

Working With Survivors of Sexual Abuse and Trauma: The Case of Angela

Angela is a 27-year-old, Caucasian female, who first came to counseling to address her history of sexual abuse. She graduated from college with a BS in chemistry and has since been employed by pharmaceutical companies. After obtaining a new job, she relocated to an apartment in an East Coast city where she knew no one. Both of Angela's parents live on the West Coast, and she has one younger brother who also lives in a different state. Angela has limited contact with both her mother and brother and does not have any contact with her father. Angela is obese and disclosed a history of struggling with her weight and eating issues. She has few friends, and those she does have live far away.

Angela has a long history of trauma in her life. She was sexually abused between the ages of 9 and 21 by her father, sexually assaulted at the age of 14 by a classmate in school, and mugged as a young adult. There was domestic violence in the home, also perpetrated by her father. Angela's father is considered an upstanding member of the community, and he is well liked and respected by others. No one in Angela's family believes that she was sexually abused, and her father joined a "false memory syndrome" group and is outspoken about that issue. There has been little discussion in her family about what took place in the home while she was growing up.

Angela struggled with daily functioning and exhibited symptoms of post-traumatic stress disorder (PTSD). She had a history of cutting herself and binge eating and displayed some characteristics of borderline personality disorder. Angela also mildly dissociated when under duress. Angela suffered from depression and anxiety and had trouble establishing new relationships, both socially and at work. Although Angela has a stable job and was able to complete her work each day, at times she became overwhelmed by her emotions and retreated to the bathroom where she cried and sometimes cut herself before returning to her workstation. Angela relied on writing, artwork, and her cat for solace

and comfort. She was also very active outdoors, often hiking, biking, and going on camping trips by herself. Her goals in life were to own her own home, lose weight, enjoy relationships with others, and find peace with her traumas.

As a result of the abuse she experienced, it was necessary to begin treatment focusing heavily on establishing trust and a relationship with the client. After 1 year of therapy, deeper process work was being done around her traumas, and she was able to open up much more. She disclosed more painful experiences to the therapist and began expressing her feelings, including intense anger at her family members.

Angela also joined a group for survivors of sexual violence in the same program where she was receiving individual therapy. She was thus able to meet other survivors and engage them in relationship building and obtain support. Over time, she lost 100 pounds and made new friends, and her level of functioning increased dramatically. Six months into the group, however, I noticed boundary issues between the members of the group and the group facilitator. After speaking with the group facilitator about these concerns and others regarding her clinical judgment and boundary crossing, the decision was made to terminate her.

As a new group facilitator began engaging the group, I noticed that Angela was not sharing as much in her individual sessions and, overall, seemed guarded. I tried on numerous occasions to address the shift, and while Angela acknowledged that trust had become an issue, she would not directly express her concerns or feelings. After some discussion, I explained to Angela that while I could not discuss the issues concerning the group facilitator, she should feel free to talk about her feelings and concerns in general. However, it became obvious that trust could not be rebuilt, particularly in light of the professional boundary issues with the group facilitator. I asked if she wanted to terminate counseling with me and find a new therapist, and Angela agreed. I provided Angela with three referrals so that she could continue her treatment. I learned that Angela and the former group facilitator had become friends and remained so after both had left the program in their respective capacities.

Reflection Questions

activities as Veronica did. She went to school every day and did not appear very different from other children in her area. It is important to note that families in poverty-stricken countries like Guatemala are deceived by traffickers who offer them money equivalent to a year's income in exchange for their children. All the details of this case are not clear as of yet but it is believed that the maternal aunt was working in conjunction with someone else.

9. Describe any additional personal reflections about this case.

This was a hard case to digest. It is one of those cases that you end up taking home with you in your heart. This 13-year-old girl has been through a lifetime of exploitation. For the first few weeks she would just look at me as if she were looking right through me. She needed a lot of coaxing to participate. Although she still has a great deal of healing ahead of her, Veronica is in a much better place and is making every effort to live a normal life.

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1. What specific intervention strategies (skills, knowledge, etc.) did you use to address this client situation?

Knowledge of trauma and child sexual abuse was key as was active listening, validation, boundary setting, and, at times, confrontation.

2. Which theory or theories did you use to guide your practice?

I applied relational, cognitive behavioral, empowerment, and strengths-based theories.

3. What were the identified strengths of the client(s)?

Angela's strengths were her ability to persevere and be resilient, as well as her ability to find time for self-reflection and self-care. Despite everyone around her telling her otherwise, she was still able to stand firm in the knowledge that she was sexually abused and therefore needed to have clear boundaries with those who did not believe her.

4. What were the identified challenges faced by the client(s)?

Angela's challenges included an occasional inability to function at work, self-harm, and isolation.

5. What were the agreed-upon goals to be met to address the concern?

The goals were to increase functioning, enhance ability to create and sustain relationships with others, reduce isolation, address and increase self-esteem, refrain from cutting, and work through early sexual trauma.

6. What local, state, or federal policies could (or did) affect this situation?

The statute of limitations in both civil and criminal cases affected Angela's case.

7. How would you advocate for social change to positively affect this case?

I would advocate with legislators in the state to eliminate the statute of limitations so that survivors of sexual abuse could prosecute and/or sue their perpetrator when they were ready.

8. Were there any legal or ethical issues present in the case? If so, what were they and how were they addressed?

There were ethical issues regarding boundaries and dual relationships. The group facilitator in this case was inappropriate with her clients and became personal friends with this particular client along with the other women in the group. I addressed this by trying to work with the group facilitator, as well as by encouraging her to discuss this in her off-site clinical supervision. Because no change was occurring, eventually the group facilitator was terminated.

9. How can evidence-based practice be integrated into this situation?

The use of a sequenced, titrated approach using relational theory to address complex PTSD is incredibly helpful, especially for those survivors of sexual trauma with multiple victimizations and difficulty with daily functioning.

10. Describe any additional personal reflections about this case.

As the individual therapist, this case was heartbreaking for me. The relationship and trust I had built with this client was destroyed, and I was placed in a very precarious position. The client did not want to discuss the changing dynamic and had

clearly been influenced by the group facilitator, who was incredibly friendly and outgoing. There was no other choice but termination, and the realization that the damage could not be repaired was disappointing. However, had I disclosed “my side” of what was happening, I would have been making the same errors as the group facilitator and involving myself in a dysfunctional and unhealthy dynamic, including crossing boundaries—exactly what survivors do not need. There are times when you must “swallow your pride” to do what is right and best for the client, especially given the different variables and considering the ethical issues at play.

Working With Survivors of Sexual Abuse and Trauma: The Case of Brenna

1. What specific intervention strategies (skills, knowledge, etc.) did you use to address this client situation?

I used reflective listening and reframing to assist Brenna in setting goals and determining her unmet needs. I used knowledge of local systems and social service agencies to provide referrals and to secure needed services.

2. Which theory or theories did you use to guide your practice?

I utilized systems theory.

3. What were the identified strengths of the client(s)?

Brenna’s strengths were her resiliency and self-sufficiency. Brenna viewed her desire to provide a better future for her child as a strong motivating factor for changing her life.

4. What were the identified challenges faced by the client(s)?

Brenna lacked a familial support system and network of friends, and she was socially isolated. Upon entry to the shelter, she lacked medical care, employment, income, and housing. Brenna also struggled with difficulty reading and writing. Brenna had experienced trauma and violence in her past and would be raising her child alone.

5. What were the agreed-upon goals to be met to address the concern?

Brenna and I agreed to secure medical care, a housing plan, and a source of income. Brenna also set goals to improve her mental health.