

TESTIMONY, SUBSTITUTE SENATE BILL 17
December 8, 2005

Good Morning Mr. Chairman and members of the committee. My name is Dr. Louise A. Douce. I am a licensed psychologist in the state of Ohio, a fellow of the American Psychological Association and currently serve on the Board of Educational Affairs and the governing Council of the American Psychological Association. Today I speak on behalf of the Ohio Psychological Association in support of Senate Bill 17.

I am also the Director of Counseling and Consultation Service at The Ohio State University. We are a multidisciplinary agency that provides the full range of mental health services for OSU students. We also train professionals in psychology, psychiatry, counseling and social work. In that agency I have worked with adult survivors of childhood sexual abuse in individual, group and couples therapy. I have worked with both male and female survivors, though most of my experience is with women.

As a psychologist who has worked with survivors of childhood sexual abuse for twenty-five years, I would like to commend the sponsors of this bill for the effort put forth in this document. Very basically, there are a myriad of issues that prohibit a child from first, identifying and then speaking of the details of a violation that occurs when they are very young. It takes time to remember, time to understand, and time to determine what needs to happen next. I will try to address some questions you may have.

How can one forget horrific events that shape ones life ? Such a process does seem to defy common sense. To quote Judith Herman, one of the leading experts in this field, “the ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word unspeakable.” To understand this, one must understand the concept of dissociation. Dissociation is defined as the process by which elements of a memory are separated from each other and feelings are detached from experience. It is a natural human defense that allows one to disengage emotionally from extremely traumatic experience. That emotional disengagement allows individuals to survive what seems too terrible and too painful to survive. People dissociate trauma in natural disasters, in wars, in terrible physical and sexual abuse. Dissociation is actually one of the main roots of post traumatic stress disorder, something we are hearing more about as our soldiers return from Iraq and Afganistan.

A second natural human defense for survival is to remove the memory from consciousness – to repress the memory, a kind of amnesia that allows the individual to function and survive in traumatic and chaotic environments. Perhaps some of you have had a car accident and cannot remember the details of the accident itself ? Those details may or may not come back to conscious memory. “Forgetting” sexual abuse works until some time later in life when the price of forgetting is too high. Some survivors forget

entire years of their childhood. What may be adaptive for a child, to forget horrific trauma, trust no one, remain emotionally detached becomes maladaptive as an adult. The adult who has achieved some emotional maturity, greater resources and safety may start to have flashes of memory, snap shots of abuse and the accompanying emotions of fear, pain, disbelief and horror.

The way I explain this to clients is to imagine your brain is like a giant food processor that processes your daily experience in dreams and retrospection. Sometimes you are just too little or the trauma is too great to process. It sits there like unprocessed chunks until some time later in your life when you have the maturity, resources and safety to put it through the processor. You start remembering. You put the pieces back together, you *remember*.

Not remembering childhood sexual abuse is NOT a rare condition. Recent studies have demonstrated that 1-3% of the general population likely have a Dissociative Identity Disorder, DID, the most severe form of dissociation. It is estimated that 10-15% of outpatient clients have Dissociative Disorder, DD. Inpatient populations report 20-40% DD.

So what triggers this remembering ? People start remembering for many reasons, they are safe and away from the perpetrator, they have children themselves and are concerned for their safety, they experience sexual assault as an adult. One of the common reasons people come to therapy is a relationship. Basically, the child “promises” themselves they will never let anyone get that close again. They build an emotional wall around themselves. Then later in life, they meet someone who is good for them. That wall may allow them to be physically intimate with someone with little emotional connection and emotionally close to someone without physical intimacy; but they cannot achieve both emotional and physical intimacy with someone they care about. In fact, as the emotional intimacy deepens, they feel more frightened, unable to be sexual and the flashbacks begin. Basically the wall is coming down, one rock or experience at a time. It is extraordinarily upsetting. Some people try to shove the memories back down with alcohol or drugs. Some people try to retreat to total emotional isolation. These don’t work. What I tell clients is that we forget for a reason and we remember for a reason. It is hard to look at yourself in the mirror when you feel like you are falling apart and say I am stronger and safer than I have ever been in my life, but it is the truth.

So why does this take so long that we need 20 years after the age of 18 to legally pursue perpetrators ? First, the survivor needs to come to therapy and find a good therapist with the right expertise. Often they don’t start with mental health providers. They may start with a physician and describe the physical symptoms, but not the emotions or flashbacks. Even when they are referred or come for therapy, they must be properly diagnosed which means describing all the symptoms to a provider with sufficient expertise to recognize the Dissociative Disorder. Once they are referred for mental health service, they still need to find the appropriate treatment. Patients are in the mental health care system an average of 6.8 years (range of 0-23) with an average of 3.6 diagnoses (range of 0-11) before being accurately diagnosed with a Dissociative Disorder.

Then they need to build a trusting therapeutic alliance that allows them to begin the healing journey. They need to build good coping skills to manage the overwhelming feelings that come with a frank discussion of horrific material. Often clients will address surface problems until they ascertain that the therapist is trustworthy, competent and can handle the underlying need for treatment. The most common pattern I have found with college students is coming in with a roommate or test anxiety problem, We work for 5 or 6 sessions solving their initial concerns and I am bringing closure to end. Then they say “Oh there is one other thing. I’m having these really bad dreams....”

Treatment must first focus on creating a safe and stable environment in the client’s world (e.g. leaving an abusive relationship, addressing a substance abuse problem, managing a chaotic home environment, functioning in school or at work). Strengthening coping skills for self care, proper emotional modulation and stress management is the next phase as abuse related material starts to be re-associated. It may take many years or even a decade before all the abuse is known, if ever. Clients may recall pieces of many episodes before a face or faces emerge that go with the body parts, words and actions. This may sound sensationalistic to those who do not work in this area, but it is highly supported by research and a majority of researched cases that are corroborated by family report, medical and dental records. The International Society for the Study of Dissociation website summarizes this research.

Dissociative Disorders explain only one reason it may take a person a very long time to report abuse and then to have the strength to take action. Children, especially very young children have trouble believing that trusted adults are doing bad things. They may think something is wrong with them, that they deserve this. Some perpetrators skillfully instill silence with threats and actions. I have heard several stories of the direct statement “Talk and you will die” accompanied by the killing of a kitten or pet in front of them. Many fear that they will not be believed or that the perpetrator is so powerful that they won’t be touched even if someone believes them. It may take years of therapy to heal and empower the client to determine what action they need to take and then take it.

Historically, courts and the law have not created an atmosphere of safety where someone already weak, wounded and frightened would feel able to make a stand against someone who has been able to overpower, violate, humiliate and control them. From the time of abuse, it may take many years to be free of that control and sufficiently safe to start remembering the abuse, then more years to heal from the abuse and then more years to report and build a sufficient case for prosecution. If our goal is to bring justice for a totally unjust and horrific experience to allow the unspeakable to be spoken, twenty years from the age of majority seems justified.

Senate Bill 17 speaks to some of the inherent inequities of childhood abuse scenarios by, simply providing the time needed to bring action. It does not convict innocent people or levy financial penalties against individuals, organizations or churches. Rather it allows that actions can be brought both criminally and civilly. The results of those actions are still up to our courts. The standards of proof are not changed. These types of cases are

very difficult to prove. There is little to no physical evidence, medical and dental records may not have full information if the providers did not recognize the need for specific detail, and witnesses who can establish what happened many years before are hard to locate. However, providing options for survivors of childhood abuse helps them to heal and seek justice for what they have experienced.

In closing, let me thank you for your attention, your compassion and your responsibility in making these important changes. If you have more questions, I will be happy to respond. If I am unable to answer other questions you may have, I will try to find the answers and provide them for your review.