

## Coming Full Circle: A Social Worker's Journey through Abuse and Recovery

*In this article, I describe my experience as both a survivor of abuse and a social worker working with other survivors. In the story that follows, the theme of voice and silence, of telling our stories and repeatedly meeting with silence and invalidation, recurs. I summarize what I have learned from survivors as a social worker and discuss the important contributions social worker/survivors offer the profession.*

by  
**Christine A. Dietz, Ph.D.**

Christine A. Dietz, Ph.D.,  
Assistant Professor of Social  
Work at the University of New  
England School of Social Work,  
University of New England,  
Biddeford, Maine.

I am an abuse survivor. This is the first time I have acknowledged this publicly. In more than twenty years of speaking, teaching, training, and writing about abuse and working with abuse survivors, I have only recently come to recognize how my personal experience of abuse has impacted my work. My passion for justice, intolerance of inequity, and strong sense of compassion are a direct result of my abuse and the meaning I have made of it.

Survivors of abuse, as well as other oppressed people, heal through speaking our truth. Telling our stories of abuse to witnesses who validate the injustice and pain of the experience provides a necessary experience of trust and relationship (Herman, 1992). In the story that follows, the theme of voice and silence, of telling our stories and meeting with silence and invalidation, recurs.

Social workers often speak about empowerment and challenging oppression (Rose, 1990; Simon, 1994). At the same time, as a profession, we may be reluctant to learn from the experiences of the oppressed. Some social work educators (Black, Jeffreys, & Hartley, 1993; Russel, Gill, Coyne & Woody, 1993) con-

sider social workers who are abuse survivors a potential liability to the profession. These authors describe research on social work students who are survivors and recommend caution in admitting them to schools of social work. In contrast to these authors, I suggest that social work has much to learn from social workers who have experienced abuse. We can listen and learn from their experiences of oppression, benefit from their leadership, and join them in resisting oppression.

In this article, I describe my own experience as both a survivor and a social worker working with other survivors. I then summarize what I have learned from the many survivors I have met in my practice as a social worker and social work educator and discuss the important contributions social worker/survivors offer the profession.

### Early Experiences

I have been a social worker for more than twenty years. I was drawn to the profession as a young college student in the 1960s because I thought it would provide a context and skills to





work for social justice. I learned early in life that justice is rare. Raised by an authoritarian, critical, and abusive father and an emotionally distant mother, I was often angry as a child. I learned that expressing my anger directly only resulted in further abuse, so I retreated into books and fantasies of a more just world. I remember being distinctly proud when, at the age of ten, from behind the safety of a locked bedroom door, I shouted at my father, "All people are created equal, only some are more equal than others." For once, I had the last word.

When I was twelve, I learned about my own potential for violence. My five-year-old sister had been pestering me while I was making a bed, and I roughly pushed her away. Not knowing my own strength or the depth of my anger, I was shocked when she flew across the room and cut a gash in her head as she hit the door. I was terrified and ashamed, although her injuries were not serious. I had promised myself never to be like my father and now I had hurt my sister. I was afraid that I was, as my mother so often said, "just like my father." I learned that I was capable of violence and vowed to do everything in my power to prevent it.

At the age of thirteen, during the Bay of Pigs fiasco and tensions in the Middle East, I began to recognize the abuse of power on a larger scale. My personal commitment to nonviolence became a commitment to pacifism as well. By the age of sixteen, I was opposed to the Vietnam War and became a

strong advocate for peace in my early college years. These political commitments seemed obvious and natural to me. Because of my political commitments and my increasing knowledge about poverty, institutional oppression, and Marxism, I changed my major from German to sociology, with a concentration in social work.

After graduating from college, I began my first social work job at a residential treatment center. There I encountered my capacity for violence again. Most of the children I worked with had experienced abuse at home. For some, anger led to violence and verbal abuse toward staff. As a female residence counselor, I was often the target. I frequently found myself angry and struggling for ways to control my impulse to fight back. I often felt as helpless and



furiously as I had at the hands of my father, and it was hard to maintain my commitment to nonviolence. I did not yet understand the long-term effects of abuse or the relationship between oppression and abuse, but I knew what these children were feeling. However, I as well as the other staff also had blind spots. When I look back at the children I worked with, it seems obvious that most of them were sexually abused: the eleven-year-old boy who left the agency with his behavioral and emo-

tional problems apparently resolved, only to be admitted to another facility two months later after returning to his mother's bed; the teenage girl whose father committed suicide after her admission; the nine-year-old girl who repeatedly had sex in the bushes with male residents; the seventeen-year-old boy with normal cognitive abilities who had been confined to an institution for the mentally retarded from the age of five, after his concentration in school deteriorated due to sexual abuse by his father; the teenage girl who repeatedly ran away. We never asked these children, "what happened to you?" or, "what are you running away from?" and so colluded in silencing them.

In my early twenties I became a member of one of the first consciousness-raising groups in my area. Feminism helped me to find my voice, to value my feelings as well as my intellect, and taught me to put my personal experience of abuse into a political context. I learned to listen to women. Having been raised in a family of four daughters with a misogynist father, the discovery that women had something meaningful to say was a welcome surprise. I began to apply feminist ideas to my social work practice and I went back to school for my MSW at the age of twenty-six.

It was exciting to be a young feminist social work student in the mid-1970s. I had volunteered in rape crisis programs prior to returning to school and learned that my passion made me an effective speaker. I continued that work in graduate



school, becoming involved in the early movement against wife abuse and speaking about it in my social work classes. I became involved in discussions about integrating content on women into the social work curriculum, co-taught a course called "Social Work and Women's Roles," and became a graduate assistant for Social Policy. I discovered that teaching could be a consciousness-raising activity (Freire, 1993) and considered an academic career.

My graduate school experience was most heavily influenced by a speaking engagement for the campus rape crisis center. I had been speaking publicly about rape for many years when a seventeen-year-old girl at a high school presentation, whom I will call Diana, asked me for the first time, "What do you do when the person who rapes you is your father?" My co-presenter and I were stunned. Diana told us her story: She lived on a farm and had been sexually abused by her father while her mother was away from home. When she spoke about her experience to the school counselor, Child Protection was called and a male social worker came to her school. She told him what had happened and asked that he let her inform her mother. He agreed, left the room, and immediately called her mother. Although her mother responded with outrage and protectiveness, separating from her husband and filing for divorce, Diana was removed from home and sent to live in a foster home in a nearby city. The

incident was reported to the police and charges were filed against her father. The local newspaper reported the story, including her father's name, which identified her in her new school and community. She felt angry, abandoned and very sorry she had said anything about the abuse.

My colleagues and I at the campus women's center were horrified by what had happened to Diana and discussed what to do. Although we had provided support and advocacy for many women raped by strangers, we had never met an incest survivor and were uncertain how her needs differed from those of other rape survivors. We supported Diana as best we could, offering validation and empathy. We also wanted to know whether her experience after disclosing incest was typical. As feminists, believing that "the personal is political," we wanted to intervene at the system level but didn't know enough about how it operated. We convened a community forum, inviting representatives from Child Protection, the local sheriff's office, and probation and local family service agencies to tell us what they knew about incest in our community and how best to support victims. We found that the professionals attending the meeting knew little more about incest than we did. However, they agreed that it was the mother's fault. They didn't really know what to do about it. I asked one of my social work instructors the same question. While supportive, she

told me that when she was in graduate school, the consensus had been that, while incest happened, it was more traumatic to the child and to the family to talk about it. Students had been advised not to bring it up. She agreed that it was time to question that assumption.

This was 1976, and feminists all over the country were hearing the same stories on rape crisis hotlines and in wife abuse shelters and were beginning to respond politically. Feminist psychologist Laura Brown (1996) describes her experience of that time:

What I learned was that this intensely private event was a profoundly political one, and that what I had been taught about listening to incest—to silence, to stereotype, to avoid—reflected a politic about not listening. It is no surprise that when voices began to speak of sexual abuse of children they were feminist voices, women from the movements to stop rape, from the emerging lesbian communities, voices outside of official science and the academy (p. 6).

In 1977, a social worker, Florence Rush, published "The Freudian Cover-up" in *Chrysalis*. The article was a feminist discussion of incest and the societal cover-up that had been occurring since Freud abandoned the seduction theory for the oedipus complex. Judith Herman and Lisa Hirschman's (1977) article, "Father-Daughter Incest"





was published soon after.

But the story was not over for Diana. After reporting her father, she learned that she was pregnant. She had an abortion. A blood test was done on the aborted fetal material, although the results were not considered legally conclusive and it was incompatible with her father's blood type. Although Diana admitted to being sexually active with her boyfriend, the blood type was taken as definitive evidence that her father had not committed incest, and the charges were dropped. Once again, the results were published in the local newspaper, implying to the community that her story had been false. Although we continued to provide Diana with support and validation, it was clear that more was needed. I wrote a letter to the state Attorney General complaining about the situation, but the response was that nothing more could be done.



Diana's situation taught me that the actions and attitudes of professionals and the community could compound the trauma experienced by sexually abused children and their mothers. I learned that even mothers who took action to protect their children could lose custody because professionals believed that they were responsible for the abuse. At the time, I believed that with more information about incest, the system could and would protect Diana, her mother, and others like them. I

decided to help provide the system with a greater understanding of incest, and of the possible reasons behind mothers' "failures" to protect their children, by researching the relationship between wife abuse and the sexual abuse of children for my master's final project.

### Learning about Abuse

When I began my literature review in 1976, I found no articles in social work journals about incest. There were very few contemporary articles about incest at all. I had to do the bulk of my research at the archives of the Child Behavior and Development Institute on campus. The articles reflected the dominant discourse about family violence at that time. Incest was seen as an issue of pathology within the victim, the mother, or the family system. There was very little attention to power relations within the family or the ways these are supported by gender relations in the larger society. Little of the research looked at incest from the point of view of victims or mothers. The consensus of the authors I read, primarily psychiatrists, echoed our panel of community providers: incest was rare, but it was definitely the mother's fault. Several of the articles stated or implied that incest occurred because mothers colluded, condoned, or "unconsciously consented" to it (Machotka, Pittman & Flomenhaft, 1967; Nakashima & Zakus, 1977; Weeks, 1976). In one article (Ma-

chotka, Pittman & Flomenhaft, 1967), entitled "Incest as a Family Affair," the authors held a mother accountable for the sexual abuse of her daughter because she worked in the evenings. They considered successful family treatment to have occurred when mother and daughter were helped to reestablish their relationship. The fact that the father refused to be involved in the process made little difference; clearly, the mother and daughter were to blame:

The mother generally feels worthless as a mother and a woman; sometimes she encourages father-daughter intimacy directly; her collusion is made possible for her by her very strong denial of the incestuous relation...; in effect she is the cornerstone in the pathological family system (Machotka, Pittman & Flomenhaft, pp. 99-100).

In discussing incest with co-workers at the campus women's center, I became aware that many mothers of incest victims were victims themselves. Many of the calls about incest at the women's center came through the Battered Women's Project hotline. In some families, fathers physically abused their wives while sexually abusing their daughters. However, none of the articles I read considered the possibility that mothers were unable to protect their daughters because of their own victimization.

I found little social work or feminist writing about incest,



other than the Rush and Herman works cited earlier, when I began my research. While I would have liked to interview victims and mothers, as a student I did not have access to a sample at that time. Instead, I decided to survey Child Protection workers in my state to see what they understood to be true about incest and wife abuse. Forty percent of workers across the state responded to my survey. Their responses reflected what I was already learning—social workers did not feel knowledgeable about incest, held many contradictory ideas about it, and primarily held mothers responsible. Although 78% believed that mothers of incest victims were frequently physically abused by their husbands, 65% also believed that mothers were as responsible as their husbands for the sexual abuse of their daughters. Eighty-seven percent believed that mothers “unconsciously consented” to incest. The results of my research were published in 1980 (Dietz & Craft, 1980) and others have raised similar concerns (e.g., Davies & Krane, 1996; Truesdell, McNeil, & Deschner, 1986), but mother-blaming continues to be a problem both generally in psychotherapy (Caplan, 1989), and specifically around issues of incest (Armstrong, 1994).

After receiving my MSW, I began working in a Domestic Violence Prevention Training Project in New York State and moved from there into teaching. During this time, I continued to do feminist work,

including organizing community task forces to respond to the increasing concern about wife abuse and the sexual abuse of children. Our groups consisted of survivors and mothers as well as feminist social workers working at the level of direct services. We were often at odds with professional organizations in our goals, strategies, and understanding of abuse. For example, I was criticized in a radio talk show by other social workers who worked with survivors for taking the feminist position that incest, as an abuse of power, was inherently violent. My critics did not see incest politically, and felt that to name it as violence implied that all perpetrators used overt violence to enforce their will. The professional task forces, consisting primarily of directors of social service agencies, were receptive neither to feminist understandings of incest and wife abuse, nor to the participation of survivors, mothers, and other “nonprofessionals.” Decisions were made at the executive level, and the concerns and needs of workers whose jobs it was to respond directly to victims were not considered. Mothers were still seen as colluding in the abuse of their children.

I left academia in 1985 because of my disillusionment over an experience of abuse of

power and lack of resistance. A colleague, also a social worker, was summarily fired by the academic dean when she refused to sign a grant document containing false information. Although I had experienced this dean’s abuse of power personally, as had many others, I was surprised by the failure of faculty to support my colleague. One advised me, “If it’s not happening to you, turn your head and look the other way.” Appeals to the College grievance processes, the EEOC, and NASW proved unsuccessful, and my colleague eventually sued the College. She received her back pay but no admission of wrongdoing.

I was naive and idealistic when I came to academia. Since school had been a haven from oppression for me as a child, I believed that truth, wisdom, and justice would prevail. While I could use my newly found voice to speak out against injustice in the classroom, I had not yet learned that power and control operated in academic politics as well as in the world outside. I was unprepared for the lack of support my colleague encountered when she acted with integrity nor for the silence that resulted when we sought justice. I had little compassion at that time for faculty who were too scared to risk their jobs by speaking out against abuse of power. I left academia for prac-





tice, believing that it would be more personally satisfying to work directly with survivors.

I returned to practice in a program in a children's hospital, working primarily with victims of child sexual abuse and their families. I met many mothers, survivors themselves, who struggled to support their abused children. They had many unaddressed needs of their own and were often challenging to work with. Their children's abuse often brought up unresolved issues from their own trauma, and some blamed themselves for failing to protect their children. I tried to offer respect and support. Although often limited by financial and emotional resources as well as their own past and present abuse, most of these mothers did their best for their children. When I discussed the difficulty of responding both to the mothers' needs and to their children's, I was told that these women suffered from "borderline personality disorder." When I mentioned the frequency of sexual abuse in these women's childhoods, I was told that sexual abuse was secondary to the personality disorder, that it was common for women with borderline personality disorder to be sexually abused because of their inconsistent relationships with their mothers.

I learned two important lessons from working with sexually abused children. One was about resilience: children whose abuse was met with validation, support, and information did very well. I supported families in helping their children under-

stand that what had happened was not their fault, to ascertain the meaning the child had attached to the abuse, and to help the child express the feelings and fears that resulted. The process was usually brief—lasting a few weeks to a few months. The crucial variable seemed to be family support, but some children were able to move on with support from other adults. The children who experienced the most problems were those whose families denied or invalidated the abuse and those for whom the abuse continued. As I began to work with more "disturbed" children, I noticed that their parents were often unable to acknowledge or stop the abuse, were ambivalent about providing support to the child, or had sexually abusive childhoods themselves. However, with support and validation of her own experience of abuse and trauma, even a mother who had participated in the sexual abuse of her daughter was able to take responsibility for her role in her daughter's victimization and begin to repair their relationship.

The second lesson was about the contradictions in the system designed to protect children. As a family therapist in a therapeutic preschool program, I worked with families whose young children had been labeled emotionally disturbed. Sometimes my reports of alleged abuse were considered unfounded when I was certain that abuse was taking place. In one case, I was accused of prejudice against a "mentally ill" mother when I reported sexual abuse of

her two young daughters. Despite compelling evidence of sexual abuse, the case was dismissed. I was removed from another case because I believed a five-year-old's report of witnessing her sister's death at the hands of her foster father. In this instance, I had supported the "mentally ill" biological father in his complaint against the county. Once again, speaking out against abuse resulted in silence. I learned that children have few legal rights, and that even when concerned adults advocate for them, escape from abuse is not always possible (Armstrong, 1994). I was so disillusioned by my inability to protect these children that I eventually left the hospital and began working exclusively with adults who, while continuing to suffer from the long-term effects of abuse, were in most cases free to pursue their own recovery.

### Learning from Adult Survivors

Survivors need compassionate witnesses who can validate their experiences of betrayal and abuse, help them overcome its consequences, and support their resistance to further oppression (Herman, 1992). Many survivors never experience this response, sometimes as a direct result of the mental health system's failure to hear and respond appropriately to their stories of abuse (Bloom, 1997; Carmen, Rieker & Mills, 1984). As Carmen, Rieker, and Mills (1984) note:



Increasing awareness of the extent of violence in this society leads us to suspect that psychiatric patients are more likely to have experienced physical and/or sexual violence than to hear voices, yet clinicians are systematic in their inquiries about hallucinations while overlooking the reality and importance of violent assaults (p. 383).

However, I continue to be amazed by the courage, determination, resilience, and compassion demonstrated by most of the adult survivors I know (Bloom, 1997). From my own childhood experience, I recognize their passion for justice, their outrage at abuse of power and societal indifference to the needs of children, and their commitment to supporting and validating others in their recovery processes.

These survivors have had a number of qualities in common. First, and most inspiring to me, is their extraordinary courage. I admire their willingness to face incredible pain and despair and to continue speaking their own truths despite the silence with which they are often met. While it may be scary to witness the depths of their grief, their determination to move through it truly amazes me. Closely related to their courage is their hope, their belief in the possibility of a different future, that life does not have to be as it was in their childhoods. Others have noted that this quality, in particular, is what

enables survivors to survive (Deegan, 1990; Higgins, 1994).

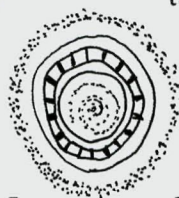
The survivors I know have also had incredible determination and persistence. Similar to Bernie Siegel's (1990) observations about cancer patients who beat the odds, they have been willing to ask, even demand, that their stories be heard and their needs be addressed. It is this determination and persistence, I suspect, which often frustrates professionals. I have learned that when I respect a survivor's expertise about her experience and needs, her determination serves to support her through difficult and frustrating processes and does not become an obstacle between us (Saunders & Arnold, 1990; Stiver, 1991).

Finally, these survivors impressed me by their compassion and passion for justice. The many survivors I've met as students were highly motivated and dedicated to ending the legacy of abuse in their own and others' lives. They have been willing to face embarrassment, ridicule, or invalidation as they tell their stories of abuse and recovery. They tell it as it is, and they demand that the profession maintain its commitment to eliminating oppression in all its forms, including abuse. They have taught me many things: that all the research and practice guidelines I've read are less valuable than my ability to bear witness (Herman, 1992), hold respect, and follow their leads; that every survivor's experience of abuse and recovery is different; that it is necessary to face

and feel the anger, sadness, and despair even when suicide seems the only way out; and to respect coping mechanisms that look like symptoms: cutting one's self as a way to feel real, to express pain and anger, to take control of seemingly overwhelming feelings; talking about suicide, as a way out of pain that seems unending and unendurable; consuming alcohol and drugs that bring welcome numbing when there is no support, no witness, no comfort available. I've learned that I don't have the answers, but that's okay, because each survivor must find her or his own answers.

Not all survivors are admirable. Some continue to struggle with the legacy of abuse in their own lives and in their relationships with their children. Some repeat the abuse that was perpetrated on them, perhaps because no one has helped them find alternatives. But the majority continue to struggle to be heard in a society and a mental health system that often ignores or pathologizes them.

Many survivors are determined to work to prevent abuse in subsequent generations. Some have gone to work in human services to offer to others what they have learned from their own abuse and recovery (Herman, 1992; Higgins, 1994; Sanford, 1990). And some have found the same invalidation and disrespect as professionals that they experienced in their families of origin or the mental health system: being silenced by colleagues, viewed as





"fragile" and vulnerable to re-traumatization in their work with clients, accused of having "poor boundaries" when they acknowledge their own experience, or even being fired from their jobs. I will discuss these issues in the final section.

While working with adult survivors, I gradually began to re-enter academia. I was ambivalent for a long time, twice resigning from my doctoral program. But in 1990, I was asked to teach a class on interpersonal Relations. At the same time, a colleague who had previously taught the course was beginning to teach full time and asked me for suggestions about some of her courses. The support we provided to each other was energizing. She was a feminist and reminded me that the classroom offers an opportunity for both personal and political change. With her support, the course on interpersonal relations became a course on diversity and oppression. I rediscovered my passion for teaching and finally committed to completing my doctorate.

### Coming Full Circle: My Own Recovery Process

During my twenty-plus years as a social worker, my attention to abuse has peaked and ebbed. Throughout my doctoral program, I wrote most of my papers on incest and wife abuse, only to focus my dissertation on social work's images of gays and lesbians. Then I took a teaching job for which a primary qualification was experience

as a feminist clinician with issues of abuse. I quickly found myself immersed in abuse issues again. Unexpectedly, after making a commitment to my life partner, I discovered that my own recovery was far from complete.

I had focused much of my professional energy on supporting survivors and responding to abuse and had spent eight years with various therapists, but my personal process of recovery had been primarily cognitive. I spent a number of years without a committed relationship and found my life interesting, engaging, and fulfilling. It was not until after I made a commitment to my partner, a survivor herself, that my emotional wounds began to surface. Helping survivors speak their truths and be heard had been the focus of my work, yet it was hard to tell my own story while remaining emotionally connected. Intimacy with my partner was terrifying—at times, it was unbearable to look into her eyes. More than once I wondered if I was destined to live alone, if intimacy was more than I could handle. During these moments of despair, in a recovery process not yet complete, I have found inspiration in the lives and experiences of the survivors I've known as clients, students, colleagues, and collaborators. Narrative accounts of abuse and recovery, such as *The Obsidian Mirror* by Louise Wischild (1988), have inspired me to believe in my own capacity to heal. Professionals, such as Jennifer Freyd (1996), who have experienced abuse and gone on to transform

their experiences through research and political action, serve as role models, as do my clients and my students. My admiration for their courage and determination provides hope and possibility for my own recovery.

### Changing Political Context

Recently, I read the following statement in the *Journal of Social Work Education*:

Because there is a dramatic prevalence of a variety of significant trauma in the background of social work students, the probability of similar trauma existing in the early life experiences of social work professionals is high. Therefore, it is imperative that the profession investigate the extent of dysfunction within families of origin and the impact on professionals. The National Association of Social Workers should mandate this research (Black, Jeffreys & Hartley, 1993).

This article and another published the same year (Rus- sel, Gill, Coyne & Woody, 1993) report empirical research comparing social work students' experiences of "dysfunction" in their families of origin with those of students in other disciplines. Both studies found social work students more likely than students in business and counseling to have come from "dysfunctional" families in which a variety of traumatic experiences, including physical, sexual,



and emotional abuse, as well as substance abuse, had occurred. The conclusions of the authors in both articles were that social work educators should be vigilant for possible "negative countertransference biases" and "the tendency to carry a childhood 'survival' role inappropriately into adult social and professional relationships" (Nichols, 1984, cited in Russel, Gill, Coyne & Woody, 1993, p. 127). While the authors of both studies note in passing that abuse in childhood may make social workers more compassionate and responsive to others, the overall tone of the articles was pathologizing and concerned. Russel, Gill, Coyne and Woody (1993) suggested consideration of screening for the presence of "serious mental health problems" among applicants to schools of social work and research "of diverse, perhaps standardized, indicators of current mental health and ...its relationship to professional effectiveness" (p. 128).

These social work educators express concerns about "the mental health of people in the helping profession" (Russell, Gill, Coyne & Woody, 1993, p. 121) and "anecdotal evidence" that many social work students had a history of psychosocial trauma (Black, Jeffreys & Hartley, 1993, p. 171.) The articles move from these concerns to discussion of "dysfunction" and "pathology" among survivors and their families. While both studies recommend further research regarding the impact of social workers' experiences in their families of origin and their effectiveness as professionals,

their primary concern seems to be that these experiences may negatively impact social workers' abilities to help their clients.

I have seen no critical response to these articles. My own reaction is similar to my response to the articles I read in 1976. Once again, the meanings of survivors' experiences are interpreted by those who see them through the lens of pathology.



The social context in which abuse and recovery take place is not considered. Terms such as "dysfunction," "pathology," "mental illness," and "wounded healers" do not reflect the strengths and positive attributes which may also result from surviving childhood trauma. Survivors' understandings of their abuse experiences and how they impact practice are absent from the discussion. Research on the resilience of survivors (Higgins, 1994; Sanford, 1990) or the strengths perspective (Saleeby, 1992) is not included. Experienc-

ing abuse seems indicative of both mental illness (undefined) and a tendency toward "countertransference biases." The possibility that social workers' personal experiences of abuse help make them good social workers is not seriously considered. While I agree with these authors that further research to identify the links between traumatic childhood experience and effectiveness as a social worker may be helpful, I would like such research to consider the positive as well as negative impacts of surviving abuse and to include social worker/survivors' perspectives as well as aggregate empirical data.

Shortly after reading these articles, I heard that several abuse survivors who were also mental health professionals had been fired or strongly encouraged to resign from their jobs after revealing their personal experiences of abuse. These workers had been active in the efforts of the State Department of Mental Health, Mental Retardation and Substance Abuse Services to learn from the experiences and insights of survivors in the mental health system and involve them in planning and implementing services (Jennings and Ralph, 1997). While feminist practitioners such as Herman (1992) and Greenspan (1995) have noted that authentic connection facilitates recovery, some of these workers were accused of improper boundaries when they acknowledged their abuse histories or sought to engage in authentic relationships with clients. One left a job she had successfully held for ten



years because her colleagues became concerned, after hearing that she was a survivor, that she would be retraumatized by her work with clients. Do these workers' actions reflect "unhelpful countertransference biases" or genuine and compassionate connection?

Other survivors have told me, and I have experienced myself, how empowering it can be when the professionals we work with have experienced abuse themselves. It is helpful and hopeful to know that they have felt the anger, sadness, and despair of abuse as well as the pain, frustration, and joy of recovery, and that they have come to a place where they can provide support to others. The inspiration they provide just by being there can be tremendous. As one survivor says:

Many of the "experts" in the field who are most qualified and have the most success are those who have created methods themselves and discovered that they work. Many of these experts are survivors themselves (Jennings & Ralph, 1997, p. 41).

Judith Herman (1992) notes that mental health professionals' attention to abuse has always depended upon strong political movements that provide organized resistance to the silencing of survivors and their experiences. In the absence of such movements, survivors and others committed to resistance to oppression have been marginalized or pathologized, as Lin-

da Gordon (1989), Judith Herman, (1981 and 1992) and Florence Rush (1980) have described.

I believe that social workers have an important role to play in making sure that survivors' voices are not silenced once again. The response to abuse survivors in public and professional discourse is changing. While the initial feminist response to child sexual abuse named the issue as political, by the early 1990s the focus, even among feminists, was primarily on "treating the adult survivor" (Brown, 1996). As Brown acknowledges:

We forgot the heritage of the issue, the fact that only a few years ago we were naming incest as a "patriarchal prerogative," not a sign of family dysfunction...So, with all good intentions, we colluded in the psychopathologizing, not of sexual abuse of children, its perpetrators and apologists, but of survivors (Armstrong, 1994; Kitzinger and Perkins, 1993) ... And we almost never heard the voices of resilient survivors; they were absent from the discourse, marginalized by its transformation into a dialogue about psychopathology rather than a dialogue about politics (Brown, 1996, pp. 8-9).

At the same time, concern was being raised about the validity of stories of abuse, particularly those involving recovered memories, and the term "false mem-

ory syndrome" was coined. Members of the False Memory Syndrome Foundation, some of them parents accused of sexual abuse, have been extremely successful in casting doubt on the testimony and credibility of abuse survivors and the validity of recovered memories. I am worried that survivors are about to be silenced again.

I agree with Black, Jeffreys and Hartley (1993) and Russel, Gill, Coyne and Woody (1993) that social workers should not harm their clients by imposing biases from their own experience. However, this goal will not be served by using standardized measures of "mental health" to screen abuse survivors from schools of social work. I have worked hard in my own recovery process to discover how my abuse experiences enhance or detract from my ability to help other survivors. Many other social workers/survivors have done the same. However, I believe that *all* social workers, whether or not they have experienced abuse, have the same responsibility. For those who have not experienced abuse, learning not to impose biases from their non-abusive childhoods may be equally necessary.

To those social workers who are concerned about the possible impact of survivors on social work and social work education, I suggest that you listen to their stories and consider the contributions their strengths, dedication, and courage can make to the profession. Supporting survivors in their personal recovery is necessary (Black, Jeffreys & Hartley, 1993),



but so is supporting their commitment to justice and social change. I want to work, as a client and as a colleague, with survivors and others who are fully committed to becoming conscious about how their personal experience impacts their work and to challenging oppression on all levels.

Many of my colleagues and students share my views. As a faculty member in a School of Social Work with a strong commitment to social justice, I have found others who want to support survivors of abuse and other forms of oppression in making the unique and essential contributions to social work that only they have to offer. I am committed to speaking out and advocating for survivors within my own profession and in the larger community. Now, I will acknowledge that I also advocate for myself. □

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