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COVENANT

Effects of Childhood Victimization and Sexual Abuse

by Christiana Ashabo, ICADC

Trauma stemming from childhood abuse or neglect is essentially an experience of fear, diminished self esteem, anxiety and profound powerlessness. Subsequently, power abuse and sexual acting out are attempts to recover esteem and power and are derived from a distrustful world in which there is never enough security.

Victims of child sexual abuse feel damaged to the core. They experience the profound sense of shame that drives compulsive behaviour in a wide range of addictions. Many adult survivors of sexual abuse marry perpetrators or engage in compulsive behaviours. Victims experience tremendous problems in daily life, as their survival strategies deprive them of joy and spontaneity.

The immediate effects of child molestation and incest are profound. Victims frequently develop sleep problems, including sleepwalking, night terrors and bedwetting, as their immature minds struggle with the meaning of sexual contact with an adult. They may develop intense fears reflected in phobias (intruders, animals, heights, school, etc.) and avoidant behaviours (withdrawal, avoidance of adult strangers). Frequently, the development of victims is arrested at the age period of the abuse incidents.

When the victim is scared, he or she may turn to a parent or another adult for support and understanding. Yet, seeking help may lead to subsequent abuse, either through ongoing sexual trauma or failure to believe the accusations of the child. If the young victim is able to talk openly about the offense, he or she may be subjected to a series of frightening or humiliating interviews, evaluations and other interventions by adult authority figures. Often, the victim feels responsible for the upset and chaos arising from the reporting of abuse. Some perpetrators manipulate victims by threatening the child that he or she will be responsible for the separation of the family, the perpetrator going to jail, etc. Thus, many victims decide to retract their reports out of fear, intimidation, and the burden of responsibility for taking care of the troubled family.

The child victim sometimes feels so bad, dirty or shameful that self-abusive or risky behaviours become a lifestyle. Other victims over-compensate for the internal sense of unworthiness by compulsive bathing or hand washing, exaggerated modesty and non-acceptance of bodily functions. Some children question their personal identity and may become highly suspicious, distrustful, paranoid, or even psychotic. There are difficulties at home, at school and in the community as the child or adolescent feels like an outsider, alienated from self and society.

Child sexual abuse is frequently associated with poor sexual adjustment over an entire life span. The child who is introduced to sex by an adult may experience a preoccupation with sexual matters. There may be pseudo-mature behaviour as the youngster is rushed into adolescent feelings and issues by premature sexual contact. Many victims engage in early or excessive masturbation and sexual play with peers. As the child ages, patterns of sexual addiction may emerge, or the victim may even become a molester of younger children in the family or neighbourhood. Other possible consequences include sexual identity confusion, sexual delinquency or promiscuity, prostitution, and teenage pregnancy.

> *"The primary goals of therapy include building self-esteem, ...and taking control of one's life – self empowerment."*

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Learning to *Care*…. not *Worry*

by *Susan Roncadin, RN, CPMHN (C)*

The following is adapted from a reflection offered at a recent Commissioning Service as residents prepared to leave Southdown.

"Look at the birds of the air: they neither sow nor reap nor gather into barns, and yet your heavenly Father feeds them. Are you not of more value than they?"

Matthew 6: 26

50 years have passed since I first learned of this passage from Matthew's gospel. 50 years ago on the day of my First Communion! Excited about my beautiful white dress and veil, excited about being the centre of a day that would be celebrated with family and aunts and uncles and lemon tarts and sacred gifts; it would by my special day. But when the day came I was absolutely overwhelmed. My tummy betrayed me, my tears wouldn't leave me. I was frightened beyond words. It all felt too big. I was overtaken with worry.

As my mother helped me dress and put on my veil, she told me the story of how God takes care of the birds in the sky and the lilies in the field. She told me that my name Susan meant lily, and that surely God would take care of me. And a lot of caring I needed!

It was a large communion class, we being baby boomers and being the smallest, I was to lead the way down the aisle. This I managed. But at the white draped communion rail when the host was placed on my tongue, I fainted! My next memory is of being in the sacristy and Sister Theresa Ann handing me a lime green plastic cup and ordering me to drink. What my older sister recalls is sitting in the pew with our family and hearing my parents' words, *"It couldn't be, maybe it is, Oh my God that bundle being carried across the altar is our Susan"*. And my sister reminds me to this day that she was mortified.

Then I recall so clearly, Sister Theresa Ann, with purpose, re-fluffing my dress, straightening my veil, and whisking me back across the altar to join my classmates in the pew. Afterwards in the church auditorium as we lined up on bleachers for the group photo, several of my little friends ask me what happened. I don't recall what I said but what I knew was that I had indeed been taken care of.

The rest of the day went forward without incident and in the years to come, the event was retold and embellished. But as I look back on my life, it was from this event and so many others challenges I have experienced since then, that I learned that everything that I may think is the end of the world, isn't.

Eighteen years later on a Friday evening in April, I would wear another white dress and veil, and walk down the aisle to celebrate the sacrament of matrimony. It being the week after Easter, it was comforting to see the altar decorated with dozens of lilies. Thankfully, this time I remained conscious.

Not once, but three times in the space of ten verses in Mathew 6: (25-34) Jesus tells us not to worry. Easy to say! What He does <u>not</u> say is not to care. But there have been many times in my life when I have confused worrying with caring, when on some level I chose to worry as a way to feel that I was at least doing something. Times when I was so busy worrying about the lives of others (mainly my children) that I stopped living mine. I can even hear myself saying, "Well someone has to worry!"

It was as if I felt that worrying for someone was like carrying their load. What I have come to realize, on my clearer days, is that is precisely what God does not want us to do. What I do know is that worrying is a place of torment and, unfortunately, if one lives there long enough, it begins to feel like home.

Jesus asks us the rhetorical question, *"…can any of you, for all his worrying add one cubit to his span of life?"* In my moments of enlightenment I get this. But in the midst of my daily business of cooking and cleaning and sorting and fixing and making sure there is something in the fridge for breakfast and working and worrying about an upcoming event, I forget this.

Presbyterian minister and author, Frederick Buchner, describes us as resembling ants at work on a bare patch of lawn, scurrying this way, stopping, scurrying that way, laboring under the weight of the crumb that we can carry just so far. Small things loom large, large things go unnoticed; the sky the birds, the flowers. Life is business for all of us. Keeping still comes harder.

But even the ant lays down her crumb. And for us, even at our busiest times when we are on the move, something within us pauses from time to time and stillness comes and we take a breath, aware of the wonder of this amazing world.

Things come together again and they fall apart again. It's just like that. Perhaps as Pema Chodron tells us in her book ***Comfortable with Uncertainty*** the healing comes from letting there be room for all this to happen; room for grief and for relief, for misery and for joy, to be still with a broken heart or a feeling of hopelessness, to be still with uncertainly in the midst of chaos and to live with the tension of craving, to be free and independent on the one hand and to be taken care of and safe on the other. And always, that ever present challenge to stop speeding though our lives.

Jesus tells us to consider the lilies in the field and the birds in the sky, to trust that our lives are about the earth and the sky, about being both grounded and soaring. It is about and only about today. We must trust and be comforted that tomorrow will take care of itself. As you leave today I would like to pray with you the beautiful words of Psalm 46 that you have chosen: *"Be still and know that I am God."*

From the CEO's Desk:

Life after Southdown

by: Miriam D. Ukeritis, CSJ, PhD

The role of Continuing Care (formerly known as *Aftercare*) in Southdown's programming has recently taken on new significance in my thinking as we seek to replace our Continuing Care Coordinators. (See announcement elsewhere in this ***Covenant***.) Those engaged in this aspect of Southdown's ministry have the unique and critical task of assisting residents conclude the residential portion of their healing journey and transition to life and ministry in their home diocese or community.

This reality of "life after Southdown" is also a concern to both the departing resident him or herself and their leadership. In the March 2009 ***Covenant***, Mary Buckley, gsic, and Dolores Hall outlined in clear and practical ways "A Leader's Role in Supporting Members in Continuing Care." The question remains, however, as to what this support looks like in a community or diocesan structure centered on mission vs. support in a therapeutic community. In the following paragraphs, we will consider elements common to a therapeutic community and post-residence life as well as the differences between the two settings.

WHAT ELEMENTS ARE COMMON TO THERAPEUTIC COMMUNITY AND POST-RESIDENCE LIFE?

In reflecting on this question, Seán Sammon, FMS, noted that while religious communities are not intended to be therapeutic communities there are, indeed, *"healing aspects to … life together. [Members] can unburden [them]selves to one another, and, where members of the group are mature and generous, mutual support is forthcoming. … Religious community can and must be a place where we thrive humanly and spiritually."*[1] There are, therefore, opportunities for sharing one's struggles and joys, hopes and dreams as well as frustrations and challenges. Indeed, most of the Constitutions of religious communities speak of these qualities. Those who minister as diocesan clergy also seek spaces where fraternity is possible, either within a rectory setting or through other structured relationships such as clergy support groups. Pursuing health, wholeness and holiness is important in both settings.

WHERE ARE THE DIFFERENCES?

A key difference between the therapeutic setting and post-residence life is that, in the therapeutic community, the personal growth and healing of its members is the chief concern. As I sit with residents in their orientation to the residential program, I typically begin with the invitation to a new resident to understand his or her participation in their program as a ministerial assignment – perhaps one of the most important assignments of their life to date. In inviting them to enter into the challenging and courageous work of growth and healing, they are reminded that this is not only for them but also for the People of God to whom they have committed their lives. In post-residence life, particularly for diocesan clergy and apostolic religious, the mission of the congregation and the local church is the focus. In the words of my own congregation's **Constitution**, "strengthened by our life together, we turn beyond ourselves to serve a world in need." In a therapeutic community, members learn to identify *their* needs and feelings, to tell (perhaps for the first time) the stories from the past that have led to paralyzing fear or destructive behaviors, and to grapple with the results of poorly made choices. In a post-residence setting, these same women and men need to integrate these learnings and activities with the demands of ministry and living. Indeed, the first item noted in the "Key Result Areas" of the Continuing Care Coordinators is that "residents are well-prepared to re-enter the ministry and life available to them following the residential treatment program." In their final month of residence, residents participate in a series of group and individual Transitions sessions aimed at preparing them for this reality. They prepare a Covenant for Mission that seeks to identify what will enable them to continue their journey of growth and healing. They are also reminded that they are not engaged in re-creating a Southdown world in the local community or diocesan setting to which they are returning.

MAKING THE TRANSITION.

While it is easy to articulate the differences between the two settings, making the transition between the two is not. Understanding how the support so readily found in a therapeutic community can be accessed post-residence may take weeks of search and struggle. Learning to live without the immediate "listening ear" when faced with challenges may be stressful and even disappointing. Understanding and accepting the difference between the types of conversations common at lunch at Southdown and over dinner in the local community may take time – and the patience of all involved.

In a way, the process of transitioning to "life after Southdown" is a process of loss for the returning resident. Throughout that time, having access to someone willing to listen (with limits!) and who may have shared in a similar transition can be a grace. Leaders, community members, friends and confreres may lovingly be present to the returning resident, acknowledge his or her struggle, and call them forward to life in ways that increasingly reflect the reality of their congregation or diocese.

In truth, both the returning resident and the receiving community go through a stage of adjustment to one another. In a real way, the work of this time for all involved is that of our Mission at Southdown: *"to assist the Church to provide healthy ministers and develop healthy communities of faith that will fulfill the desire of Jesus that all "might have life and have it to the full" (John 10:10).*

[1] Seán Sammon, FMS. (2002) **Religious Life in America**. Staten Island: Alba House, p. 98-99.

Effects of Childhood Victimization and Sexual Abuse

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Childhood sexual abuse is frequently implicated in the histories of adolescent runaways, rape victims and battered women. Survivors of incest and child molestation are vulnerable to victimization throughout their lives because they feel so broken and worthless that they accept whatever abuse is perpetrated. Given their early life experiences, they may view abuse as 'normal'. Feeling guilty and shameful because their victimizers have not accepted any responsibility for their offenses, the child is essentially left alone to struggle with the secret of their incest or abuse experience.

As the victim grows up, he or she may experience depression, social maladjustment, or nervous symptoms such as nail-biting or tics. Often, there is a pervasive sense of hopelessness and helplessness that interferes with assertion and autonomy. This condition is called the "victim stance". Alcohol or drugs may be used to numb the pain associated with "flashbacks" or intrusive recall of abuse incidents. Substance abuse also bolsters a fragile ego forged by chronic low self-esteem.

Many adult survivors cannot enjoy a sexual relationship with their spouse or chosen partner. They present a wide range of sexual dysfunctions from lack of sexual desire to inability to experience healthy intimate relationships. Some victims can be 'turned on' only by masochistic or abusive relationships. Others develop aversion even to close physical contact with loved ones. Acting out with non-intimate partners or even sexually abusing one's own children may occur as sexual addiction emerges and the victim becomes a perpetrator, repeating the cycle of sexual abuse.

The bulk of treatment for victims of sexual abuse occurs in the clinical setting, either shortly after the abuse has occurred or, sometimes, many months or years later when the victim comes forward for treatment after a recent stress or event has caused the victim to focus again on sexual events from the past. Therapy in the clinical setting should be carried out by individuals specially trained in this area. Prior to treatment, it is important to determine whether the effect of abuse has been internalized as either an avoidance response or as distorted cognitive beliefs.

The victim should be prepared for the likelihood that initially there will be discomfort in facing memories of abuse. The primary goals of therapy include building self-esteem, alleviating guilt, building trust, dealing with anger, changing interpersonal relationships, and taking control of one's life – self empowerment.

Sexual abuse of any kind is an absence of consent by the victim and the misuse of power by the perpetrator in order to accomplish the abuse. The victim needs to understand their powerlessness during the abuse to avoid self blame and self-punitive behaviour for the abuse. Work on self-empowerment and self esteem is an ongoing challenge for victims of sexual abuse. For survivors to feel and have a sense of safety and stability, they must learn how to set emotional boundaries, how to manage negative feelings, and to even create imaginary "safe places" should they be prone to experiencing flashbacks.

CONTINUING CARE UPDATES ... POSITION OPENING

Both our Coordinators of Continuing Care will be leaving Southdown at the end of August. Each has recently been involved in a process of discerning their future ministries, and here is where the Spirit is leading:

- **Mary Buckley, gsic**, was recently elected to her congregation's leadership team and will be moving to Pembroke, ON.
- **Dolores Hall** has accepted a position of Spiritual Director at Providence Spirituality Centre in Kingston, ON.

We will very much miss Mary and Dolores! Though they cannot be "replaced," ...

...WE ARE SEARCHING FOR NEW CONTINUING CARE STAFF.

The position focuses on working with residents and their community or diocesan leadership in preparing for re-entry into ministry and community life. In light of this, experience and knowledge of the culture of clerical and religious life within the church are essential. A Masters Degree (or equivalent experience) in Pastoral Counseling or Social Work would also be helpful.

Along with an attractive salary and benefit package, this appointment offers an opportunity

- to work in a collaborative environment with an interdisciplinary team of professionals, and
- to engage or influence the wider Church community.

If you are interested in a position of Continuing Care Coordinator, you may forward your resume or letter of interest in confidence to mukeritis@southdown.on.ca or communicate directly **with Sr. Miriam Ukeritis, CSJ,** *Chief Executive Officer,* at **905 727-4214.**

SOUTHDOWN'S NEW POSTAL CODE

Canada Post has assigned a new postal code to Southdown, effective immediately.

1335 St. John's Sideroad East
Aurora, ON L4G 0P8

Please amend your records accordingly.

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