

Section Ten: Adult Incest Survivors

ADULT IMPACT OF CHILDHOOD ABUSE

(taken from Survivor to Thriver manual, The Morris Center, P.O. Box 14477, San Francisco, CA 94114.)

Sexual Abuse

Sexual abuse is defined as any sexual act directed at a child involving sexual contact, assault or exploitation. Sexual abuse is divided into two categories: contact and non-contact. Acts of contact child sexual abuse include fondling, rape, incest, sodomy, lewd or lascivious acts, oral copulation, intercourse and penetration of a genital or anal opening by a foreign object. Examples of non-contact sexual abuse include exhibitionism, presentation of pornographic pictures, telling of sexual stories, allowing the child to witness adult sexual relations, treating the child in a sexually provocative way or promoting prostitution in minors.

Physical signs that may suggest sexual abuse of children include sexually transmitted diseases; genital discharge or infection; physical injury or irritation of the oral, anal or genital areas; pain when urinating or defecating; difficulty walking or sitting due to genital or anal pain; and stomachaches, headaches or other psychosomatic symptoms. Again, most, if not all, of these symptoms can result from other, non-abuse related causes or conditions. Please keep this in mind as you evaluate your own history.

Behavioral signs that may result from sexual abuse include age-inappropriate sexual behavior with peers or toys; excessive curiosity about sexual matters; overly advanced understanding of sexual behavior (especially in younger children); compulsive masturbation, prostitution or promiscuity; and incontinence (in the case of anal intercourse). Once again, these symptoms may be the result of other occurrences, and you should be wary of jumping to any conclusions.

Concern about and awareness of sexual abuse have grown dramatically in recent years as numerous public surveys have reported its pervasiveness. It is currently estimated that up to one third of all women and up to one seventh of all men over the age of 21 have been sexually abused as children. Sexual abuse may be the

final skeleton in the family closet, one that has been obscured for years or even generations behind a veil of secrecy and denial. Thanks to the emergence of the adult survivor movement, men and women who have suffered from childhood sexual abuse for years as children are now breaking their silence about their secret.

Sometimes abused children think that if they couldn't stop the abuse, then they were at least partially responsible for it. Trends in state laws challenge this kind of thinking. For example, in California, if the child victim is under the age of 14, any sexual contact with an adult is presumed to be sexual abuse, even if the child has purportedly consented. In the case of child victims over the age of 14 who may have consented to the sexual contact, the issue is determined by looking at a number of factors including the age of the adult, the nature of the relationship, and the emotional maturity of the child. Some teenagers under the age of 18 may not have sufficient psychological maturity to consent to a relationship with someone much older, while others may be deemed to have consented. The determination will vary in each situation.

There are many factors that place children at risk for sexual abuse, especially in an era of high divorce rates and blended families. Children are most likely to be sexually abused between the ages of 8-12. Girls are more at risk for sexual abuse than boys (statistics show one out of every three girls compared to one out of every seven boys). Girls who are abused are more likely to live in a blended family or with a single mother who is employed outside the home. When a natural father is the abuser, the girl's mother is often absent or uninvolved for some reason. She may be disabled, ill, working outside of the home or alcoholic. Factors such as these may result in less than adequate care-giving and a lack of parental authority. The parents' marital relationship may be in discord, and the parents may be avoiding dealing with each other. Ever so gradually, the father may begin to place the girl in the role of wife.

Sexual abuse also happens to boys, although not to the extent reported for girls. Boys are more likely to be abused by adult males, teenage siblings and other older boys known to the victim. Some male victims might later point to this sexual abuse as the cause of confusion about their sexual identity. When the molester is female, boys are confused about how to interpret the experience. Is it sexual abuse or sexual opportunity? Because boys are socialized to want sex, cultural norms often cloud their perceptions of the experience. Because boys are supposed to be "tough" and able to defend themselves, they may be disinclined to speak up about having been taken advantage of. In many cases, it may be a more convenient

psychologically for them to interpret their abuse as a "conquest" rather than a victimization. But the conflicts do not go away just because the abuse is cast in a positive light.

Incest between mother and son is every bit as harmful as father-daughter incest. Mother-son incest is usually the outgrowth of a long-established seductive relationship that may then evolve into overt sexual relations when the boy reaches puberty and begins experiencing his own sexual awakening. This is an important dynamic that touches on issues of emotional abuse as well. Although some children may feel responsible, the responsibility always rests with the parent to set appropriate standards of behavior. In cases of mother-son incest, the mother is almost always incapacitated as a parent due to addictions, severe emotional problems or her own unresolved childhood sexual abuse.

There are many factors that can influence the degree of impact of sexual abuse on a child. A child who has been abused by more than one offender is likely to be more traumatized because the repetition of the abuse reinforces the child's attitude that s/he is somehow responsible. The type of sexual contact can also be significant. Intercourse can have more serious consequences than fondling or exposure to pornography. When aggression or violence is used to force sex, the impact is even more negative because the child feels fear and greater loss of control, as compared to more seductive molestation in which persuasion and manipulation are employed.

When children participate to some degree in the sexual contact or are unable (as is usually the case) to find a way to prevent the abuse from happening, the guilt and shame over their involvement often causes severe consequences. If there were some pleasurable sensations from the contact (common when the abuse involves fondling), children often interpret their feelings as evidence of their culpability and responsibility. Children do not usually understand that the responsibility for preventing sexual expression of affection lies with the parent or adult.

In cases where the sexual abuse occurs outside of the home, the reaction of the family is paramount in shaping the degree of impact on the child. When the family is supportive, gets immediate help for the child and avoids any blaming or stigmatization, the long-term effects can be lessened. However, when the family does not understand, blames the child for the sexual abuse or is unable to accept that the child was victimized, the impact can be truly devastating because the family's reaction confirms the child's worst fears: that s/he did something wrong or did not do enough to prevent

the sexual abuse. In these cases, the family members become co-conspirators in the abuse because, in failing to give the child what s/he needs during a time of tragedy, they may do far more damage to the child than did the abuser. It is no surprise that children will feel stigmatized by the sexual abuse if their families treat them with disdain and disgust.

Sexual abuse outside the family may have actually increased during the last twenty years because more children are being cared for in daycare centers, after-school programs and juvenile institutions. There has been a rash of stories of sexual molestation in daycare centers across the country, although proving guilt in these cases has often been unsuccessful. There are even three "pro-pedophilia" organizations operating in North America, all dedicated to finding and maintaining sexual relationships with young girls and boys.

With the explosion of the adult film industry, there is evidence that child pornography rings are proliferating. It is estimated that upwards of half a million children are involved in these activities. Teenage runaways, many of whom end up on the streets hustling for food money, are likely targets for sexual abuse and exploitation. Unfortunately, the effects of child sexual abuse will not be fully felt until today's child victims grow up to become tomorrow's adult survivors.

Emotional Abuse

Emotional abuse is defined as a pattern of psychologically destructive interactions with a child that is characterized by five types of behaviors: rejecting, isolating, terrorizing, ignoring and corrupting. Emotional abuse involves the use of "words as weapons." The scars left may be more psychological than physical, which makes emotional abuse harder to identify. Physical signs of emotional abuse may include malnourishment, small physical stature, poor grooming and inappropriate attire for the season or circumstances. Behavioral signs that may suggest emotional abuse include constant approval-seeking; self-criticism; letting oneself be taken advantage of; excessive timidity or quiet aggression; indecisiveness; fear of rejection from others; and verbally hostile, provocative or abusive behavior. Because these signs can result from other social and environmental causes, we again encourage you to take care in assessing your own personal experiences.

Because much emotional abuse consists of words, and because the use and meaning of words are highly subjective, it is harder to quantify and clarify examples of emotional abuse. What is heard as

abusive language by one child may be the norm for another, although it still may be abusive, even if it is not so classified by the community. Similarly, much emotional abuse consists of acts of omission, rather than commission, and so there may not be a sign or symptom to point to as evidence. For these and other reasons it is difficult to generate accurate statistics on the occurrence of emotional abuse.

Emotional abuse, more than physical or sexual abuse, must be measured in terms of severity. It is deemed mild when the acts are isolated incidents; moderate when the pattern is more established and generalized; and severe when acts are frequent, absolute and categorical. All parents are emotionally abusive to their children at certain times. Parents are not perfect, and they too are subject to stresses and strains of daily living that may cause them to lash out at others. It is especially important to determine whether there is an established pattern of verbal abuse or mental cruelty in order to label the behavior emotional abuse. Emotional abuse is the least understood, and perhaps the most controversial of the three types of abuse because of the confusion about how to define and describe it. It was psychologist James Garbarino who defined emotional abuse in terms of the five behavioral clusters described below.

Rejecting: Rejecting involves the adult's refusal to acknowledge the child's worth and the legitimacy of the child's needs. Children experience rejection and abandonment when parents act in ways that minimize the child's importance or value. During infancy, this may involve not returning the infant's smiles or misinterpreting crying as manipulation. In later years, it may include refusing to hug the child, placing the child away from the family, "scapegoating" the child for family problems and subjecting the child to verbal humiliation and excessive criticism. The child begins to think, "If my parents don't think I matter, then I must not be very worthwhile. If I'm not very worthwhile, maybe they will abandon me."

Terrorizing: Terrorizing includes verbally assaulting, bullying or frightening the child, thereby creating a climate of fear that the child generalizes to the world at large. Terrorizing usually involves threatening the child with some kind of extreme punishment or dire outcome, one that is clearly beyond the child's ability to respond or protect him/herself. The end result is that the child experiences profound fear and is left to her/his own psychological imaginings. Examples of terrorizing vary according to the child's age. During infancy, the parent may deliberately violate the child's tolerance for change or intense stimuli by teasing, scaring or engaging in unpredictable behavior. As the child grows older, the terrorizing may

take the form of verbal intimidation: forcing the child to make unreasonable decisions (such as choosing between competing parents), constant raging at the child or threatening to expose or humiliate the child in public. In families that practice strict religions (fundamentalist and other sects), children can be terrorized by parents who "put the fear of God" in them or threaten them with the devil's wrath, should they not behave.

Ignoring: Ignoring entails depriving the child of essential stimulation and responsiveness, thereby stifling emotional growth and intellectual development. Ignoring refers to the condition in which, due to excessive preoccupation with their own issues, the parents are emotionally unavailable to the child. In contrast to rejecting, which is actively abusive, ignoring is passive and neglectful. Ignoring behaviors include not responding to the child's talk, not recognizing the child's developing abilities, leaving the child without appropriate adult supervision, not protecting the child from physical or emotional assault by siblings or friends, not showing interest in the child's school progress and focusing on other relationships (such as a new lover) to the point that the child feels displaced. Emotional neglect may be the most common type of abuse, but it may also be the least reported.

Isolating: Isolating involves the adults' cutting the child off from normal social experiences, thereby preventing the child from forming friendships and reinforcing the child's belief that s/he is alone in the world. Isolating the child from normal opportunities for social relations is another form of emotional abuse because it impedes the social development of the child. Included here are efforts by the parents to put the child at odds with friends, presenting "outsiders" as the object of suspicion, reinforcing the child's concerns about peer acceptance and thwarting the child's attempts to be industrious and self-sufficient. Specific behaviors that tend to result in isolation are preventing children from seeing family or friends, preventing receipt of appropriate medical care, punishing the child's social overtures, rewarding the child for avoiding social situations, prohibiting the child from inviting other children home, withdrawing the child from school and preventing the child from joining clubs or dating. Because children tend to become more socially active as they get older, it is far easier to seclude a young child than an older one.

Families that are members of strict or closed religious groups may be especially prone to isolation and have been known to keep their children out of school because the "outside world" so conflicts with their personal beliefs and values. However, there are certain religions which de-emphasize, and even prohibit, certain contacts with the

"outside world," especially those involving doctors and medical procedures. In these contexts the isolating behavior does not necessarily constitute abuse. If you grew up in this kind of atmosphere, there may be an explanation for why your family engaged in isolating behaviors.

Isolation is also common in families where father-daughter incest exists. In these cases the father wants to keep the child at home to preserve his access to her and to limit the possibility that she will tell someone about the incest. Many times incest comes to light only after several years when the girl, now a teenager, tells somebody in her peer group what has been going on at home.

Corrupting: Corrupting involves encouraging the child to engage in antisocial behavior that reinforces deviant social attitudes. Most frequently the corruption has to do with suggesting inappropriate ways of handling aggression, sexuality or substance abuse. By encouraging antisocial values and behaviors and discouraging the learning of positive social attitudes and skills, the parents hinder the child's social development. Sometimes a child evolves an identity that puts him/her at odds with the conventions and standards of society. Some examples of corrupting behavior include reinforcing the child for sexual behavior; condoning drug use; rewarding aggressive behavior; exposing the child to pornography; and involving the child in criminal activities such as prostitution, drug dealing or insurance fraud. Another example is parents who force their racist or exclusionary attitudes on their children and encourage them to act on these beliefs in ways that cause problems for them with peers, at school and even with the law.

Adult Repercussions of Child Abuse

If survivors of child abuse share many common experiences as children, it should be no surprise that they also share many of the long-term effects of child abuse. These problems often have a pervasive impact on all areas of a survivor's life. Following is a discussion of some of the most frequently cited problems experienced by adult survivors, and some journal questions to help you in determining whether each issue is problematic for you. Not everyone shares all the different types of symptoms, nor do all survivors experience the same degree of intensity of the problems. You will have to determine which of the following problems are primary and which are secondary in your life. Recognize what seems to apply to you, make note of it, and leave the rest. Use the journal questions as a framework, and remember that the fact that you experience any (or all) of these problems does not prove that you

were abused as a child or that the abuse you suffered is the cause of your current problems. These self-perceptions and problems can stem from a variety of other sources, both internal and external.

Relationship Problems

Adult survivors often have a difficult time initiating, maintaining and enjoying relationships. Any kind of relationship, ranging from collegial relationships at work, to personal friendships, to parent-child relationships, to intimate, romantic relationships, may be problematic. Relationships for survivors may reflect the all-or-nothing syndrome: either too few or too many relationships that seem to come and go like people through a revolving door. In some relationships, the survivor may assume a particular role and proceed to play out a replication of the past abuse. Given that child abuse most often occurs in the context of family relationships, the possibility of your repeating old patterns in personal adult relationships should not be underestimated.

Relationships can be difficult because they call upon personal characteristics and emotional capabilities that are often new to adult survivors, such as trust, assertiveness, intimacy, self-confidence, good communication skills, the ability to give and receive affection, self-awareness and empathy for others, and acceptance of one's own feelings and needs. Many adult survivors find their personal relationships characterized by fighting, feeling misunderstood, projecting blame on each other, and feeling overwhelmed by powerful moods. Frequently, adult survivors anticipate rejection or non-acceptance and protect themselves by withdrawing or by becoming overly aggressive. These behaviors, and others, are probably ones you adopted as a child to help defend yourself against the abuse, but they may not be productive or healthy in adult relationships.

After years of not feeling their feelings or expressing them to others, many survivors feel limited in their daily dialogue with a loved one. Making changes in your relationships begins with developing awareness about which modes of communication work and which don't. Discuss with your partner when and how best to talk to each other.

Low Self-Esteem

If there is one quality most survivors share, it is low self-esteem. Chronic feelings of being bad or unworthy are intricately connected to all the other "self" words that are used to describe the adult

survivor: self-effacing, self-deprecating, self-conscious, self-blaming, and so on. Low self-esteem causes survivors to become their own worst enemies by turning against themselves in a damaging reenactment of their own abuse.

There are many abuse-related factors that contribute to low self-esteem. The way your parents/abusers treated you, the message they conveyed about your personal value and worth, the amount of power they granted you and the degree of control you had over your own life are a few examples. Of course, there is also a host of non-abuse-related factors that can lead to low self-esteem. Concerns about your physical appearance (especially during adolescence), your progress in school, your social standing among your peers and your family's financial or social position may all contribute to feelings of low self-esteem.

While self-esteem stays relatively constant over the years, it is still a learned behavior and, as such, can be changed by rethinking and reworking old attitudes and perceptions. The first step in reversing low self-esteem is recognizing how you feel about yourself. Then you must learn to see how your shame, sense of unworthiness and anger turned inward pervade your life and cause you to make bad decisions. Building self-esteem is a major task for adult survivors.

Self-Sabotage

Where low self-esteem is the primary feeling of the adult survivor, self-sabotage is the corresponding behavior pattern in the external world. Self-sabotage is any kind of conscious or unconscious behavior that undermines your successful functioning in the world. Self-sabotage may range from buying a "lemon" of a used car to losing one's checkbook to becoming involved with an alcoholic partner to engaging in life-threatening activities. You may allow yourself to be exploited by a boss or engage in physically harmful or potentially dangerous activities such as cutting yourself or engaging in unsafe sex. Typically, one's pattern of self-sabotage is closely related to one's personal issues and family history. Survivors who grew up in addictive families may self-sabotage by driving while drunk or getting caught with illegal drugs. Survivors from violent families may tend to get themselves beaten or injured. Survivors from wealthy families often find themselves losing money, getting swindled or making bad investments. Studies have shown that survivors of child sexual abuse are more likely to be assaulted as adults.

Self-sabotage is linked to the survivor's instinct to become re-victimized in a way that continues or replicates the past abuse. Sometimes the self-sabotage is not directed against the survivor, but rather against someone the survivor loves. For example, the adult survivor of family-perpetrated sexual abuse who is now a mother may be surprised to find that her daughter is being molested by her husband or a friend of the family. In this case, the self-sabotaging behavior is the mother's inability or failure to see what is happening and to protect her child. Reversing self-sabotage begins with building awareness of everything you do in your daily existence that sacrifices your happiness, satisfaction and productivity.

Sexual Problems

A variety of sexual problems are associated with childhood sexual abuse, although there is also evidence to suggest that physical and emotional abuse can affect the survivor's sex life as well. Survivors of sexual abuse often mistrust their partners, experience anxiety over the demands of intimacy and feel uncomfortable with their bodies.

During young adulthood, many survivors of sexual abuse tend either to avoid sex entirely or to engage in compulsive sexual activity. Either choice creates problems for adult survivors, particularly if they are still in denial about what happened to them as children. Where there is a history of sexual abuse, adult sexual activity and identification are colored by past associations, memories and conflicts. These may impair the development of a healthy sexual identity and lifestyle.

Survivors with sexual problems stemming from childhood abuse often consent to sex when they really don't feel like being intimate, and then experience the encounter as another episode of abuse. It is not uncommon for survivors to have flashbacks during sexual contact, in which a memory of the past abuse is triggered by a familiar touch, smell or position. If the sexual abuse included the use of violence or force, survivors may mix up sexual and aggressive urges. A history of sexual abuse can add confusion about a survivor's sexual preference. How can you deal with sexual problems? You can start by confiding in a trusted friend or lover about your sexual feelings, reactions and associations. Sharing your personal reactions with a loved one can provide understanding and support. If you have specific symptoms or flashbacks, you may want to avoid sexual contact until you can resolve your feelings. If you are in therapy, you can discuss these issues with your therapist, although some sexual problems require the services of specialists.

Symptoms of Trauma

Psychic trauma is a psychological condition caused by overwhelming stress that cannot be controlled by normal coping mechanisms. It can result from a number of situations in addition to child abuse, including war or battlefield experience, natural disasters, being held hostage and being in the middle of a bombing, hijacking or shootout. Perhaps the most common symptom of such traumatic exposure is panic attacks involving hyperventilation and severe anxiety. These can be triggered by anything your senses associate with your past abuse. Insomnia, sleepwalking, nightmares and night terrors (a more extreme type of nightmare occurring during non-dreaming sleep cycles) are other signs of unresolved trauma of some sort.

Many adult survivors don't show signs of psychic trauma until years after the abuse ends. When they do show signs, survivors often report feelings of extreme anxiety, panic, general fearfulness and disorientation. In the most extreme cases, survivors may evidence dissociation (splitting of mind and body), numbing of the body and intrusive, repetitive thoughts and flashbacks to the abuse episode(s). The appearance of these symptoms lets you know that your psyche is still trying to resolve conflicts associated with your past abuse. There is growing evidence that survivors of extreme and prolonged child abuse are susceptible to developing multiple personalities as a means of self-protection and that child abuse may be the major cause of multiple personality disorders.

When any signs of trauma are noticed, the best suggestion is to get immediate help. Turn to members of your support network, trusted family and friends and your therapist, if you have one. If you experience any of the more severe trauma symptoms such as dissociation, we strongly encourage you to seek professional help. If you feel totally unable to function, you may need medication or hospitalization to control the anxiety. The goal during this time is to make sure you are safe and protected and to minimize the possibility of your hurting yourself.

Physical Ailments

Adult survivors of physical and sexual abuse frequently complain of a host of illnesses and psychosomatic problems during their adult lives. The most common generalized effects include stomach problems, difficulty in breathing, muscular tension and pain, migraine headaches, incontinence and heightened susceptibility to illness and infection. In addition, skin disorders, back pain ulcers and asthma are common ailments that are stress-related and may signify

unresolved childhood abuse issues. In cases of sexual abuse, the breasts, buttocks, anus and genitals may be the site of discomfort, chronic pain and otherwise unsubstantiated sensations. If the survivor was forced to have oral sex, s/he may experience episodes of nausea, vomiting and choking that are unrelated to a physical or systemic cause. Incontinence has been found in survivors who have been sodomized. Again, we remind you that any or all of these problems may be caused by non-abuse-related factors or conditions as well.

In particular, sexual abuse has been linked with gastrointestinal functioning, while leftover feelings of anger may be related to migraine headaches. Some research indicates that eating disorders such as anorexia and bulimia are more frequently found in women who have survived prolonged sexual abuse. The bingeing and purging behavior that characterizes eating disorders offers survivors a sense of control over their bodies when they lack such control over their feelings. Phobias, such as claustrophobia, although not technically physical symptoms, may be directly related to the circumstances of the abuse, as in the case of a child being locked in a closet for hours on end. Sudden weight gain and obesity can also be related to childhood abuse, and are sometimes related to the survivor's need to feel more insulated from his/her body or to present a safer, non-sexual appearance to the world.

Depending on one's childhood experience and type of personality, illness can have different meanings for the survivor. Being sick can offer an opportunity to be taken care of either by yourself or someone else. For some survivors, the best care they ever received from their parents may have been when they were sick. Being sick may be one of the few instances in which survivors will care for themselves. In many cases, however, illness may be the body's message that all is not well emotionally. When strong feelings are repressed, the unexpressed psychic energy can cross the mind/body threshold and establish its presence in the form of bodily symptoms and illness.

Social Alienation

Because of their abuse experiences, most adult survivors feel stigmatized and experience people as dangerous and not to be trusted. Attending parties or other social gatherings can evoke anxiety, insecurities and concerns over not being "good enough." Fear of rejection is also a common concern for survivors. And, because they were usually harmed by adults whom they trusted, survivors tend to carry their fear of being harmed by others into the present.

Many survivors end up living in isolation because it feels safer and less threatening to them. The role of the recluse, employed during childhood to avoid the abuse, becomes in adult life a means of protecting oneself against hurt. Sometimes the threat is real; other times it is imagined. When survivors do venture out into the world and attempt to establish contact with others, they may be tremendously sensitive about how they are treated. Survivors may experience joking or teasing - intended as lighthearted banter appropriate to the social situation - as critical or hostile and at their expense.

Much of survivors' difficulties in social situations have to do with never having learned how to communicate. Others may have ignored or invalidated survivors' childhood opinions and perceptions, and left them wondering how to relate to people. If you expect rejection, criticism and humiliation, it is hard to learn to speak with conviction, listen with interest and telegraph your receptivity to others via body language and non-verbal cues.

Handling Feelings

All adults carry feelings that are rooted in their childhood developmental experiences. Adult survivors, however, may have particularly powerful feelings that are left over from their abuse. These feelings can be triggered by circumstances that are somehow reminiscent of the abuse and, in the context of being a survivor, may have particular importance. **Anxiety** is the result of not having known what to expect or how to act in social or family situations. **Fear** and **anger** are both natural responses to the threat or act of assault. **Sadness** results from recognizing that your parents or another trusted adult could abuse you. **Shame** and **guilt** tell you that you still hold yourself responsible for what happened.

Rage is the built-up reservoir of the anger that could never be safely expressed within your family. **Frustration** is the feeling you are left with when nothing seems to go your way. **Confusion** is a sign that you don't know why something has happened or what you can do about it. **Alienation** from others is the result of too many disappointments. **Helplessness, hopelessness** and **powerlessness** are the feelings that tell you that you are resigned to life as it is and may have temporarily given up on it ever being better. Your feelings always tell you something important about yourself, even if sometimes the message is frightening, troubling or saddening.

Survivors often use a number of mechanisms to numb themselves when the feelings get too strong. Some may adopt a "workaholic"

lifestyle in order to avoid the feelings. Others may try to "stuff" the feelings by compulsive eating or to anesthetize them by drinking or using drugs. Certain feelings such as anger and rage may be so strong that they dominate a survivor's internal life and overshadow the other feelings that may also be there.

Learning to regulate the intensity of these feelings will be an important part of your recovery. For the time being, develop the habit of asking yourself what you are feeling at different times of the day. Run through a laundry list of common feelings and notice if and when you are feeling something in particular. Make a note of the feeling and try to identify what may have triggered it.

SELF-INJURY

- Self-injury is a serious problem for an estimated 2 to 3 million Americans.
- The majority of people who self-injure are women between the ages of 13 and 30, but there are "cutters" of every age, gender, and economic group.
- Most people began cutting themselves between the ages of 10-16.
- People who "self-injure" are not usually suicidal.
- Cutting is the most common type of self-injury. But people will also burn themselves, pull out their own hair, etc.
- Self-injury is usually kept secret, and the "cutter" often feels deep shame and guilt.
- Self injury is most common among people who have been sexually abused as children, molested as children, or by survivors of incest.
- People who self-injure are at risk for infections. Permanent scarring can also result from self-injury and often does. Many people who self-injure wear concealing clothes even in warm weather.

Why Do People Self-Injure?

- Many people say they do it because they normally feel "numb" and cutting helps them to "feel alive." Others feel a sense of control from the injury.
- Most incidents are triggered by stress and anxiety.
- Self injury is a coping mechanism.
- It's a way to feel pain on the outside instead of the inside.
- It helps express anger towards themselves.
- It lets them feel alive and real.
- It may be the only way to communicate their need for help or affection.

Young adults report these triggers:

- Being rejected by someone who is important to them
- Being blamed for something over which they had no control
- Feeling inadequate
- Being "wrong" in some way

Suggestions for reducing self-injury:

- Build a support system
- Develop comfort talking about self-injury with at least some of your support people.

- Identify safe places to go to if you feel like hurting yourself.
- Get rid of the things you are likely to hurt yourself with.
- Tell your support people that you are going to stop hurting yourself.
- Be willing to feel scared, angry, frustrated, hurt, etc.
- Develop a list of safer alternatives:
 - Do anything that produces intense sensation (cold shower, eating hot peppers or lemons, squeezing ice, snap your wrist with a rubber band, etc.) without causing damage.
 - Try something physical: hit a pillow, crush cans, jog, rip up paper, smash clay, break sticks, shatter old dishes, dance, play handball.
 - Try something self-caring: take a warm bath with bubbles, have some hot chocolate, buy yourself flowers, sip soup, listen to music, see a movie, call a friend.
 - Draw on yourself with a pen, paint, or ice.
 - Henna yourself.
- Don't share cutting implements with anyone; you can get the same diseases (hepatitis, AIDS, etc) addicts get from sharing needles.
- Try to keep cuts shallow. Do only the minimum required to ease your distress.
- Keep first aid supplies on hand and know what to do in the case of emergencies.