live; they are just unable to see alternatives to their problems.
2. Most suicidal individuals give definite warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them.
3. Talking about suicide does not cause someone to be suicidal.
4. Approximately 32,000 Americans kill themselves every year. The number of suicide attempts is much greater and often results in serious injury.
5. Suicide is the third leading cause of death among young people ages 15-24, and it is the eighth leading cause of death among all persons.
6. Youth (15-24) suicide rates increased more than 200% from the 1950’s to the late 1970’s. Following the late 1970’s, the rates for youth suicide have remained stable.
7. The suicide rate is higher among the elderly (over 65) than any other age group.
8. Four times as many men kill themselves as compared to women, yet three times as many women attempt suicide as compared to men.
9. Suicide occurs across all age, economic, social, and ethnic boundaries.
10. Firearms are currently the most utilized method of suicide by essentially all groups (male, female, young, old, white, non-white).
11. Surviving family members not only suffer the trauma of losing a loved one to suicide, and may themselves be at higher risk for suicide and emotional problems.

WAYS TO BE HELPFUL TO SOMEONE WHO IS THREATENING SUICIDE

1. Be aware. Learn the warning signs.
2. Get involved. Become available. Show interest and support.
3. Ask if he/she is thinking about suicide.
4. Be direct. Talk openly and freely about suicide.
5. Be willing to listen. Allow for expression of feelings. Accept the feelings.
6. Be non-judgmental. Don’t debate whether suicide is right or wrong, or feelings are good or bad. Don’t lecture on the value of life.
7. Don’t dare him/her to do it.
8. Don’t give advice by making decisions for someone else to tell them to behave differently.
9. Don’t ask ‘why’. This encourages defensiveness.
10. Offer empathy, not sympathy.
11. Don’t act shocked. This creates distance.
12. Don’t be sworn to secrecy. Seek support.
13. Offer hope that alternatives are available, do not offer glib reassurance; it only proves you don’t understand.
14. Take action! Remove means! Get help from individuals or agencies specializing in crisis intervention and suicide prevention.

BE AWARE OF FEELINGS, THOUGHTS, AND BEHAVIORS

Nearly everyone at some time in his or her life thinks about suicide. Most everyone decides to live because they come to realize that the crisis is temporary, but death is not. On the other hand, people in the midst of a crisis often perceive their dilemma as inescapable and feel an utter loss of control. Frequently, they:

- Can’t stop the pain
- Can’t think clearly
- Can’t make decisions
- Can’t see any way out
- Can’t sleep, eat or work
- Can’t get out of the depression
- Can’t make the sadness of away
- Can’t see the possibility of change
- Can’t see themselves as worthwhile
- Can’t get someone’s attention
- Can’t see to get control
1. **RECOGNIZE SIGNS OF DEPRESSION AND SUICIDE RISK**

- recent loss - through death, divorce, separation, broken relationship, loss of job, money, status, self-confidence, self-esteem
- loss of religious faith
- loss of interest in friends, sex, hobbies, activities previously enjoyed
- worry about money, illness (either real or imaginary)
- change in personality - sad, withdrawn, irritable, anxious, tired, indecisive, apathetic
- change in behavior - can't concentrate on school, work, routine tasks
- change in sleep patterns - insomnia, often with early waking or oversleeping, nightmares
- change in eating habits - loss of appetite and weight, or overeating
- diminished sexual interest, impotence, menstrual abnormalities (often missed periods)
- fear of losing control, going crazy, harming self or others
- feeling helpless, worthless, "nobody cares," "everyone would be better off without me"
- feeling of overwhelming guilt, shame, self-hatred
- no hope for the future: "it will never get better; I will always feel this way"
- drug or alcohol abuse
- suicidal impulses, statements, plans; giving away favorite things; previous suicide attempts or gestures
- agitation, hyperactivity, restlessness may indicate masked depression

**REMEMBER:** The risk of suicide may be greatest as the depression lifts.
2. **DO NOT BE AFRAID TO ASK:** "DO YOU SOMETIMES FEEL SO BAD YOU THINK OF SUICIDE?"

Just about everyone has considered suicide, however fleetingly, at one time or another. There is no danger of "giving someone the idea." In fact, it can be a great relief if you bring the questions of suicide into the open, and discuss it freely without showing shock or disapproval. Raising the question of suicide shows that you are taking the person seriously and responding to the potential of her/his distress.

3. **IF THE ANSWER IS "YES, I DO THINK OF SUICIDE," YOU MUST TAKE IT SERIOUSLY AND FOLLOW IT THROUGH**

"Have you thought how you'd do it?" "Do you have the means?" "Have you decided when you would do it?" "Have you ever tried suicide before?" "What happened then?" If person has a definite plan, if the means are easily available, if the method is a lethal one, and the time is set, the risk of suicide is very high. Your responses will be geared to the urgency of the situation as you see it. Therefore, it is vital not to underestimate the danger by not asking for the details.

4. **MAKING A CONTRACT**

If you ascertain that the risk of suicide is high (i.e., a strong possibility exists that the caller will commit suicide in the near future), try to make a verbal agreement with the caller to call us back before s/he follows through with suicidal intentions. The degree of suicide risk can be determined by applying criteria outlined in "Evaluating Potential Suicide Risk," attached. The decision to make a contract will be based on your best judgment of the callers' suicidal risk. As in all cases, consult with staff or other volunteers on your shift if you are uncertain as to the best direction to take with callers.
PITFALLS: WHAT TO AVOID

1. **Do not shy away from the topic of suicide.** Suicide is ugly. It reminds us of a whole world of things that we do not wish to think about. Because suicide arouses great fear and anxiety, we actively avoid the topic. On some level we think of ourselves omnipotent. Feelings of guilt and responsibility haunt us. Our emotions are intense and so we deny the reality of the suicidal person's concerns.

   The potential suicide is troubled and has problems that need to be discussed openly. If he is not taken seriously the suicidal crisis will worsen, and it will seem as if you are disinterested. He will feel rejected, guilt ridden, and more deeply disturbed.

2. **Avoid moralizing.** It is ineffective to tell the person that it is wrong and against God's will to commit suicide, or to remind him of obligations to family and society. The suicidal person carries a heavy load of guilt and moral arguments only add to this burden.

3. **Do not be aggressive.** Suicidal people sometimes make us feel hopeless and impotent, to which we often respond by becoming belligerently helpful. In part we urge the potential suicide to live in order to justify ourselves. Emotional exhortations based upon our own needs are futile.

4. **Do not try too hard to reassure the person.** You may be tempted to rescue the potential suicide by telling him that he is a good guy and that life is worthwhile. Your efforts will only succeed in making the individual feel rejected, misunderstood, and dismissed. The suicidal person does not like himself nor does he feel life is meaningful. Telling him that he is a good guy and that there is hope is worse than useless.
SOME GENERAL POINTS IN CRISIS INTERVENTION*

NORMALIZE SUICIDAL FEELINGS:

Feelings of distress are normal. Crises can produce suicidal feelings, desperate and impulsive thoughts. Let the callers know that they are not crazy; that many people share these experiences during difficult times.

NOTHING IS PERMANENT:

Present the idea that crisis may only be a temporary state. Explore the past for better times. Crisis is temporary; impulsive solutions are permanent.

BE AN ADVOCATE FOR DELAY:

Suggest trying one of the options, or waiting a little longer to see if things improve.

BE A SOURCE OF HOPE:

Hold an attitude of hope and faith in your heart. Remember the very fact that the client called you is an indication of her/his hope. Be light. Look for opportunities to use humor appropriately.

BE HONEST:

Don’t avoid talking about suicide. Express your concern.

POINT TO CONFLICT:

If callers are suicidal, they are also ambivalent and undecided. Look for opportunities to help callers see that there is a part that wants to live, as well as a part that wants to die.

*Depew & Krohn, 3/21/85

ejsp110
6/91
CLUES TO
SUICIDE POTENTIAL

Take threats seriously. By threatening suicide, the person is calling out for help. Watch for clues. Danger signs of suicide are:

PHYSICAL
Appearance change, student becomes "sloppy or careless in dress"
Physical health complaints, these may be vague and "non-specific"
Disturbed sleep
Change in weight or loss of appetite

THOUGHTS
"I just can't take it anymore."
"This will end soon."
"I wish I were dead."
"I'm a loser."
"I won't be needing these things anymore."
"Everyone will be better off without me."
"There is no hope."
"I just can't keep my thoughts straight anymore."

ACTIONS
Loss of interest in activities and hobbies
Inactive
Giving away possessions
Withdrawal from family, friends, school
Abuse of alcohol, drugs
Extremes of behavior change
Impulsivity
Perfectionist behavior
Self-mutilation
Reckless behavior

FEELINGS
Hopeless
Worthless, low self-esteem
Sad, despondent
Helpless
Lonely
Extremes of mood change, marked hostility, apathy
Guilt
First-of-a-Kind National Study Reveals that 8.3 Million Adults in the U.S. had Serious Thoughts of Committing Suicide in the Past Year

2.3 Million Adults Made a Suicide Plan and 1.1 Million Adults Actually Attempted Suicide in the Past Year

Nearly 8.3 million adults (age 18 and older) in the U.S. (3.7 percent) had serious thoughts of suicide in the past year according to the first national scientific survey of its size on this public health problem. The study by the Substance Abuse and Mental Health Services Administration (SAMHSA) also shows that 2.3 million adult Americans made a suicide plan in the past year and that 1.1 million adults - 0.5 percent of all adult Americans – had actually attempted suicide in the past year.

The study provides important insights into the nature and scope of suicidal thoughts and behaviors. For example, the risk of suicidal thoughts, planning and attempts varies significantly among age groups. Young adults aged 18 to 25 were far more likely to have seriously considered suicide in the past year than those aged 26 to 49 (6.7 percent versus 3.9 percent), and nearly three times more likely than those aged 50 or older (2.3 percent). These disparities in risk levels among younger and older adults also were found in suicide planning and suicide attempts.

Substance use disorders also were associated with an increase in the risk of seriously considering, planning or attempting suicide. People experiencing substance abuse disorders within the past year were more than three times as likely to have seriously considered committing suicide as those who had not experienced a substance abuse disorder (11.0 percent versus 3.0 percent). Those with past year substance abuse disorders were also 4 times more likely to have planned a suicide than those without substance abuse disorders (3.4 percent versus 0.8 percent), and nearly seven times more likely to have attempted suicide (2.0 percent versus 0.3 percent).

The study also revealed that adult females had marginally higher levels of suicidal thoughts and behaviors than males in the past year.

“This study offers a far greater understanding of just how pervasive the risk of suicide is in our nation and how many of us are potentially affected by it,” said SAMHSA Acting Administrator, Eric Broderick, D.D.S., M.P.H. “While there are places that people in crisis can turn to for help like the National Suicide Prevention Lifeline 1-800-273-TALK, the magnitude of the public health crisis revealed by this study should motivate us as a nation to do everything possible to reach out and help the millions who are at risk — preferably well before they are in immediate danger.”

The study notes that only 62.3 percent of adults who had attempted suicide in the past year received medical attention for their suicide attempts. It also notes that 46.0 percent of those attempting suicide stayed in a hospital overnight or longer for treatment of their suicide attempts.

Suicidal Thoughts and Behaviors among Adults is based on 2008 data drawn from the National Survey on Drug Use and Health, which obtained responses from 46,190 persons aged 18 or older. The full report is available online at http://oas.samhsa.gov/2k9/165/suicide.cfm. Copies may also be obtained free of charge at http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=18198 or by calling SAMHSA’s Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). For related publications and information, visit http://www.samhsa.gov/.
Harm Reduction

“I contend that people must have valid information, political education and a variety of choices. I affirm the idea that everyone can change, and change rapidly, if given opportunities.”

-Suzanne Pharr
Harm Reduction

What is harm reduction?

Options that are practical.

Options without judgments or predetermined outcomes.

Harm Reduction means you get to decide what changes you want to make—whether it relates to drugs, sex, health, how you make money or live your life. You get to decide what your goals are.

So...if you go to drop-ins or programs or stay in shelters or residential programs, interview the staff or youth workers and find out what they have to say about harm reduction. Let them know that harm reduction means options, no judgment, and education about the facts. Maybe you’ve been working with a case manager for a long time or maybe you’re thinking about starting to work with a youth worker. Either way, you always have the right to make decisions about what you think will work best for you. Sometimes, case managers try to make you think that they know what’s best...But you are the expert in your own life! Always.
HARM REDUCTION PRINCIPLES
The Harm Reduction Therapy Center

I. What is Harm Reduction?

Harm reduction is an approach to working with drug users that aims to reduce drug-related harm experienced by individuals and communities without necessarily reducing the consumption of drugs and alcohol. The damage done by drug and alcohol use, not the drug use itself, are the focus of attention. It involves:

- Public health approaches such as needle exchange and ecstasy testing in clubs
- Newer interventions: in housing and in treatment that involve understanding the stages of change in addictive behavior and using principles of Motivational Interviewing.

II. Guiding Principles of Harm Reduction:

Drug users are people with problems, not problem people.

People use drugs for reasons.
- They can, and often do, make rational choices about, or when, using drugs.
- New learning in neurobiology supports the fact that people, especially those with physical, mental or emotional illness, get significant relief from street drugs.

Incremental change is normal.
- All behavior change (leaving relationship, changing sexual habits, changing diet, getting psychological treatment, deciding to take meds for HIV, deciding to reduce or quit drugs or alcohol...) requires a process of decision-making for successful implementation of a plan of change.
- The Stage Model of Change, based on good research, explains the process that we go through to make major behavior change and asserts that change is most effective if we work through the stages one at a time, thoroughly, and in order.

Harm Reduction is a collaborative model. It is a process, not an outcome, model.
- Most previous drug treatment has been dominated by the 12 Steps and by the medical profession. Both make clear recommendations that there is only one treatment for addiction: abstinence.
- Harm reduction requires that the drug user and the treatment provider work together to identify the problems and to plan solutions. The relationship is as important as the goal.

Harm Reduction is treatment is a process, not an outcome, model.
- The relationship is as important as the goal of intervention.
- Start where the client is
- Treat drug users with respect – people have the right to make their own choices

Abstinence is one of many harm reduction goals, it just isn’t the only one, nor is it often the first one. “The drugs are sometimes the last thing to go.”

“Denial” and “Resistance” are psychological, not drug-related issues. They are to be understood, not confronted.
STAGES OF CHANGE

CHANGE USUALLY HAPPENS IN GRADUAL STAGES, NOT IN A SUDDEN “AH-HA” MOMENT, OR WHEN A PERSON “HITS BOTTOM.” THE STAGE MODEL OF CHANGE MEANS THAT WE:

- Meet the client where they are
- Assist the client in moving forward to the next stage of change
- Give clients different kinds of help, depending upon where they are in the change cycle

STAGES OF CHANGE

PRECONTEMPLATION
  CONTEMPLATION
  PREPARATION
  ACTION
  MAINTENANCE

PRECONTEMPLATION
- The person does not recognize a problem and is not even considering change.
- Told they have a problem, they may be more surprised than defensive.
- Intervention: Raise awareness.

CONTEMPLATION
- Person begins to recognize the problem and is ambivalent about change: “on the one hand...on the other hand”
- Intervention: Support recognition of the seriousness of the problem and the benefits of change vs. the benefits of the drug in question and continuing to use unchanged (work the decisional balance.)

PREPARATION
- The person decides to change SOMETHING (quit, reduce, use clean needles, use condoms, quit crack but not weed...)
- May be like a door briefly opened
- Person may pass through to the action stage, or door may close and person is back at the contemplation stage.
- Intervention: Help in picking a realistic change strategy and experiment with it.

ACTION
- The process of actually doing something.
- Person pursues change behavior.
- Intervention: provide help in carrying out the change strategy; provide structure where needed.

MAINTENANCE
- Maintain the gains one has made, keep from relapsing.
- Continue learning the skills necessary to maintain the change already achieved.
- Intervention: Relapse prevention; life skills training; work on underlying issues that contributed to addictive behavior.

RELAPSE CAN OCCUR AT ANY STAGE.
- Intervention: Go back to the stage of work most appropriate to the particulars of the relapse.

Harm Reduction: Some Principles

- Removing judgments about drug use and drug users is essential to humane practice.

- Any reduction in harm is a step in the right direction.

- Drug use itself is not necessarily the problem. It may be part of the issue but is usually just a symptom of, a coping mechanism for, and/or pain management for larger issues.

- There are as many different harm reduction strategies and plans as there are drug users and communities.

- Quality of life and well-being are criteria for measuring success, not reduction in the consumption of drugs.

- The agenda belongs to the participant, and is a collaboration and exchange between the participant and the service provider. The service provider facilitates the agenda with the participant, s/he does not implement it upon the participant.

- Drug-related harm develops through a variety of mechanisms, therefore, harm reduction must develop a wide variety of interventions.
THE CONTINUUM OF DRUG USE

A harm reduction model of conceptualizing drug use, from non-problematic to very problematic. Not all drug use is problematic. On the other hand, drug use which appears to be non-problematic may be the most dangerous. There is also a continuum of motivation and of goals regarding drug use.
**Decisional Balance Worksheet**

<table>
<thead>
<tr>
<th></th>
<th><strong>Short-Term Consequences</strong></th>
<th></th>
<th><strong>Long-Term Consequences</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Benefits or Gains</strong></td>
<td><strong>Losses or Costs</strong></td>
<td><strong>Benefits or Gains</strong></td>
</tr>
<tr>
<td>(Positive)</td>
<td>(<strong>Positive</strong>)</td>
<td>(<strong>Negative</strong>)</td>
<td>(<strong>Positive</strong>)</td>
</tr>
<tr>
<td><strong>Consequences of</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Changing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I stop using and/or other drugs, I expect to experience these Consequences*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Consequences of Not Changing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I do not stop using and/or other drugs, I expect to experience these Consequences*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*e.g. in the following areas: physical health, emotional well-being, self-esteem, spirituality, relationships, family, life goals, community*
<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Sample client statements</th>
<th>Sample provider questions/statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation</td>
<td>Sometimes I get really drunk and go home with guys I meet at the bar. I don't remember if I've used condoms with all of them, but I don't think I have anything to worry about.</td>
<td>You may not have anything to worry about. Only you can decide if you want or need to get tested for STDs.</td>
</tr>
<tr>
<td>Contemplation</td>
<td>I probably should get checked for STDs. I mean, I might not have used condoms every time and who knows if I might have something. But I'm worried. What would I do if I have something?</td>
<td>What concerns you about getting tested? One really great thing about people getting tested is that if they do have something like gonorrhea or chlamydia, they can take antibiotics and get rid of those infections. If they have something viral, like HPV or herpes, there are treatments to help. A lot of people have similar concerns. Most people are relieved to get tested, even if they find out they have something, because the anxiety of not knowing is worse.</td>
</tr>
<tr>
<td>Preparation</td>
<td>I'll make an appointment at the clinic to get a STD check up, but I'm really nervous.</td>
<td>That's a great idea. I know you're nervous, but I can assist you with the process. Where do you go for your medical care now? Who in your life do you talk to about these kinds of things? What would it be like to ask your friend to go with you to this appointment?</td>
</tr>
<tr>
<td>Action</td>
<td>I'm glad I got tested. I'm going to make sure I use condoms every time I have sex until I'm in a long-term relationship.</td>
<td>It's so great that you got tested. You really are taking good care of yourself. How do you continue to take care of yourself in the future? How will you make sure you use condoms every time? When you go to the bar, do you ever have friends with you? I'm wondering if your friends could help support you to use condoms every time?</td>
</tr>
<tr>
<td>Maintenance</td>
<td>I have been using condoms consistently every time I have sex. I carry condoms in my purse at all times and have cut back on my drinking a bit so I don't black out.</td>
<td>How is it for you going to the bar now? How does it feel, knowing you're using condoms every time you have sex? What would you do if you did have sex with someone without a condom?</td>
</tr>
<tr>
<td>Relapse</td>
<td>I got really drunk one night and had sex without a condom.</td>
<td>A lot of people have trouble maintaining condom use every time they have sex. What was different about that night? How are you feeling about what happened? What would help you maintain your goal of using condoms every time?</td>
</tr>
</tbody>
</table>
Eliciting “Change Talk”

- Ask open-ended questions
  - What difficulties have you had in relationship to your drug use?
  - Which are the good things and bad things about not taking the HIV meds?
  - What do you think it will happen if you continue getting high and not using condoms?
  - What would be the advantages of smoking less crack?
  - What makes you think that you could change this behavior?

- Reinforce it with nonverbal and reflective-listening statements

- “What else” statements
  - What else have you noticed?
  - What other concerns have you had?
  - What else worries you about your drinking (behavior)?

- Decisional Balance
  - Measuring the benefits and costs of continuing a behavior versus the benefits and costs of changing the behavior
  - Discussing the positive and the negative aspects of a current behavior, beginning with the positive ones

- Elaboration
  - Once a motivational statement has been elicited, ask the client to elaborate
  - Ask for specific examples, including clarification as to why (how much, in what way) each one is a concern

- Using extremes
  - What concerns you the most?
  - What are the worst fears about what might happen if you do not change?

- Looking back/looking forward
  - Do you remember a time when things were going well for you?
  - What has changed?
  - How would you like things to turn out for you?
Harm minimisation after repeated self-harm: development of a trust handbook

Repeated self-harm without suicidal intent occurs in approximately 2% of adults (Meltzer et al, 2002). Service users report that professionals can respond to self-harm with unhelpful attitudes and ineffective care. Although evidence for effective treatments is poor (Hawton et al, 1999), this therapeutic pessimism is not found in the self-help approaches promoted by voluntary organisations such as Mind: 'If you feel the need to self-harm, focus on staying within safe limits' (Harrison & Sharman, 2005). User websites frequently offer advice on harm minimisation: 'Support the person in beginning to take steps to keep herself safe and to reduce her self-injury – if she wishes to. Examples of very valuable steps might be: taking fewer risks (e.g. washing implements used to cut, avoiding drinking if she thinks she is likely to self-injure)' (Bristol Crisis Service for Women, 1997).

Recent studies suggest manual-assisted cognitive-behavioural therapy can be a cost-effective method of reducing self-harming behaviour (Fagin, 2006). Our conversations with local mental health workers revealed that many did not feel skilled, comfortable or empowered to discuss harm minimisation strategies with service users. Staff were concerned that this approach could be construed as encouraging self-harm, leaving them open to complaints.

For these reasons, we decided to develop a handbook for use within Selby and York Primary Care Trust to promote collaborative working between people who repeatedly self-harm and front-line health professionals. This paper specifically focuses on the issues that arose surrounding harm minimisation.

Method

The Alternatives to Self-harm Service User Handbook (Pengelly & Ford, 2005; for further details and guidelines for its use contact N.P.) was developed to assist in the engagement, formulation and early stages of intervention with working-age adults. The content was based on the following sources:

- the scientific literature and Cochrane database
- professional and user-led websites

- interviews with 6 service users who had long histories of self-harm
- correspondence with 6 nurse consultants and 4 managers in other areas of Britain (these were personal contacts of the authors and/or known to be involved in developments within self-harm teams). Two units, the Manchester Deliberate Self-harm Team and the Maudsley Crisis Recovery Unit, supplied documentation on their approach to self-harm
- multidisciplinary discussion at meetings of the York and Selby Primary Care Trust’s Clinical Governance Committee.

The self-harm handbook uses a cognitive-behavioural model (Beck, 1976) to address causes and maintenance cycles for repeated self-harm. Within each section (Box 1) users are encouraged to write personalised responses.

A draft was sent for local consultation to 3 user groups (MIND, Mainstay and Survive) and 20 mental health professionals (including 9 psychiatrists and 4 professionals from psychological therapies). We obtained a legal opinion from the York and Selby Primary Care Trust’s solicitor regarding the specific inclusion of advice on harm minimisation within a National Health Service (NHS) publication. This solicitor reviewed information currently available to the public on websites including NHS Direct and the Mental Health Foundation, and consulted with another legal colleague. We then requested comments from the Royal College of Psychiatry, and Nursing and Midwifery Council.

Results

Thirteen professionals and six service users provided written feedback, and the handbook was modified accordingly. The range of views on harm minimisation is summarised below.

Service users’ views

Box 2 contains quotations from community and in-patient service users regarding their experiences of care.
Royal College of Psychiatrists

'This handbook is commended as a brave attempt to tackle a difficult area. The General and Community Faculty is unable to provide an established view concerning harm minimisation in self-harm. Unlike addiction, there is no evidence base so the use of alternative strategies must rest on common sense assumptions, be subjected to clinical scrutiny, and audited.

There is no definitive advice that can be derived from existing College documents. Any handbook should be used alongside a full psychosocial assessment, a comprehensive care package and the care programme approach. This is consistent with the legal view and the College Council Report CR122 on the Assessment Following Self-harm in Adults (Royal College of Psychiatrists, 2004). In formulating the College's response to the draft National Institute for Health and Clinical Excellence (NICE) guidelines on self-harm, we have asked NICE to consider whether explicit guidance on safe 'self-harming is appropriate.'

Discussion

On balance, we decided that including harm minimisation strategies in the handbook was a professionally defensible position. Some suggestions, for example taking baths hotter or colder than normal, were removed. Most advice on damage limitation was retained (Box 3). This position was supported by publication of NICE guidelines (2004) on self-harm (Box 4). In accordance with the legal view, we produced multidisciplinary guidelines in an accompanying booklet that specifies how staff should use the handbook. These emphasise that:

- the handbook is not to be given out as a self-help manual: it is designed to be worked through with the professional(s) involved
- it is one part of a continuing and comprehensive care plan
- the service user should give informed consent, be aware of the purpose of the handbook approach, be aware of alternative treatment options, and not be experiencing symptoms of acute mental illness
- staff should complete a monitoring form in order to audit its use.

The handbook was approved for use within Selby and York Primary Care Trust by the Mental Health Clinical Governance Committee for Selby and York Primary Care Trust. It is now available in paper and electronic versions within working age adult mental health teams. Further training in its use, including service users, is in progress. Anyone who is considering using the handbook or any of its guidance should first seek advice and approval from their own trust before doing so.

In conclusion, the opinions of those reading this article are likely to reflect a range of views. Some may believe that endorsing any form of self-harm, even if it is safer, involves collusion with that behaviour. Others will view the approach as a practical response to the requests of service users. The handbook helps support

Appropriate monitoring' (British Medical Association, 2002). Maintenance treatment with methadone, buprenorphine or injectable heroin is advocated for opiate addiction (National Treatment Agency for Substance Misuse, 2003).

A solicitor's view

'I am bound to say that the safest legal position is to tell people not to self-harm and/or detain them so as to prevent it. However, I suspect practitioners will think these options are often unrealistic. The handbook does represent a broadly lawful approach. Implementing it will put the Trust at the cutting edge of the legal and medical fields. Reasonable arguments exist which could defend potential legal challenges, as follows:

- Suicide Act 1961: it is a criminal offence to aid, abet, counsel or procure someone else's suicide. A practitioner may believe they are assisting someone to harm themselves more safely but the Crown Prosecution Service may see matters differently if professionals are reckless as to whether the patient dies.
- The Human Rights Act 1998: Article 2 of the European Convention on Human Rights (the right to life) and Article 3 (prohibition against torture, cruel, inhuman or degrading treatment) will not be breached where it can be shown the handbook represents medical treatment given in the patient's best interests.
- Assault and battery: the handbook should emphasise that the professional does not want the patient to harm themselves but understands their choice to do so. Harm minimisation probably cannot be practised with patients incapable of giving informed consent.
- Negligence: a civil claim for damages could be dealt with if supported by a responsible body of medical opinion, even if others take a contrary view (Bolam v Friern Hospital Management Committee, 1957).

I cannot guarantee there will be no complaints, but steps can be taken to address any claims and provide a persuasive defence:

- consult widely regarding harm reduction, for example, consult professional organisations
- do not provide the means for self-harm to patients
- combine advice on coping with support to address underlying problems
- offer the handbook to specific patients, not the general population
- draw up a multidisciplinary protocol for staff use, including patient selection, risk assessment, record keeping, clinical review and audit.'

Nursing and Midwifery Council

'This is a very difficult and complex issue with no relevant conduct cases or precedents. The individual should ensure familiarity with the Code of Professional Conduct, and respond in the most appropriate way in light of the circumstances. It is essential that the practitioner does not act in isolation but consults with the rest of the clinical team. Correct in-depth records should be kept.'

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Harm Reduction

Risks of self-harm can include infection, shock, severe blood loss, dehydration, anaemia, permanent damage to your muscle tissue and even death. There is no way around this. However, if you're going to self-harm, this page provides some suggestions on ways you can reduce the risks as much as possible.

- Always take good care of your injuries, seeking medical help when necessary. For more information, see our first aid page.
- Avoid drugs and alcohol, as these can make you do more damage than you intended.
- Keep your tetanus vaccination up to date.
- Be aware of the symptoms of shock.
- Always seek help if you have overdosed, even if you feel well.

If you cut yourself...

- Always use a clean implement.
- Don't share cutting implements with others - you could be at risk of HIV/AIDS and other diseases.
- Try to avoid areas of the body where there are large veins or arteries.
- To reduce the risks of anaemia and dehydration, stop the bleeding on your cuts as soon as possible. Drink plenty of water and consider taking a multivitamin with iron.

More comprehensive information is available in this book:

Cutting the Risk
~ National Self-Harm
HARM REDUCTION: COME AS YOU ARE

G. ALAN MARLATT
University of Washington

Abstract — The purpose of this paper is to describe what harm reduction is, how it developed, how it works, and why it is becoming a major approach in the addictive behaviors field. Based on principles of public health, harm reduction offers a pragmatic yet compassionate set of strategies designed to reduce the harmful consequences of addictive behavior for both drug consumers and the communities in which they live. To illustrate how harm reduction has been applied to both the prevention and treatment of addiction problems, highlights of a national conference on harm reduction are presented. The historical roots of harm reduction programs in Europe (Netherlands and the United Kingdom) are described. The paper concludes with a discussion of four basic assumptions central to harm reduction: (a) harm reduction is a public health alternative to the moral/religious and disease models of drug use and addiction; (b) it recognizes abstinence as an ideal outcome but accepts alternatives that reduce harm; (c) it has emerged primarily as a “bottom-up” approach based on addict advocacy, rather than a “top-down” policy established by addiction professionals; and (d) it promotes low threshold access to services as an alternative to traditional high threshold approaches.

Harm reduction is coming to the U.S.A. The purpose of this paper is to describe what harm reduction is, how it developed, how it works, and why it is becoming a major revolutionary force in the way we respond to human problems ranging from addiction to AIDS. Although, as we shall see, harm reduction has its origins in Europe, it is quickly taking hold as a middle-road alternative to the two established traditional approaches favored in this country: the moral model (War on Drugs) and the disease model of addiction. Based on public-health principles and founded by “grassroots” advocacy among drug users themselves, harm reduction offers a pragmatic yet compassionate set of principles and procedures designed to reduce the harmful consequences of addictive behavior for both drug consumers and for the society in which they live.

In August, 1995, a public health working group published a set of recommendations to redefine American drug policy in the American Journal of Public Health (Reuter & Caulkins, 1995). These recommendations were aimed at the Office of National Drug Control Policy which sets forth national goals for drug policy in the United States. All previous strategy recommendations issued by this office (under both the Bush and Clinton administrations) have stressed “use reduction” rather than harm reduction.

The public health working group strongly recommends that the goal be shifted toward a greater balance of harm reduction and use reduction policies:

The principal goal for drug policy should instead be to reduce the harms to society arising from the production, consumption, and control of drugs. Total harm (to users and the rest of society) can be expressed as the product of total use and the average harm per unit of use and thus can be lowered by reducing either component. Attention has been focused on the first; greater attention to the second would be

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Other countries have also had experience with harm reduction programs. Australia has planned a trial of providing heroin and other opiates to injecting drug users (Bammer, Douglas, Moore, & Chappell, 1993). The Third International Conference on the Reduction of Drug-Related Harm was held in Melbourne in 1992 (Heather, Wodak, Nadelman, & O’Hare, 1993). Another international conference on harm reduction, the first to be held in North America, was held in Toronto, Canada, in 1994 (Erickson, Riley, Cheung, & O’Hare, 1996).

**HARM REDUCTION: CENTRAL ASSUMPTIONS, PRINCIPLES, AND VALUES**

1. Harm reduction is a public health alternative to the moral/criminal and disease models of drug use and addiction

American views of drug use and addiction have been based on two competing and sometimes conflicting models: the moral model and disease model. In terms of the moral model, American drug-control policy has determined that illegal drug use and/or distribution of such drugs is a crime deserving of punishment. As an extension of the moral model (assumption: illicit drug use is morally wrong), the criminal justice system has collaborated with national drug policy makers in pursuing the “War on Drugs,” the ultimate aim of which is to foster the development of a drug-free society. The majority of federal funding for drug controls has been based on a “supply reduction” approach. Federal enforcement agencies (i.e., the U.S. Drug Enforcement Agency) are funded primarily to promote interdiction programs designed to reduce the supply of drugs coming into this country (e.g., to destroy the supply of coca plants used to produce cocaine in Colombia and other Latin countries). National, state, and city police are funded to arrest drug dealers and users alike in an attempt to further reduce the supply of drugs. As we have already noted, American courts and prisons are overcrowded with inmates convicted of drug offenses.

The second approach is to define addiction (e.g., alcoholism or heroin addiction) as a biological/genetic disease that requires treatment and rehabilitation. Here the emphasis is on prevention and treatment programs that focus on remediation of the individual’s desire or demand for drugs, a “demand reduction” approach. Despite the apparent contradiction between viewing the drug user as either a criminal deserving of punishment or as a sick person in need of treatment, both the supply reduction and the demand reduction models are in agreement that the ultimate aim of both approaches is to reduce and eventually eliminate the prevalence of drug use by focusing primarily on the drug user (“use reduction”).

Harm reduction, with its philosophical roots in pragmatism and its compatibility with a public health approach, offers a practical alternative to either the moral or disease models. Unlike proponents of the moral model, who view drug use as bad or illegal and who advocate supply reduction (via prohibition and punishment), harm reduction shifts the focus away from drug use itself to the consequences or effects of addictive behavior. Such effects are evaluated primarily in terms of whether they are harmful or helpful to the drug user and to the larger society, and not on the basis of whether the behavior itself is considered morally right or wrong. Unlike supporters of the disease model, who view addiction as a biological/genetic pathology and promote demand reduction as the primary goal of prevention and abstinence as the only acceptable goal of treatment, harm reduction offers a wide range of policies and procedures designed to reduce the harmful consequences of addictive behavior. Harm re-
Harm reduction accepts the practical fact that many people use drugs and engage in other high-risk behaviors and that idealistic visions of a drug-free society are unlikely to become reality.

2. *Harm reduction recognizes abstinence as an ideal outcome but accepts alternatives that reduce harm*

The moral model and the disease model also share one strong common value: the insistence upon total abstinence as the only acceptable goal of either incarceration or treatment. Despite the harsh reality of high recidivism rates for released drug prisoners and the correspondingly high rate of relapse for treated addicts, there has been no relaxation of this absolute insistence upon abstinence. Contemporary American drug policy is based on the ultimate criterion of “zero tolerance”—a policy that states that any illegal drug use, including the occasional smoking of marijuana, is as intolerable as a daily pattern of intravenous heroin injection. Similarly, the only acceptable goal of almost all American alcohol and drug treatment programs is lifelong abstinence along with continued attendance at twelve-step recovery groups. In fact, abstinence is almost always required as a precondition for treatment, since most chemical dependency treatment programs refuse to admit patients who are still using drugs. One must first abstain in order to receive treatment designed to maintain abstinence!

Harm reduction is not anti-abstinence. Harmful effects of unsafe drug use or sexual activity can be placed along a continuum, much like the span of temperature on a thermometer. When things get too hot or too dangerous, harm reduction promotes “turning down the heat” to a more temperate level. This gradual “step-down” approach encourages individuals with excessive or high-risk behavior to take it “one step at a time” to reduce the harmful consequences of their behavior. The ultimate goal of abstinence greatly reduces or entirely eliminates the risk of harm associated with excessive drug use or unsafe sex. In this sense, abstinence is included as an ideal end-point along a continuum ranging from excessively harmful to less harmful consequences. By placing the harmful effects of drug use or sexual behavior along a continuum rather than by dichotomizing drug use as legal or illegal or by diagnosing drug use as indicating the presence or absence of an addictive disease, supporters of harm reduction encourage any movement toward decreased harm as steps in the right direction (Marlatt & Tapert, 1993).

Harm reduction strategies also apply to the use of legal drugs, including tobacco and alcohol. For smokers who are unable to quit “cold turkey,” nicotine patches, gum, and sprays are available as less harmful (decreased cancer risk) than smoking cigarettes. Although nicotine replacement therapies were initially designed as an aid to quitting, some people use these products to maintain a safer level of nicotine use. On the alcohol front, the harmful effects of excessive drinking can be reduced by teaching moderation skills.

3. *Harm reduction has emerged primarily as a “bottom-up” approach based on addict advocacy, rather than a “top-down” policy*

Recall that needle-exchange programs for IV drug users began in the Netherlands in response to input from addicts who belonged to the “Junkiebond” group and who advocated drug policy changes that would permit the legal exchange of needles in order to reduce the risk of HIV infection. Many of the harm-reduction projects reviewed in this article originated at the local level, often promoted by grass-roots advocacy by those directly involved in receiving and providing services.
Addiction and AIDS are problems that are so plagued with stigma and tainted with moral condemnation that individuals who suffer from these problems are often marginalized by society. Unlike other disorders such as cancer or heart disease, in which those who are afflicted or affected have formed powerful lobbying groups and "patient advocacy" societies (e.g., American Cancer Society), it is rare to find parallel advocacy groups in the addictions field. Although the gay community has rallied in support of advocating better prevention (e.g., safe sex programs) and treatment services for those who are HIV positive, the community of IV drug users in the United States has had little or no impact on the provision of services for addicts. There are some indications, however, that something similar to the Dutch "junkiebond" union may be developing in America. An example is the International Coalition for Addict Self-Help, located in New York. This group publishes a newsletter entitled The Addict Advocate.

4. Harm reduction promotes low-threshold access to services as an alternative to traditional high-threshold approaches

Street-outreach programs provide an example of the low-threshold approach to harm reduction. Rather than setting abstinence as a high-threshold requirement or precondition for receiving addiction treatment or other assistance, advocates of harm reduction are willing to reduce such barriers, thereby making it easier to "get on board," get involved, and get started. Low-threshold programs do this by several means: by reaching out and achieving partnership and cooperation with the population in need of developing new programs and services, by reducing stigma associated with getting help for these kinds of problems, and by providing an integrative, normalized approach to high-risk substance use and sexual practices.

A second component of low-threshold approaches involves reducing the stigma associated with problems of addiction, substance abuse, and high-risk sexual practices. How can this stigma be reduced? In a recent review of the literature on determinants of help-seeking by individuals with substance use problems, it was found that the primary factor that motivates people to seek treatment or other help is their experience of the problematic consequences or harmful effects of using drugs (e.g., problems in personal health, family and relationship difficulties, financial problems, etc.), rather than identifying "substance abuse" itself as the problem (Marlatt, Tucker, Donovan, & Vuchinich, 1996). By switching the focus to reducing the harm associated with drug use or high-risk sex and away from labeling the problem as one of addiction or deviance, prospective help-seekers are more likely to come "out of the shadow" and seek assistance. On this basis, a higher proportion of the population at risk will become registered in some kind of harm reduction program, as is currently the case in the Netherlands.

The third aspect of a low-threshold approach is the capacity for harm reduction to embrace and consolidate a variety of high-risk behaviors that span substance use and other high-risk behaviors. Drug use is rarely independent of other high-risk behaviors such as unsafe sexual practices, driving under the influence, aggression and violence, attempted suicide, etc. With a common focus on the harm such behaviors cause, rather than on pathologizing or condemning the person who engaged in these same behaviors, doors can be opened that are currently padlocked by stigma and shame. Harm reduction normalizes these high-risk behaviors by placing them in the context of ac-

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quired habits, learned behaviors that are strengthened by the influence of powerful reinforcers. Harm reduction defines much drug use, and perhaps certain high-risk sexual activities as well, as maladaptive coping responses rather than as indicators of either physical illness or personal immorality. As defined by the Harm Reduction Coalition, “Harm reduction does not remove a person’s primary coping mechanisms until others are in place” (Harm Reduction Coalition, 1995). A comprehensive, low-threshold approach is designed to promote the development of more adaptive coping mechanisms and mechanisms of social support. People’s problems are best conceptualized within an integrative, holistic perspective that views drug use and/or high-risk sexual behaviors as interdependent and reciprocally interactive components of one’s lifestyle. By adopting a comprehensive response to lifestyle problems that includes substance use, sexual practices, exercise, nutrition, and other personal and interpersonal habits (both helpful and harmful), harm reduction can offer an attractive, low-threshold gateway to welcome anyone who is willing to “come as they are.”

REFERENCES


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