

GLOSSARY OF TERMS: THE REALITIES OF CHILD SEXUAL ABUSE

FOR LESSON 1.2 GLOSSARY OF TERMS

In the chart are the terms for the Activity Glossary of Terms 1.2 on page 58. While definitions and justifications are provided above, training facilitators are highly encouraged to modify them to meet and reflect the cultural needs in their communities.

TERM	DEFINITION	JUSTIFICATION
ableism	Ableism is a set of beliefs or practices that devalue and discriminate against people with physical, intellectual, or psychiatric disabilities and often rests on the assumption that disabled people need to be 'fixed' in one form or the other (Center for Disability Rights, 2023).	Implies that those who are "able-bodied" are more valued; includes different types of disabilities in the definition

TERM	DEFINITION	JUSTIFICATION
accountability	<p>“...The intention behind accountability is not one of shame, guilt, or punishment -- but one of growth, learning, and care. We don’t want to respond to harm -- we want to change the conditions that enable that harm to take place” (Rad HR, 2022).</p>	<p>Explains the intention and the goals of accountability (i.e., change the conditions that enabled the harm to take place).</p>
anti-blackness	<p>The unique discrimination, violence, and harms imposed on and impacting Black people specifically (Movement for Black Lives, 2023).</p>	<p>Includes violence, harms, and discrimination, which are different yet related, and can be applied to situations that happen in systems and in the community alike.</p>

TERM	DEFINITION	JUSTIFICATION
anti-Indigeneity	Clear intentions to assimilate or eliminate Indigenous people; the core of anti-Indigeneity is in opposition to self-determination, political and cultural autonomy, and the right to maintain, use, and protect traditional territories and resources (The Anti-Indigenous Handbook, September 25, 2025, by Tristan Ahtone).	Includes the different way genocides of Indigenous people happen (elimination of political, cultural, and land self-determination), which goes beyond the physical killing of communities. It also includes autonomy of land and resources, which furthers the conversation of how land ownership is related to colonization.
child sexual abuse	Sexual violence that happens to children (Resource Sharing Project, 2023). Justification	This definition is broad enough and can include several types of conduct or behaviors.

TERM	DEFINITION	JUSTIFICATION
cissexism	The belief or assumption that cis people's gender identities, expressions, and embodiments are more natural and legitimate than those of trans people (Outspoken: A Decade of Transgender Activism and Trans Feminism by Julia Serano, 2016).	Cissexism is better known as transphobia but this definition was chosen because it puts the responsibility of bias, discrimination, and upholding systems of oppression on those in power, in this case, cis people, or people who identify with the gender they were assigned at birth.

TERM	DEFINITION	JUSTIFICATION
colonization	<p>“Colonization can be defined as some form of invasion, dispossession, and subjugation of a people. The invasion need not be military; it can begin -- or continue -- as geographical intrusion in the form of agricultural, urban, or industrial encroachments. The result of such incursion is the dispossession of vast amounts of lands from the original inhabitants. This is often legalized after the fact. The long-term result of such massive dispossession is institutionalized inequality. The colonizer/colonized relationship is by nature an unequal one that benefits the colonizer at the expense of the colonized” (Racial Equity Tools, 2020).</p>	<p>Includes the relationship between colonizer and those who are colonized; includes dispossession of resources, and that colonization is often legalized by the government doing the colonizing.</p>

TERM	DEFINITION	JUSTIFICATION
coping	To deal with and attempt to overcome problems and difficulties (Merriam Webster Dictionary, 2023).	Describes the term in a neutral way, without including whether the attempt solves the issue.
grooming	Broadly refers to the behaviors and tactics that harm does* use to manipulate children, their guardians, and their surroundings to facilitate sexual abuse while decreasing the likelihood of disclosure or detection (Identification of Red-Flag Sexual Grooming Behaviors , Psychology Today, 2023).	Describes the process of grooming that's not limited to only the survivor but those around them as well

The word that has an asterisk in this definition has been changed for use in this curriculum.

TERM	DEFINITION	JUSTIFICATION
harm	Physical or mental damage or injury; something that causes someone or something to be hurt, broken, made less valuable or successful (The Britannica Dictionary, 2023).	Describes the term in a broad way and does not include the intent of anyone involved.
harm doer	A person who does or causes the harm (Resource Sharing Project, 2023).	Also known as the perpetrator, abuser, or person who caused harm. A broad way to describe the term that doesn't just limit the discussion to sexual abuse, it can also include grooming, manipulation, etc. Using "person who caused harm" can reinforce the idea of people first language.

TERM	DEFINITION	JUSTIFICATION
healing	<p>Healing means caring for the many parts of oneself that have been interrupted by trauma: physical, emotional, social, mental, spiritual, and more. Healing takes time. Everyone's needs are unique to their experience and may change over time (Healing Services for Survivors of Child sexual Abuse, a course for SASP Administrators, Resource Sharing Project, 2021).</p>	<p>Includes the specific Areas of Hurt and Healing which are discussed in the curriculum.</p>

TERM	DEFINITION	JUSTIFICATION
heterosexism	<p>Heterosexism (sometimes referred to as homophobia), is defined as: “the marginalization and/or oppression of people who are lesbian, gay, bisexual, queer, and/or asexual, based on the belief that heterosexuality is the norm.” This means that heterosexism is based on the idea that romantic and/or sexual relationships and feelings between a man and a woman is acceptable, and that all other relationships or feelings are unacceptable or outside the “norm” (What is Heterosexism and What Can I do About It?, Anti-Defamation League, 2019).</p>	<p>Highlights which relationships are seen as the norm; this definition was chosen because it puts responsibility of bias, discrimination, and upholding systems of oppression on those in power, in this case heterosexual or “straight” people.</p>

TERM	DEFINITION	JUSTIFICATION
incest	Sexual abuse that is committed by one family member against another. Also called familial sexual abuse, incest can be committed by a parent, sibling, other family member, or an unrelated person living with, or treated as, part of the family (Minnesota Coalition Against Sexual Assault Glossary, 2023).	This definition is broad enough and includes live-in partners of family members who may not technically be related, and others that are considered family with no legal relationship.

TERM	DEFINITION	JUSTIFICATION
mental health	<p>“Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make...choices” (Not Damaged, Not Broken: Exploring Mental Health & Substance Use with Adult Survivors of Child Sexual Abuse, Resource Sharing Project, 2021).</p>	<p>Inclusive definition that includes thoughts, feelings, stress, and making choices.</p>

TERM	DEFINITION	JUSTIFICATION
oppression	The use of power to marginalize, silence, or otherwise subordinate one social group, often to further privilege the oppressing and/ or dominant person or group. Oppression = prejudice + power (Healing Services for Survivors of Child Sexual Abuse, a course for SASP administrators by the Resource Sharing Project, 2021).	Includes power and privilege in the definition.

TERM	DEFINITION	JUSTIFICATION
power	<p>(A) The ability to name or define. (B) The ability to decide. (C) The ability to set the rule, standard, or policy. (D) The ability to change the rule, standard, or policy to serve your needs, wants, or desires. (E) The ability to influence decision makers to make choices in favor of your cause, issue, or concern. Each of these definitions can manifest on personal, social, institutional, or structural levels (Racial Equity Tools, 2020).</p>	<p>Defines all the ways power is used on different levels, both within and outside of formal systems.</p>

TERM	DEFINITION	JUSTIFICATION
racism	<p>Racism = race prejudice + social and institutional power</p> <p>Racism = a system of advantage based on race</p> <p>Racism = a system of oppression based on race</p> <p>Racism = a white supremacy system</p> <p>Racism is different from racial prejudice, hatred, or discrimination. Racism is when the power elite of one group, the white group, has the power to carry out systematic discrimination through the institutional policies and practices of society while shaping the cultural beliefs and values that support those racist policies and practices (Dismantling Racism Works web workbook, 2021).</p>	<p>Includes power, policies, systems, whiteness, and practices; shows how these concepts work together to perpetuate racism.</p>

TERM	DEFINITION	JUSTIFICATION
sexism	Sexism is prejudice and discrimination against people based on their sex or gender (Medical News Today, 2021).	While this definition was chosen because it was broad, it's important to know sexism also includes the belief or assumption that men are more valuable than people of other genders.
triggers	An environmental or emotional cue related to the trauma (e.g. a sound, a sensation, or an emotion). Being triggered might bring up the feelings of fear, powerlessness, or hopelessness that were present during the sexual violence (Rural Advocacy Through a Healing Lens, Resource Sharing Project, 2023).	Includes various things that could be triggers and the emotions it involves.

TERM	DEFINITION	JUSTIFICATION
violence	“The intentional use of physical force or power threatened or actual, against oneself, another person, or against a group or community...” (World Health Organization, 2002).	Includes the intentional use of power (instead of focusing on the intentions of those in power) and includes community, not just individuals.

<p>SURVIVOR PROMPT CONVERSATION #1:</p> <p>Observe and appease the advocate.</p>	<p>Survivor</p>
<p>SURVIVOR PROMPT CONVERSATION #2:</p> <p>talk about the last time you went to the grocery store. Stream of consciousness and all over the place... Don't talk about your feelings except how you felt in the grocery store.</p>	<p>Survivor</p>
<p>SURVIVOR PROMPT CONVERSATION #3:</p> <p>everything the other person tells you may not be true except when you ask them a yes or no question.</p>	<p>Survivor</p>
<p>SURVIVOR PROMPT CONVERSATION #4:</p> <p>you are impatient and frustrated and want to end the conversation as soon as possible.</p>	<p>Survivor</p>

**ADVOCATE PROMPT
CONVERSATION #1:**

You have 10 minutes to figure out what the survivor needs from the grocery store and get back to the office for your next meeting.

Advocate

**ADVOCATE PROMPT
CONVERSATION #2:**

you only have 10 minutes to talk to the survivor and find out how they are feeling today.

Advocate

**ADVOCATE PROMPT
CONVERSATION #3:**

you have 10 minutes to tell them what you like about grocery shopping.

Advocate

**ADVOCATE PROMPT
CONVERSATION #4:**

you have 10 minutes to get the person to tell you about their hopes and dreams.

Advocate

HEALING IN MOTION: A VISION FOR HEALING - CHOICE POINTS SCENARIOS

FACILITATOR COPY

Please note that the following scenarios have the “Why this Scenario” and “Context” sections for each scenario. These are notes to explain to the facilitator why these scenarios were chosen and **SHOULD NOT BE GIVEN TO THE TRAINING PARTICIPANTS**. Trainers need to create and print separate documents with just the scenarios to distribute to the participants during the training.

Printable copies of scenarios for participants are available on page xxx.

Scenario #1

Alma, a Latine person in their thirties, comes to your office for an advocacy appointment; they had called the helpline a few nights ago and decided to come in to talk more. Alma tells you they were “messed with” when they were a child. They have been experiencing some pain in their abdomen, and their primary care doctor referred them to a gynecologist for more tests. Alma tells you they’ve never been to a gynecologist because they can’t bear the thought of anyone looking at or touching “down there.” They tried calling the gynecologist’s office but kept panicking and hanging up. As you get to know Alma better, you learn that they are very active at their community center and love gardening (they even give you a few tips on the office’s garden!).

Why this scenario

Advocates sometimes try to define survivors' experiences (i.e., what does Alma mean when by "messed with") instead of focusing on the fact that someone is reaching out. It is also important that advocates can recognize, become familiar with, and use someone's pronouns (in this scenario, the person uses they/their/them pronouns) that align with their gender identity. Advocates should also realize the importance of helplines as a service that survivors can access across distances, anonymously, and at any time. Lastly, advocates should be able to identify opportunities for and to provide medical advocacy to survivors beyond medical forensic exams.

Please note that the term Latine was used in this scenario to be inclusive of nonbinary genders. [For more information on this topic, please check out the article *Latino, Latinx, Hispanic, or Latine? Which Term Should You Use?* by Vanesha McGee \(Best Colleges\).](#)

Context

Alma is a Latine non-binary person, and their identities may impact their sexual violence experience and other life experiences (i.e., racism and cissexism; Latine and nonbinary people experience high rates of sexual violence). They have also explicitly named something that could be their healing strategy (gardening). Alma also stated that they have anxiety around receiving medical care, which is another choice point, and potentially a place for advocacy (e.g., whether or not to make an appointment, going with Alma to appointments, being on the phone while making appointments, doing scenario work to prepare for the appointment, using the medical advocacy survivor guide, following up after the appointment, etc.).

Scenario #2

Lucy is a 43-year-old woman who was sexually abused by her father, Mike. Lucy never told anyone. Until recently, she felt like the abuse wasn't affecting her daily life and thought she had put it behind her. Recently, Lucy's 13-year-old niece, Tiffany, revealed that Mike sexually abused her as well. Tiffany and her parents are not angry with Lucy; Lucy and Lucy's girlfriend, Melinda, have been important supports for Tiffany. However, Lucy is distraught with guilt and shame. While talking with Lucy, you noticed some fresh cuts on her arms. Lucy acknowledges the cuts, blushing and saying, "Well, I guess it's what I deserve." Tiffany and her parents are getting support from one of your coworkers while you serve Lucy.

Why this scenario

Advocates need to understand that this pain may be fresh for Lucy for several reasons, but namely, 1) she never talked about it and 2) the person that harmed Lucy harmed someone close to her too. This pain will also be very intimate to her and her family because a parent caused the harm; this is someone they likely lived with, depended on, and trusted in many instances. Advocates often judge people whose coping mechanisms they may disagree with and may say the solution is for Lucy to stop that behavior instead of exploring what that coping mechanism provides the survivor.

Context

The oppressions that Lucy faces may impact her sexual violence and other life experiences (i.e., sexism and heterosexism; queer women experience high rates of sexual violence). Lucy has never told anyone, so she may be retraumatized often and may be disclosing and working through the various parts of her trauma for the first time. Because the person that sexually abused Lucy was a parent, Lucy may also experience victim blaming from other people close to her (e.g., blaming her for not speaking up and accusing her of lying about what happened). Lucy is also blaming herself for what happened, and that could be a point for advocacy (i.e., “only the person responsible for sexually abusing someone is the person who abused them,” “children are targeted for abuse because they are deemed as less credible, more accessible, and more vulnerable”). Lucy is also engaging in self-harm, which could be a place for an advocate’s curiosity (i.e., “what purpose does that serve you? When does that behavior feel good for you? When has that behavior felt harmful for you?”) and connection with resources, trigger planning, coping skills, and grounding skills. Lucy also seems to have some people as supports in her life, one of whom has been through a similar experience (i.e., Tiffany, and her partner, Melinda).

Scenario #3

Devon, an African American man in his forties, calls you on the helpline after a flashback. He is a long-term client of the center and occasionally calls the hotline. You know from experience with Devon that he suffered years of sexual abuse by his now-deceased grandfather. He does not mention specifics about the abuse on this call, just the flashback and how scared he feels now. Devon has migraines and Crohn's disease, a chronic gastro-intestinal disorder. Tonight, he got scared after the flashback and couldn't calm down. He tells you, "It won't stop, it won't stop. Please make him stop..." He doesn't feel safe and is scared to move out of the chair he's sitting in right now. He hasn't left the chair for 3 hours now, although he needs to take his medication. He tried praying and reaching his church deacon, who could always calm him and make him feel safe, but she didn't answer the phone.

Why this scenario

Advocates need to remember that advocacy is a renewable resource that survivors should be able to use whenever they need it, even if they have been utilizing services already. Additionally, advocates tend to focus on the available legal and tangible remedies, specifically how to punish the person that harmed the survivor. That person in Devon's scenario is no longer living, so much of his advocacy, if not all of it, can focus on his long-term healing and safety/trigger planning. Lastly, advocates may want to focus on getting the survivor to take his medicine as the first course of action. It's important that the advocates help Devon identify his choices and not quickly try to assess and prioritize his needs for him.

Context

Devon is an African American man, and the oppressions he experienced may impact his sexual violence experience and other life experiences (i.e., anti-Blackness, racism; Black men experience high rates of sexual violence yet are hypersexualized and perceived to be sexual aggressors). Devon also has a disability that may impact his ability to navigate systems, specifically the medical systems. Devon already has a coping mechanism that he has tried (i.e., praying) and a support system (church deacon), so advocates can explore a different safety plan with him (e.g., "I'm here to talk to you if you would like, but is there someone else you trust who might be able to help you calm down?" "What has your deacon done in the past to help you calm down? Would you like to try that now?") and help him in the moment with some grounding techniques. These supports also point to spirituality being an important part of his healing journey.

This may also be an opportunity to validate Devon's feelings about being triggered and to identify choice points he can make while sitting in the chair ("Does it feel better to have your eyes open or closed? "Would it help if we did a breathing exercise together?" "What can I do at this moment to help you?" "Would it help to focus on something else?").

Scenario #4

John is a 29-year-old-Native man and a beloved high school football coach who does a lot to mentor young men in your community. One night while filling in on your agency's helpline, you got a call from John. He tells you that he's in jail. He tells you while he was out fundraising for the team with some of the other coaches, someone took a picture of him without asking, and "I just snapped." He tells you that he punched the person several times before he came to. "I don't remember hitting him or stopping," he says, but he tells you that he always hated having his picture taken. After a few seconds of silence, he says, "I think that has something to do with my peewee coach taking naked pictures of us kids in the locker room. I don't know." He assures you that the coach didn't touch him, but he thinks he also recorded some videos of John and another one of his teammates in the shower. After listening a bit more, John tells you that he just wants to go home tonight because he's worried about his wife, who's close to giving birth to their first child, and about losing his job.

Why this scenario

Advocacy programs often do not know how to provide direct advocacy support for survivors who are in prison, despite 1) many people who are in prison have experienced sexual violence and 2) many people will experience sexual violence while incarcerated. Additionally, many programs do not have the knowledge, support, or infrastructure to advocate for incarcerated people. Programs need to establish policies and procedures to advocate for those incarcerated in nearby facilities. This scenario also exemplifies one of the results of the sexual abuse-to-prison pipeline. Advocates may hold some bias towards those in prison and towards those who are incarcerated for doing sexual harm. Therefore, advocates need to be aware of this bias and remember that advocates should provide support no matter where a survivor is in their community. It's also important that advocates can identify and support survivors who've experienced noncontact sexual violence.

Context

The oppressions John face may impact his sexual violence experience and other life experiences (i.e., anti-indigeneity, racism; Native men are perceived as sexual aggressors despite experiencing high rates of sexual violence; Native men are incarcerated at a high rate). There may also be an opportunity to discuss with John about trauma responses to sexual violence (i.e., "It sounds like your fight response was activated"), validate his feelings, and give him space to process his experience on the phone. Additionally, survivors who are incarcerated have limited options, so it's important that advocates are creative with the choices they provide to John ("Do you want to think of who can go check on your wife?"), but are also clear that the choices he has may be limited and not ideal ("What can I do to help you while we're still on the phone?" "I don't think you will be able to leave tonight. What can we do to help you stay regulated until you may be released?").

Scenario #5

Nour is an 82-year-old woman driven by her son to your office. In Turkish, she asks her son to wait outside for her and tells you she wants to discuss what happened to her as a child. Years ago, when she was a child walking to school, a person she didn't know sexually assaulted her. "It was very bad. I only told my father and brother what happened. My father made us leave Istanbul shortly after, and my brother said it was my fault." Nour loves driving and walking around her neighborhood, which she now finds hard due to arthritis. "I feel so alone now that I can't easily walk or drive to the community center and speak with my neighbors." Nour also whispers that her son steals money from her when she's not in the house they now share. Nour tells you that she doesn't want to tell her son to leave, but she doesn't want him to keep taking her money.

Why this scenario

Nonculturally specific advocacy programs often struggle to provide language interpretation and translation services as a crucial part of their program (and their program's budget). Because Nour is actively experiencing harm (i.e., elder abuse), advocates may want to focus on the available legal and tangible remedies, specifically how to "hold her son accountable through the criminal legal system" and "get her away from him." Some advocates may want to prioritize addressing her son's actions before assisting her in identifying her choices and making a choice that is the best for her. Many older adults have experienced child sexual abuse that continues to affect them throughout their lifetime. Advocates need to provide services no matter when they seek them out. Furthermore, doing restorative work and focusing on relationship building are advocacy skills that utilize a healing approach, yet these tools are often not valued as part of sexual violence services.

Context

The oppression Nour faces may impact her sexual violence and other life experiences (racism, sexism, xenophobia, ageism, ableism; immigrant survivors, in particular, experience higher rates of sexual violence; her son may view her weakening physical ability as an opportunity to take money from her). This may be an opportunity to reinforce that she did not have choices as a child (experiencing sexual violence, immigrating to the U.S.), but the choices she makes now will be supported by the advocate (how to navigate living with her son, what advocacy services are available and in what language she receives them in, etc.). Nour has also identified some things that help her cope (i.e., driving, walking around the neighborhood), so advocates can help her determine what choices she still has to heal even with her body changing and her advancing disability ("What about driving do you enjoy?" "I read somewhere that swimming is easier on your joints. Would you like to explore that option?" "Could we maybe work out a way to get you to the community center a couple of times a week?"). Additionally, she identifies as Turkish, so finding healing and choice points around her culture may also be helpful. Nour also has choices and may want to discuss her options for safety planning and setting boundaries with her son.

HEALING IN MOTION: A VISION FOR HEALING - CHOICE POINTS SCENARIOS

PARTICIPANT COPY

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Scenario #4

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Scenario #5

Nour is an 82-year-old woman driven by her son to your office. In Turkish, she asks her son to wait outside for her and tells you she wants to discuss what happened to her as a child. Years ago, when she was a child walking to school, a person she didn't know sexually assaulted her. "It was very bad. I only told my father and brother what happened. My father made us leave Istanbul shortly after, and my brother said it was my fault." Nour loves driving and walking around her neighborhood, which she now finds hard due to arthritis. "I feel so alone now that I can't easily walk or drive to the community center and speak with my neighbors." Nour also whispers that her son steals money from her when she's not in the house they now share. Nour tells you that she doesn't want to tell her son to leave, but she doesn't want him to keep taking her money.

GLOSSARY OF TERMS: INCORPORATING THE BODY INTO HEALING

FOR LESSON 6.1 UNDERSTANDING TRAUMA & DISSOCIATION

In the chart are the terms for the Activity Incorporating the Body Into Healing, Lesson 6.1, Understanding Trauma & Dissociation on page XX. While definitions and justifications are provided above, training facilitators are highly encouraged to modify them to meet and reflect the cultural needs in their communities.

TERM	DEFINITION	JUSTIFICATION
body attunement	Refers to how aware you are of your body, what you know and what you actually do for and with your body (Body Intelligence: A Guide to Self-Attunement, 2012).	This definition is

TERM	DEFINITION	JUSTIFICATION
trauma	<p>Trauma is defined as an experience that causes overwhelming stress. The body and mind struggle to cope with a traumatic event - not just physically, but emotionally, socially, and spiritually too. "Trauma is an experience, series of experiences, and/or impacts from social conditions, that break or betray our inherent need for safety, belonging, and dignity" (Haines, Staci, as quoted in Resource Sharing Project, 2021).</p>	<p>This definition includes overwhelming stress, how trauma is more than just physical or emotional stress, and how trauma impacts several areas of peoples' lives (need for safety, belonging, and dignity).</p>

TERM	DEFINITION	JUSTIFICATION
triggers	An environmental or emotional cue related to the trauma (e.g. a sound, a sensation, or an emotion). Being triggered might bring up the feelings of fear, powerlessness, or hopelessness that were present during the sexual violence (Rural Advocacy Through a Healing Lens, Resource Sharing Project, 2023).	Includes various things that could be triggers and the emotions it involves.

TERM	DEFINITION	JUSTIFICATION
PTSD	<p>A real disorder that develops when a person has experienced or witnessed a scary, shocking, terrifying, or dangerous event. These stressful or traumatic events usually involve a situation where someone's life has been threatened or severe injury has occurred. Children and adults with PTSD may feel anxious or stressed even when they are not in present danger (SAMHSA, 2023).</p>	<p>It should be noted that the actual disorder is a medical diagnosis; having post-traumatic stress is normal after trauma.</p>

TERM	DEFINITION	JUSTIFICATION
flashbacks	A flashback is a vivid experience in which you relive some aspects of a traumatic event or feel as if it is happening right now. This can sometimes be like watching a video of what happened, but flashbacks do not necessarily involve seeing images, or reliving events from start to finish (Mind, 2023).	Includes past trauma and the term present; instead of “perceived danged or seems harmful” implying that what the survivor is experiencing isn’t real.

TERM	DEFINITION	JUSTIFICATION
grounding	<p>Grounding is the feeling of being present and connected in the here and now. Trauma can make survivors feel lost in time and space or overwhelmed by their emotions. Grounding is helpful when survivors are triggered, leading them to re-experience parts of a traumatic incident. In that moment, survivors are caught in the past. Grounding lessens the distress of flashbacks and helps bring survivors back into the present. Grounding is also a helpful tool for survivors to use in situations that could be triggering (Resource Sharing Project, 2022).</p>	<p>Includes feeling present and connected, and how grounding is connected to triggers.</p>

OUR SEXUAL VALUES AS ADVOCATES

FOR LESSON 7.2 DEEPENING OUR UNDERSTANDING

Thinking about sex and sexuality can feel awkward, uncomfortable, confusing, and emotional. It can also feel pleasant, amusing, exciting, hopeful and help people feel connected. It may feel like a mixture of these emotions and others, and these feelings may evolve throughout a person's lifetime.

The purpose of this assessment is to do some self-reflection about:

- ▶ What factors influence your feelings and thoughts around sex and sexuality,
- ▶ your core beliefs and attitudes regarding different sexual situations and experiences, and
- ▶ how those core beliefs and attitudes may impact the advocacy you provide to assist adult survivors of child sexual abuse in navigating sex and sexuality.

While this is not an all-encompassing list of questions, it is meant as a starting point for sexual violence advocates to gauge their feelings and their needs. The first parts of the assessment (Sections 1 and 2) should be used for advocates' individual reflection. The last section (Section 3) can be shared with the advocate's supervisors and organizations to assess their current capacity to support adult survivors of child sexual abuse who want to explore their sexuality.

Section 1: External Factors

The purpose of this section is to evaluate the influence core beliefs and attitudes from external areas have on your present ideas about sexual practices. Please reflect on these questions in the space provided.

Family

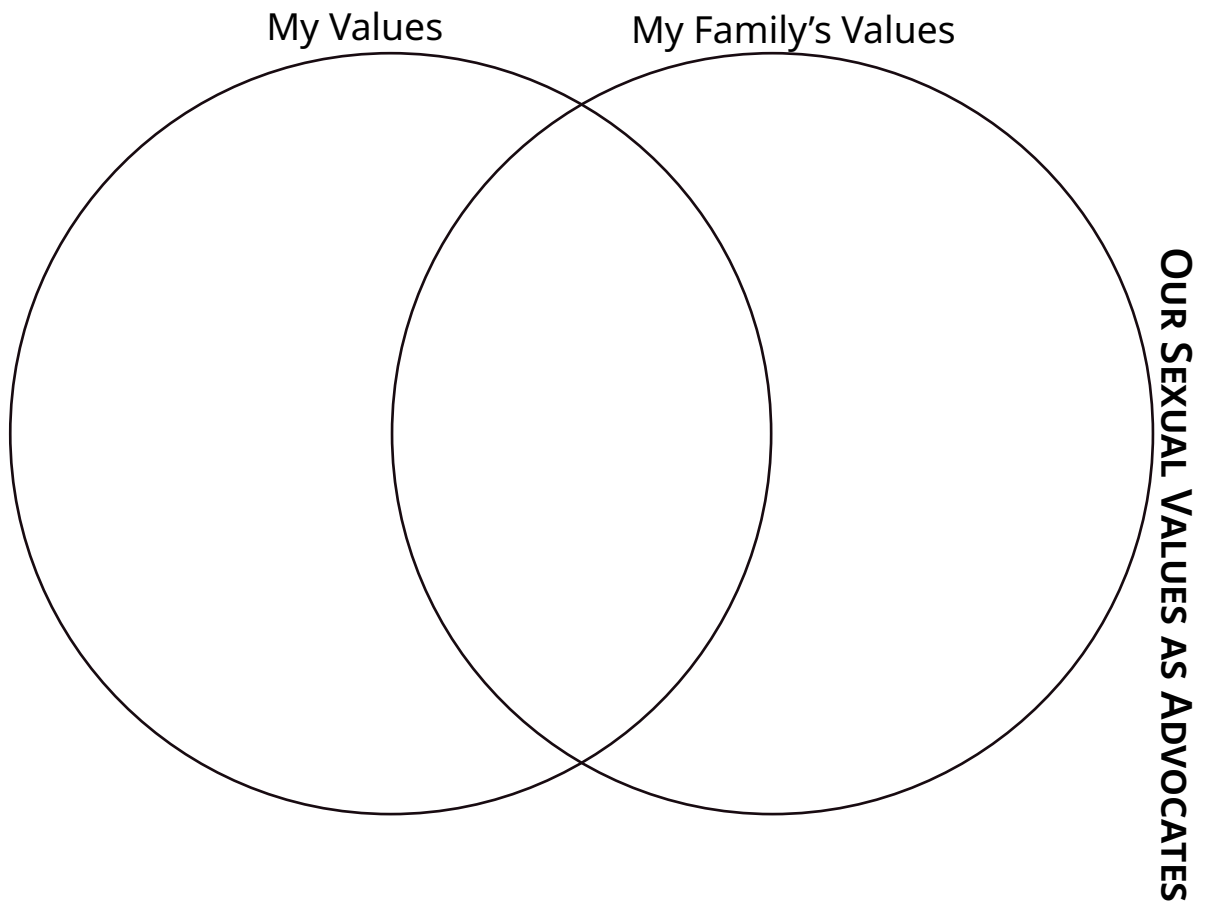
Did the family you were brought up in discuss specific sexual practices that were regarded as “acceptable” and “unacceptable?”

In your childhood, did anything happen to change your views on sexuality

Describe any differences between your current values about sexual practices and those of your family.

▶ How are they the same?

▶ How are they different?



Social Group

Do the culture(s) you belong to influence your attitudes/beliefs about “acceptable” and “unacceptable” sexual practices? This could include racial, ethnic, nationality, faith or religious, queer/LGBTQ+, or other communities you identify as a part of.

- ▶ If so, in what way?

Has anything occurred that led you to develop a different set of values than those prevalent in your culture(s)? Please mark either yes or no.

YES

NO

- ▶ Describe any differences between your current values and those of your culture.

Have your friends influenced the sexual practice values you currently hold? If so, in what way?

How has the media (including music, movies, newspaper, TV, etc.) shaped your values and beliefs regarding sex?

How has social media influenced your values regarding sex?

Spiritual/Religious Beliefs

Have you held the same spiritual beliefs since childhood? Please answer either yes, somewhat, or no.

- ▶ Yes, they are the same
- ▶ Somewhat, they have shifted as I have aged
- ▶ No, they are entirely different

If you currently practice spirituality/religious belief/faith, does it influence your values regarding sexual practices? Please mark either yes or no.

- | | | |
|-----------------------|-----|----|
| | YES | NO |
| ▶ If so, in what way? | | |

Describe any differences in values about sexual practice you may have compared to your spiritual background.

Section 2: How Do Personal Experiences Shape Our Values?

In addition to external influences, our own personal sexual experiences can influence our beliefs and attitudes regarding certain practices. Please reflect on the effects of your personal experiences in the space provided.

Personal experiences of sexual intimacy and sexual practices

How would you consider your sex life at this point? What words would you use to describe your sex life? Please circle or highlight the words below that you would use to describe it.

fun	satisfying	rushed	exciting
scary	disappointing	irritating	frequent
non-existent	pleasurable	amazing	rare
frustrating	underwhelming	content	terrifying
confusing	tender	affectionate	calm
boring	stressful	enthusiastic	bad
neglected	anxious	regretful	active
uncomfortable	good	shameful	fast
great	relaxed	isolating	
overwhelming	slow	empowering	

Are there other words you would use to describe your sex life? Please fill them in.

Personal attitudes about sexual practices

From your viewpoint, which of the following are acceptable sexual practices? Please mark the acceptable sexual practices from your perspective with an X on the space next to the activity.

- Not engaging in sex at all
- No sexual activity before marriage
- Engaging in sex before marriage
- Having sex with only someone you love
- Having sex with one person you are in a relationship with
- Having sex with a person you do not plan to meet up with again (sometimes called a one-night stand)
- Having multiple sexual partners (not at the same time)
- Having sex with multiple people at the same time
- Having sex without using contraceptives
- Having sex using contraceptives
- Any form of sex before marriage
- Sending naked images of yourself to other people
- Sexting
- Masturbation, alone
- Masturbation with others
- Oral sex
- Anal sex
- Other: _____

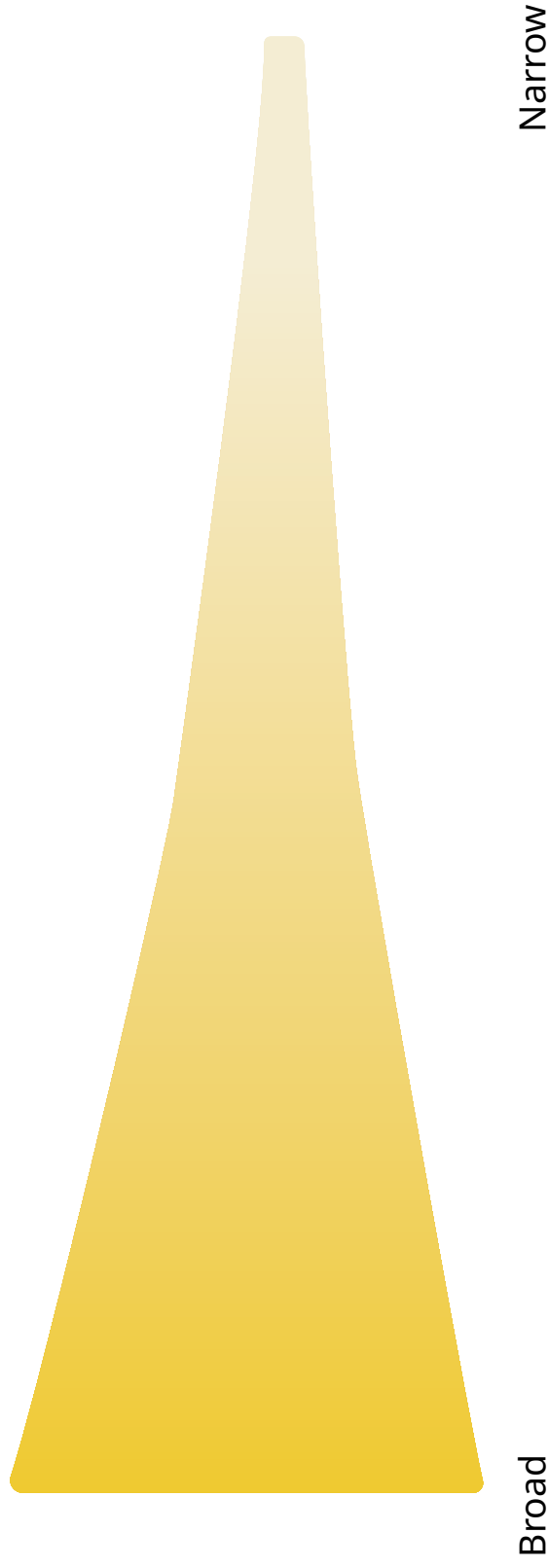
On a scale of very uncomfortable to very comfortable, how comfortable are you with survivors who want to discuss the following topics and find resources?

Very Uncomfortable

Very Comfortable

Example: Ice Cream	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Exploring LGBTQ+ identities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging in sex after experiencing sexual violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setting sexual boundaries with their sexual partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BDSM and/or kink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Masturbation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex toys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching, listening, or reading porn or erotica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploring their sexual and reproductive health options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you consider your attitudes regarding different sexual practices to be broad or narrow?
Please mark your position on the graphic.



Why did you select either broad or narrow?

What does the word intimacy mean to you?

What does the word pleasure mean to you?

Section 3: Agency Guidance and Support

While our individual beliefs and experiences impact the advocacy we provide, our organization's policies, procedures, and environment also affect the services and types of services we provide as sexual violence programs. Please reflect on your organization's policies and practices regarding support for survivors in navigating sexual and sexuality.

What guidance does your agency provide to staff about discussing sex and sexuality with survivors in general?

What guidance does your agency provide when discussing sex and sexuality with adult survivors of child sexual abuse specifically?

Has supporting survivors in navigating their sexuality been a focus area at your organization?

Have you received:

Training on how to support a survivor with making a sexual safety plan?	Yes	Not Sure	No
---	-----	----------	----

Training on how to talk about consent, intimacy, and pleasure with adults?	Yes	Not Sure	No
--	-----	----------	----

Training on teaching reproductive health and sexual education?	Yes	Not Sure	No
--	-----	----------	----

Time to discuss assisting survivors in exploring sex and sexuality as a part of staff discussions?	Yes	Not Sure	No
--	-----	----------	----

Guidance on where to find resources for survivors who want to explore their sexuality?

Yes Not Sure No

Training on your agency's policies on distributing contraceptives and reproductive health information?

Yes Not Sure No

Support in building collaborations that could help survivors access sexual health and sexuality resources in the community?

Yes Not Sure No

Guidance and time to develop an outreach plan to promote the sex and sexuality advocacy services your agency provides?

Yes Not Sure No

What guidance would you like your organization to provide when discussing sex and sexuality with survivors?

This assessment was adapted from the Sexual Practices Values Clarification: An Exercise for Health Care Professionals and Students (2011), by Jennifer Kaiser, University of Utah.

HEALING IN MOTION: COMPILED LIST OF RESOURCES

This list includes the links to all of the resources included in the training. Please note that while these were the correct web addresses when the curriculum was published, they are subject to change.

Using the Curriculum

Preparation For Facilitators

- ▶ [Listening To Our Communities: Assessment Toolkit by the Resource Sharing Project and the National Sexual Violence Resource Center](#)
- ▶ [Interaction Institute For Social Change's Fundamentals of Facilitation for Racial Justice Work Online](#)
- ▶ [Adult Learning Principles from Valamis](#)

Preparation For Participants

- ▶ [Throw Away the Menu: Broadening Advocacy by the Resource Sharing Project and the National Sexual Violence Resource Center](#)

The Realities of Child Sexual Abuse (Module #1)

Lesson 1.2 Glossary of Terms

- ▶ Healing in Motion: Glossary of Terms 1.2 from the Resource Sharing Project

Lesson 1.3 Exploring the Dynamics, Statistics, and Definition of Child Sexual Abuse

- ▶ [Building Resilience Conversation Series Episode #2: Why Are We Focusing on Adult Survivors of Child Sexual Abuse? from the Resource Sharing Project](#)
- ▶ [Building Resilience Color Page Episode 1 from the Resource Sharing Project](#)
- ▶ [Remembering the Children of Native American Residential Schools from the National Sexual Violence Resource Center](#)

Lesson 1.4 The Difference of Experiencing Sexual Abuse in Childhood Compared to Sexual Assault First Experienced in Adulthood

- ▶ [Episode 1 of the Conversation Series: Why Are We Focusing on Adult Survivors of Child Sexual Abuse? from the Resource Sharing Project](#)
- ▶ [Building Resilience Color Page Episode 1 from the Resource Sharing Project](#)
- ▶ Healing in Motion: Strategic Planning Worksheet from the Resource Sharing Project

Lesson 1.5 What Does This Mean for Advocacy?

- ▶ [Areas of Hurt, Areas of Healing from the Resource Sharing Project](#)

Coping from Child Sexual Abuse into Adulthood (Module #2)

Lesson 2.2 Coping Strategies Adult Survivors of Child Sexual Abuse

- ▶ [Building Resilience Conversation Series Episode #2: How do Adult Survivors of Child Sexual Abuse Cope? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode #2 from the Resource Sharing Project](#)

Lesson 2.3 Letters from Survivors

- ▶ [Enhancing Knowledge: Letter from Formerly and Currently Incarcerated Survivors from the Resource Sharing Project](#)
- ▶ [Sexual Abuse to Prison Pipeline Report: A Native Perspective from Mary Annette Pember \(Indian Country Today\)](#)
- ▶ [Advocacy Skills: Grounding from the Resource Sharing Project](#)

Lesson 2.4 What Does This Mean for Advocacy?

- ▶ [Advocacy Skills: Grounding from the Resource Sharing Project](#)
- ▶ [Building Resilience Conversation Series Episode #2: How do Adult Survivors of Child Sexual Abuse Cope? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode #2 from the Resource Sharing Project](#)
- ▶ Healing in Motion: Strategic Planning Worksheet from the Resource Sharing Project

The Impact of Child Sexual Abuse on the Body (Module #3)

Lesson 3.1 Understanding How Child Sexual Abuse Impacts a Survivor's Physical Health and Relationship to Their Body

- ▶ [Building Resilience Conversation Series #3: How is a Survivor's Relationship to their Body Impacted by Child Sexual Abuse? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 3 from the Resource Sharing Project](#)

Lesson 3.2 Helping Adult Survivors of Child Sexual Abuse Navigate Their Healthcare

- ▶ [Advocacy Skills: Helping Adult Survivors Address Health Issues from the Resource Sharing Project](#)

Lesson 3.3 Exploring Oppression- The Connection to Healthcare and The Healthcare System

- ▶ [Building Resilience Conversation Series #3: How is a Survivor's Relationship to their Body Impacted by Child Sexual Abuse? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 3 from the Resource Sharing Project](#)
- ▶ [I Was Pregnant and In Crisis. All the Doctors and Nurses Saw Was an Incompetent Black Woman. by Tressie McMillan Cottom](#)
- ▶ [Medical Trigger Disclosure Cards by the Arizona Coalition to End Sexual and Domestic Violence](#)
- ▶ [Healing the Body: Exploring Comprehensive Medical Advocacy from the Resource Sharing Project](#)

Lesson 3.4 What Does This Mean for Advocacy?

- ▶ Healing in Motion: Strategic Planning Worksheet from the Resource Sharing Project

How Child Sexual Abuse Impacts Relationships (Module #4)

Lesson 4.1 How Does Child Sexual Abuse Affect Relationships

- ▶ [Building Resilience Conversation Series #4: How Does Child Sexual Abuse Impact Relationship Building? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 4 from the Resource Sharing Project](#)

Lesson 4.2 Roleplays

- ▶ Healing in Motion: Lesson 4.2 Roleplay Cards from the Resource Sharing Project

Lesson 4.3 What Does This Mean for Advocacy?

- ▶ [Building Resilience Conversation Series #4: How Does Child Sexual Abuse Impact Relationship Building? from the Resource Sharing Project](#)
- ▶ [What Are Personal Boundaries? Worksheet by TherapistAid.com](#)
- ▶ Healing in Motion: Strategic Planning Worksheet from the Resource Sharing Project

A Vision for Healing (Module #5)

Lesson 5.1 Defining Healing for Adult Survivors of Child Sexual Abuse

- ▶ [Building Resilience Conversation Series Episode #5: What is Healing? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 5 from the Resource Sharing Project](#)

Lesson 5.2 Choice Points

- ▶ [Advocacy Skills: Choice Points from the Resource Sharing Project](#)

Lesson 5.3 What Does This Mean for Advocacy?

- ▶ Healing in Motion: Strategic Planning Worksheet from the Resource Sharing Project

Incorporating the Body Into Healing (Module #6)

Lesson 6.1 Understanding Trauma and Dissociation

- ▶ [Neuroplasticity & How the Brain Heals | Part 1 by Saprea Video](#)
- ▶ [Enhancing Knowledge: Brief Introduction to Trauma and Triggers from the Resource Sharing Project](#)
- ▶ [Survivor Support: Working through Triggers from the Resource Sharing Project](#)

Lesson 6.2 Healing Through Mind and Body

- ▶ [Neuroplasticity & How the Brain Heals | Part 2 by Saprea Video](#)
- ▶ [Building Resilience Conversation Series Episode #6: How do Survivors Incorporate their Body into the Healing Process? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 6 from the Resource Sharing Project](#)

Lesson 6.3 Grounding

- ▶ [Building Resilience Conversation Series Episode #6: How do Survivors Incorporate their Body into the Healing Process? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 6 from the Resource Sharing Project](#)
- ▶ [Let's Get Grounded toolkit by the Arizona Coalition to End Sexual and Domestic Violence](#)
- ▶ Healing in Motion: Strategic Planning Worksheet from the Resource Sharing Project

Sex and Sexuality as a Part of Healing (Module #7)

Lesson 7.2 Deepening Our Understanding

- ▶ Healing in Motion: Our Sexual Values as Advocates from the Resource Sharing Project

Lesson 7.3 What Does This Mean for Advocacy?

- ▶ [Building Resilience Conversation Series #4: How Does Child Sexual Abuse Impact Relationship Building? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 4 from the Resource Sharing Project](#)
- ▶ Healing in Motion: Strategic Planning worksheet from the Resource Sharing Project

Spirituality and Culture in Healing (Module #8)

Lesson 8.1 Identifying Terms

- ▶ [Building Resilience Conversation Series Episode #7: How are Spirituality and Culture tied to Healing? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 7 from the Resource Sharing Project](#)

Lesson 8.3 What Does This Mean for Advocacy?

- ▶ [Building Resilience Conversation Series Episode #7: How are Spirituality and Culture tied to Healing? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 7 from the Resource Sharing Project](#)

Community Building as Healing (Module #9)

Lesson 9.1 Exploring Community Building

- ▶ [Building Resilience Conversation Series Episode #8: How does Community Building Help Adult Survivors of Child Sexual Abuse? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 8 from the Resource Sharing Project](#)

Lesson 9.2 What Does This Mean for Advocacy?

- ▶ [Building Resilience Conversation Series Episode #8: How does Community Building Help Adult Survivors of Child Sexual Abuse? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 8 from the Resource Sharing Project](#)
- ▶ [Enhancing Knowledge: Discussion Guide Episode 8 from the Resource Sharing Project](#)

STRATEGIC PLANNING WORKSHEET ON _____

HEALING IN MOTION

Changes that need to be made at my organization in my advocacy	Who needs to be involved to make that change happen?	Who do I need to consult or include to make sure it's done?
What can I do within a week to make that change happen?	What can I do within 2 weeks to make that change happen?	What can I do within a month to make that change happen?

STRATEGIC PLANNING WORKSHEET ON _____

Changes that need to be made at my organization in my advocacy

Who needs to be involved to make that change happen?

Who do I need to consult or include to make sure it's done?

What can I do within a week to make that change happen?

What can I do within 2 weeks to make that change happen?

What can I do within a month to make that change happen?

STRATEGIC PLANNING WORKSHEET ON _____

Changes that need to be made at my organization in my advocacy

Who needs to be involved to make that change happen?

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STRATEGIC PLANNING WORKSHEET ON _____

Changes that need to be made at my organization in my advocacy

Who needs to be involved to make that change happen?

Who do I need to consult or include to make sure it's done?

What can I do within a week to make that change happen?

What can I do within 2 weeks to make that change happen?

What can I do within a month to make that change happen?

“Healing in Motion” PowerPoint Style Guide

There are several places in Resource Sharing Project’s “Healing in Motion: Coalitions Supporting Growth and Change in the Lives of Adult Survivors of Child Sexual Abuse” that encourage trainers to create presentation slides.

Rather than give you pre-made slide templates, we’ve created this handout to guide you as you create the visual tools that will be most helpful for the people you train. None of the tips on this handout are meant to override any agency branding guidelines you already have. These tips will be most useful for trainers who don’t have pre-existing guidance or rules for formatting and designing PowerPoint presentations.

Why Think About Design?

Design is an opportunity to reinforce the messages of **hope, resilience, healing, and empowerment** at the root of the curriculum.

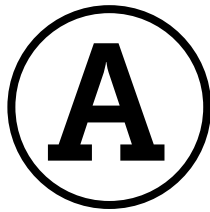
- » Design makes you think about how to organize information. Well-organized information can reduce fatigue and mental strain.
- » Design is a key component of accessibility for people with disabilities.

What you’ll need:

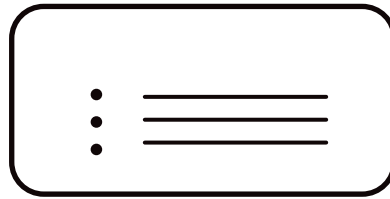
- ▶ PowerPoint program
- ▶ Your agency branding materials, if you have any
- ▶ Accessibility tools, like Colour Contrast Analyser and NVDA screen reader
- ▶ Basic design tools, like free stock photo websites, color palette creators, and free icon collections (we’ll give you links if you don’t have any yet!)

Key Design Tips

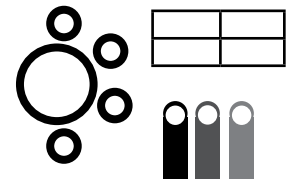
What design is accessible and conveys hope and resilience will vary from group to group. However you design your slides, what's most important is that they are easy to read. This means thinking about how the slides look and using short phrases instead of sentences and paragraphs whenever possible. In our own work, RSP finds the following tips most useful:



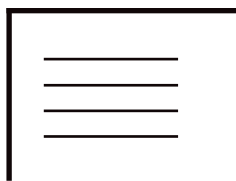
Use large, accessible fonts (at least 28pt), like Verdana, used here



Be generous with white space (the space around text)



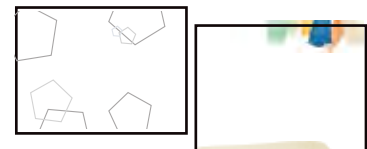
Think beyond bullet point lists to charts and graphs



Left-justify text



Use high contrast colors for font and background



Use colorful images or geometric prints. Avoid photos of sad people in the dark.

Links to Get You Started

- » [List of recommended accessible fonts](#)
- » [Colour Contrast Analyser](#) helps you ensure your slides meet minimum color contrast ratios for accessibility
- » [NVDA is a free screen reader](#) that lets you make sure your slides are accessible to screen reader users
- » [Pexels](#), [Unsplash](#), [The Noun Project](#), and [Wikimedia](#) all offer free images and/or icons. Microsoft 365 includes some for subscribers.
- » [Instructions for how to use PowerPoint's accessibility checker](#)

Healing in Motion: Coalitions Supporting Growth and Change in the Lives of Adult Survivors of Child Sexual Abuse

July 2023

This publication was written by LaShae Lopez, with contributions from the Building Resilience team: Resource Sharing Project, Activating Change, Just Detention International, Minnesota Indian Women’s Sexual Assault Coalition, the North Carolina Coalition Against Sexual Assault, and Olga Trujillo, J.D.

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www.resourcesharingproject.org.

Graphic and Publication Design by Norio Umezu Hall, RSP.

This product was supported by cooperative agreement number 2019-V3-GX-K040, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U. S. Department of Justice.

