

DRAUCKER’S MODEL of HEALING from CHILD SEXUAL ABUSE: AN EXPLANATION

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Preamble

Lenin once said, “Theory without practice is sterile; practice without theory is blind”. The purpose of this paper is to explain an empirically-based theory or model of healing from child sexual abuse developed by Claire Burke Draucker (now at the University of Indiana) and her colleagues at Kent State University in Ohio. This model of healing, which is seen as having a complex and dynamic trajectory, is constructed around four stages of healing, five domains of functioning and six enabling factors that facilitate movement from one stage to the next. It is hoped that in explaining this model, organizations such as *For the Innocents* may be better guided in pursuing their important work of supporting survivors of clerical sexual abuse when they were minors. The academic reference for the model is Draucker, Claire, Martsof, Donna, Roller, Cynthia, Knapik, Gregory, Ross, Ratchneewan & Stodham, Andrea (2011) Healing from Childhood Sexual Abuse: A Theoretical Model. **Journal of Child Sexual Abuse** 20, 435 – 466. Without going into all the detail, the model has been built up over a decade-long series of research studies as well as the study of 95 CSA survivors for the finalization of the model.

This paper is based almost exclusively on this study. It is instructive that the research team is made up almost wholly of women. And it is interesting that they generally have backgrounds in mental health nursing and women’s health. It is also instructive that in the literature very little attention is given to the child survivors and the healing process – much more attention is given to the offenders, their treatment and the issue of recidivism. The explanation will also be supplemented by some important papers prepared by the Australian Institute of Criminology which are available on its website.

However, it is important that three caveats be made in presenting this theoretical model which is grounded in interviews with 48 women and 47 men who had experienced childhood sexual abuse:

Stage Development Theories: Draucker’s model of CSA (child sexual abuse) is an example of stage development theories which have been quite popular since the 1960s, beginning with Erik Erikson’s well-known model of psychosocial development over the life span. Another well-known one is Lawrence Kohlberg’s stage model of moral development – for his M.Ed. thesis at Monash University, a certain Australian cardinal examined Kohlberg’s model which has had a certain attractiveness to the Catholic mind. Stage models are like dynamic maps of behavioural functioning and they imply that the person moves sequentially from one stage to the next in an orderly and predictable manner. However, as was found in the Kent study, many survivors experienced elements of two stages simultaneously, passed over stages or regressed to earlier stages. This is also true of other stage models. Also there may well be other enabling factors in individual cases besides the six outlined in the model.

The Limitations of the Sample: It must be acknowledged that the sample has its limitations. The sample seems to over-represent the Afro-American component of the U.S.A. population although because of the very significant factor of family breakdown in the Afro-American ethnic group over the past five decades they ought be slightly over-represented in the sample. Nevertheless, they are a

very gospel-oriented and spiritual people and this may be reflected in the emphasis given to spirituality issues in the model.

Applicability of Draucker's model to Survivors of Clerical CSA: Draucker's model does not have clerical CSA as its principal focus. Most CSA occurs in nuclear or extended or blended family situations that are usually very dysfunctional. This model has been developed in this context. Hence, the question must be asked: **how applicable is this model to the experience of clerical sex abuse survivors?** This question cannot be answered theoretically but only by the survivors themselves. Two points need to be made here: (1) The victims of clerical sexual abuse were usually, though not always, members of relatively well-functioning families as compared to most child survivors so the validity of the model can be questioned on this ground alone. (2) Spirituality is seen as important in Draucker's model as one of the five domains of functioning yet here is the pernicious nature of clerical sexual abuse – the offender is, as it were, perceived as the representative of God and of spirituality generally and this could act as a key psychological blocking mechanism in the healing process.

Incidence and Long-Term Effects of CSA

The best data on the incidence of CSA in the USA comes from the 2008 data from the National Child Abuse and Neglect Data System which found an estimated 777,200 children were victims of abuse or neglect by a protective service agency (US Department of Health and Human Services 2010) – of these, 9.1 per cent (n = 69,184) were found to have been sexually abused. A perhaps better guide comes from an earlier study published in 2009 but based on data collected between 2001 and 2003 which found that five women in every 100 women and about four men in every 100 men had experienced forced sex when they were 17 years or younger (Basile et al. 2007). Other studies, though with more questionable methodologies, would give much higher figures.

There have been many studies on the long-term effects of CSA. The better of the more recent ones found that in women sexual abuse is associated with poor health status, functional disability, high utilization of health services and a variety of physical problems, including headache and gynaecological and gastrointestinal symptoms. In men, sexual abuse is associated with a variety of physical problems, functional impairment and poor subjective health (Leserman 2005). Also a history of CSA is associated with marriage, sexuality and family problems for both adult men and women.

The Kent team suggest that the phrase “healing from CSA” rather than “coping with CSA” is to be preferred because healing implies positive growth beyond a return to pre-trauma functioning levels. Healing implies growth as well as recovery. Survivors as adults have identified positive change processes related to making sense of the abuse. Some identify an inner drive towards growth and report positive changes in self-perception and new perspectives on life as a result of healing from their abuse. Such positive changes occur when they take control of the direction of their lives, experience acceptance from others, care for and nurture themselves, experience a sense of liberation and freedom and, lastly, gain a sense of accomplishment, achievement, belongingness and connection.

The following metaphors have been used to describe the healing process: “constructing a personal residence” to reflect healing as a laborious and constructive process; “escaping the dungeon” in overcoming powerlessness, isolation and shame and “resurrecting the buried self” used by some women who survived incest.

A 2011 overview of USA and Australian studies by the Australian Institute of Criminology (Richards 2011 – available on their website) questioned five stereotypes about child sex offenders and highlighted the following points:

- Not all child sex offenders are ‘pedophiles’, that is, they are a heterogeneous group with varying offender profiles
- Children are usually abused by someone they know though data suggest that strangers comprise nearly one in five of child sex abuse against males
- Not all child sex offenders have been victims of sexual abuse themselves and there are complex relationships between being a victim of child sexual abuse and becoming a perpetrator, which require further research. It is important to recognize that while many offenders report a history of being sexually abused as minors, the overwhelming majority of CSA victims do not become perpetrators later in life
- While not all child sex offenders have high rates of recidivism, a specific sub-set – those who target extrafamilial male offenders – do frequently re-offend
- Although it is difficult to accurately determine how many children a child sex offender has already offended against by the time he is detected for an offence, this number varies according to offending profiles and is unlikely to be as high as is commonly assumed. There is, however, a subset of extrafamilial male offenders who abuse high numbers of victims.

Draucker’s Model of Healing from CSA

On the basis of their study of sexual violence, Draucker and her colleagues have developed a four stage model of healing, namely:

- 1. Grappling with the meaning of the CSA**
- 2. Figuring out the meaning of the CSA**
- 3. Tackling the effects of CSA**
- 4. Laying claims to one’s life**

These four stages of healing are theorized as dynamic phases of healing that represent change over time. Within each stage or phase, there are five domains or areas of functioning important to survivors in which and through which healing occurs. These domains are:

- (a) Life patterns**
- (b) Parenting**
- (c) Disclosure of CSA**
- (d) Spirituality**
- (e) Altruism**

In the movement through the various stages, there are six enabling factors which facilitate healing and growth – these will be introduced as the model is described in the following pages. It is important to remember that the model is based upon extended interviews with CSA survivors and results from many years of research, little of which is reported in this synopsis but can be read in the actual article.

Stage One: GRAPPLING with the MEANING of CHILD SEXUAL ABUSE

All participants in the study were driven to understand and integrate child sexual abuse into the story of their lives. This was challenging because their abuse was often perpetrated by an intimate other in acts for which they as minors were not prepared and which were covered up in secrecy. This first stage of the healing process required understanding:

- The nature of the abuse and whether it was victimization or love or disciplinary action
- The reason why it had happened to them, and especially whether they were to blame
- The effects it had had on their lives, including how it contributed to their current situation

Finding satisfactory answers to these three points and making significant changes to their lives based on their evolving understanding of child sexual abuse triggered the healing process. Consumed by these issues, they struggled with them well into adulthood. Unfortunately they continued to hold childhood beliefs about CSA, typically that it was normal or that they were to blame for it or that it was destroying their lives.

Life Patterns: In this grappling stage, participants often had troubled lives involving abuse, poor health and psychological instability. Consumed by their CSA memories, they often but not always were mired in their difficult life situations with many psychological, behavioural, spiritual and physical symptoms. Their unstable life courses included substance abuse, lack of steady employment, lack of stable housing, inability to sustain enduring supportive intimate and associated interpersonal relationships, poverty and legal problems.

Parenting: At this first stage, some ‘passed on’ abuse to their children. Deprived of positive parenting, they were unable to create a home environment in which children could thrive. Some physically, emotionally or sexually abused their children or failed to protect them from molestation. An intergenerational cycle of abuse often occurred because parents believed that child mistreatment was normal or inevitable.

Disclosure of CSA: In this grappling stage, many still kept CSA a secret, not disclosing because they suppressed its memories, were ashamed, feared they would be blamed or disbelieved, or wished to protect the abuser or their family. Often they were without friends in whom they could confide. Because there was no one to provide a new and alternative perspective about CSA, they maintained their childhood understanding of it. Some who did disclose did it indirectly or indiscriminately or hinted at it, sometimes by leaving notes or diaries, hoping someone would find out. Some did disclose, but they were not thoughtful nor selective regarding whom they chose to disclose to, thus often receiving negative reactions of blame or disbelief – leading to further silence.

Spirituality: At this initial stage, most did not experience a comfortable or meaningful spiritual connection that facilitated the healing of their self. They did not communicate with a higher power as a presence in their lives to help them nor did they have a strong commitment to spiritual beliefs. One survivor reported that she wondered why God would not provide anyone to love her.

Altruism: If they did not engage in making spiritual connections, nor did they engage in altruism. Often they knew other victims but lacked the resources to support or help them. In addition, they did not feel they could help others because they continued to believe that abuse was inevitable and simply a normal part of life.

Stage Two: FIGURING out the MEANING of CHILD SEXUAL ABUSE

Eventually, as they embarked further on their CSA journey, they began to engage in processes that would bring about a new understanding of its nature, causes and consequences. They figured out that CSA was abusive regardless of the circumstances, however it was done and irrespective of their response to it (e.g. pleasure, disgust, arousal, terror). Gradually their understanding became more nuanced about the conditions surrounding the CSA (e.g. troubled family dynamics, a society that condones violence) and the motivations of the perpetrator (e.g. power, control, but not romantic love). Much more importantly, they came to believe they were not to blame. They began to develop an understanding of how CSA and its effects had contributed to their often very troubled circumstances.

Two factors caused them to move from stage one to the second stage. **The first enabling factor was a message from at least one person that what they experienced was wrong and they were not to blame.** These affirming messages, often many years later, may have come from family members, friends, teachers or clinicians. Or it may have come from talk shows, discussions or some public announcement. These affirmative messages may not always have been immediately embraced, but the messages led them to question their previously held assumptions. **The second enabling factor was a sense of personal agency or self-efficacy.** They began to figure out abuse because they decided they had the capacity to confront it without being destroyed.

Life Patterns: While they continued to have troubled lives, their troubles were often interspersed with positive experiences and positive accomplishments whether in education or at work or in sport, or in interpersonal relationships, together with periods of sobriety or changes in health or lessening risk taking behaviour. While some of their positive experiences may have been tenuous or short-lived, they still believed that now they could make positive changes in their lives.

Parenting: As they figured out more about the meaning of CSA, they became concerned about not passing on abuse to their children. And they wanted to parent differently from how they were parented. But they had not fully figured out CSA and so could not fully garner the internal resources to prevent their own children from experiencing abuse or mistreatment. Some used harsh punishment, found out their children had been molested or were powerless to stop a partner from abusing their children. However, they were experiencing a strong desire to do what they could to be protective parents.

Disclosure of CSA: As they figured out its meaning, they became much more likely to discuss their abuse with others and in more depth, but also being more discriminating as to whom they chose to disclose. In fact, discussing with others was the main process by which they figured out the abuse. Such discussions most often occurred with a clinician but also with family members and friends. Their CSA understanding became more complex and multi-dimensional.

Spirituality: In this stage, some but not all relied on spiritual connectedness to guide their healing. Though often tenuous, this connectedness was with a divinity. Some prayed to God for answers while others questioned why God had allowed this to happen. During this stage, some may have asked for help from religious personnel or fellow worshippers to help them in the healing process.

Altruism: As they increased their understanding, especially the fact that they were not to blame, they became concerned about those continuing to be abused and thought about ways to help them. But this desire was not yet acted upon because they were still figuring things out and continuing to struggle with their own life problems.

Stage Three: TACKLING the EFFECTS of CHILD SEXUAL ABUSE

Once they had figured out the meaning of CSA, they began engaging in a series of processes to mitigate its long-term negative impacts. At this third stage, they began to seek psychological or substance abuse treatments; ended abusive relationships; improved their physical health; made changes in their interpersonal relationships and sexual lives; and sought after either educational or occupational opportunities.

Again, two enabling factors facilitated the move from Stage Two to Stage Three. **The first was the ongoing support of others such as family, friends or professionals, especially to be available during difficult times.** The experience of having someone ‘to be there for me’ was foundational to making sustainable life changes. **The second enabling factor was personal resolve.** Personal resolve was needed to move into the third tackling stage. They had to call upon all their inner strength as a person and their powers of resilience so as to tackle the effects.

Life Patterns: In this third stage, survivors engaged in new life patterns some of which were successful, others less so. Whilst the effects were mixed, they still felt that their lives were “settling down”. Their accomplishments were becoming more common and enduring as their adult lives became more stable, more healthy and more fulfilling.

Parenting: The survivors began to make changes in their parenting styles. Rather than just talking about it as in the previous stage, they now made concrete changes, becoming more nurturing and protective as parents. They were still dealing with their own issues and so their attempts to protect their children sometimes fell short. They alerted their children to potential abuse situations, distanced them from abusive family members and invited their children to discuss their own concerns. Some were over-zealous in shielding their children and did not always accurately assess situations. Becoming a good and better parent was an important concern as they tackled the effects of CSA.

Disclosure of CSA: No longer did they disclose CSA to understand it; rather it was to reinforce their gained insights. Each time they discussed it with supportive others, the more they became convinced that it was abuse, it was not their fault and it no longer had to dictate their lives in negative ways. These insights they shared with others who had also been abused, mostly to convince them that they were not to blame and they could be healed.

Spirituality: At this tackling stage, many experienced a dynamic and directed spiritual process; the presence of a divine being who sustained them as they engaged in the difficult, zig-zag recovery process. Others experienced a sense of spiritual awakening that was integral to their healing. A few others again believed that healing involved overcoming the trials and tribulations that God had provided for them in order to make them stronger. God may be seen as “my counsellor, my psychiatrist”. One survivor said, “I had to ask God. I had to ask for direction. Why has my life been like this? And he showed me why...I’m healing after 40 years”.

Altruism: They began in an altruistic, empathic spirit to show compassion to those who were abused, mistreated or simply disadvantaged. But it began to be more than general sympathy and concern; they provided concrete support and encouragement to those who were still suffering. They believed that because they had been abused and experienced some healing, they could help others better than those who had never experienced CSA. Many planned to become involved in altruistic activities such as joining victims’ organizations or speaking about their abuse in public.

Stage Four: LAYING CLAIM to ONE's LIFE

The last stage is described as laying claim to one's life in asserting their inalienable right to conduct their lives in ways that they saw fit, including, for some survivors, seeking justice from those who had hurt and abused them. They embraced the belief that overcoming the CSA effects made them capable of determining the course of their lives and making a difference in the world. After the first three stages of healing, they felt empowered to live healthy and fulfilled lives.

Again, two enabling factors triggered the move to the final stage. **The first enabling factor was the experience of a critical life event that served as a major turning point, a life event that may have been positive (e.g. a spiritual awakening or a major accomplishment) or very negative (e.g. a devastating personal loss or a very severe episode of violence).** Whether positive or negative, they were spurred on to make drastic changes in their lives. **Secondly, they made a personal commitment to transcend the CSA rather than just recover from it.** They were determined that something good should come out of their CSA, either for themselves or for others.

Life Patterns: As they laid claim to their lives, they embraced a life pattern that they experienced as empowered. They began to lead lives markedly different from those of their families of origin. They took control. They were adamant that they would no longer be abused and would develop 'equal' relationships, 'get healthier' and engage in activities to improve the lives of others.

Parenting: They strengthened their commitment that their children would lead abuse-free lives. Whilst some of their children had been previously abused, they remained committed to protecting their children. They provided reasoned and sensible advice to them about staying safe, refused to expose them to abusive family members and taught them to be assertive and self-confident. If their own children were grown up, they made sure other children in the extended family were kept safe.

Disclosure: In this stage, they disclosed their abuse almost exclusively to help others, committed to 'getting the message out' that a child was never at fault for abuse and that people can heal from violence, physical or sexual. They gave speeches to youth groups, told their stories in the media and shared their successes in treatment facilities. Their disclosures became, as it were, proclamations.

Spirituality: Some survivors experienced a meaningful spiritual transformation as a result of healing from CSA, experiencing a strong sense of intervention and, in some cases, they saw their healing as miraculous. Others believed that the healing process had redeemed them from past adult sins while others felt that it allowed them to know God in a special way and that they could pass on special spiritual gifts to others.

Altruism: As they laid claim to their lives, they became strongly and altruistically committed to improving the lives of others. They became involved in advocacy and volunteer activities such as working for victims' rights organizations. They chose to join helping professions so as to make a difference in the lives of those abused, oppressed or disadvantaged.

The Drausker model of CSA Healing sees it as a multifaceted and dynamic process of healing over the lifespan. Healing is more than recovery. They make the important point that disclosure is not a black-or-white matter of: one tells of the abuse or keeps it secret. Rather it is a process that evolves over the lifespan. It is heavily influenced by the responses of others and is also intrinsically related to how the survivor incorporates the abuse into his or her life narrative. The model also emphasizes the importance of life turning points through which they gained a better understanding of critical life events.

