AFFIDAVIT OF MIC HUNTER, PSY.D, L.P.

STATE OF MINNESOTA)
)SS:
COUNTY OF RAMSEY)

I, Mic Hunter, Psy.D, Licensed Psychologist, swear and depose as follows:

1. I hold a doctorate in Psychology from the Minnesota School of Professional Psychology and I am licensed as a psychologist in the state of Minnesota. I have written a number of articles and books on the topic of the sexual victimization of boys. Attached hereto as Exhibit A is my professional vitae'.

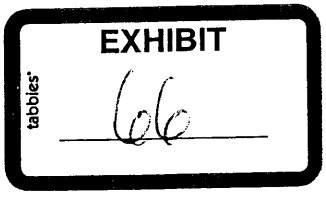
2. I submit this affidavit to the Court in order to explain common psychological phenomena experienced by those who were sexually abused as children. These common psychological phenomena often leave survivors of sexual abuse unable to understand that they were injured by the sexual abuse and render the survivor unable to seek help in the same way and in the same time that victims who are injured by some other means are able to.

Common Reasons Victims Of Sexual Abuse
Have Difficulty Disclosing Their Experiences

Prepared By
Mic Hunter, Psy.D.
Licensed Psychologist
Licensed Marriage And Family Therapist

THE EFFECTS OF NEUROLOGICAL DEVELOPMENT

Children do not cognitively process their world in the same manner, as do adults. Young children lack the vocabulary to accurately describe what they experienced. In effect, how does one talk about something for which one has no words? Lacking the



appropriate words, children often attempt to communicate what happened and their distress about it through their actions. This is the reason that the diagnostic criteria for Posttraumatic Stress Disorder notes that young children who are experiencing recurrent and intrusive distressing recollections of the sexual abuse may engage in repetitive play in which "themes or aspects of the trauma are expressed" (A.P.A., 1994, p. 428). Although children may exhibit these behaviors the adults in their lives may not grasp what the child is attempting to communicate, so the message goes unrecognized.

THE EFFECTS OF TRAUMA ON MEMORY

Persons who suffer from Posttraumatic Stress Disorder (P.T.S.D.) experience disruptions in the process of both memory creation as well as memory recall. The criterion used to diagnosis P.T.S.D. lists a number of these: (A.P.A., 1994, pp. 427-429):

•Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions;

•Recurrent distressing dreams of the event, in children, there may be frightening dreams without recognizing content;

•Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated, and in young children, trauma-specific reenactment may occur;

•Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event;

•Physiological reactivity on exposure to internal or external cues that symbolize or resemble as aspect of the traumatic event;

•Efforts to avoid thinking, feeling, or conversations associated with the trauma;

•Efforts to avoid activities, places, or people that arouse recollections of the trauma;

•Inability to recall an important aspect of the trauma, and;

•Difficulty concentrating.

Extensive evidence over many years has shown that victims of sexual abuse, even who do not later develop Posttraumatic Stress Disorder, often experience some degree of dissociation during, and following, the abuse experience. Dissociation is defined

as, "A disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment. The disturbance may be sudden or gradual, transient or chronic" (A.P.A., 1994, p. 766). Dissociation can take several forms and can range in intensity from mild to severe.

After reviewing numerous studies Gold (2000) provided an overview of the types of dissociation commonly found in persons with histories of child sexual abuse:

•Absorption-during which there is a diminishment in one's awareness of one's surroundings and what is taking place. In lay terms this is known as "spacing out." This is the mildest form of dissociation. Even people who have not experienced trauma occasionally engage in absorption, for example daydreaming during a boring business meeting or while riding in an airplane. However, those who experience on-going abuse can lose control of awareness to the point where they spend much of their time not fully in the present moment or completely aware of their environment.

•Depersonalization-being detached from one's self, even to the point of recalling an event as if it happened to "someone else." Persons who have experienced confirmed trauma often report they recall the experience as if they were outside of their bodies watching the trauma take place to another person who looks just like them.

•Dissociative amnesia-the inability to recall events and are not the result of an organic insult to the brain such as a blow to the head. Dissociative amnesia is not merely a lack of desire to recall an experience, or normal forgetfulness; it is the inability to recall it. Remembering, on a conscious level, may not occur until the victim believes the offender is no longer a threat, or when some external event takes place that is a potent reminder of the abuse. Such events can be a sound, taste, sensation, situation, sight, which is similar enough to the trauma that the memory of the original event makes its way into awareness. When exposed to these stimuli the person will experience one or more of the following symptoms:

-Acting or feeling as if the traumatic event were recurring;

-Intense psychological reaction such as terror or shame;

-Physiological reactivity such as racing heart beat or sweating;

-Efforts to avoid the thoughts, feelings, or conversations, or:

-Efforts to avoid the activities, places, or people that arouse the recollections of the trauma (A.P.A., 1994, p. 428).

•Identity fragmentation-is when various aspects of the self are compartmentalized so as to psychologically protect one's personality from being overwhelmed by an experience such as sexual abuse. For example a boy who psychologically separates his self-image into the "bad boy' who is involved in the "bad things" and the "good boy" who is safe from harm.

DIFFICULTY IDENTIFYING THE EXPERIENCE AS ABUSE

The Covert Nature Of Most Abuse Experiences

Due to the serious consequences of discovery (e.g. loss of social status, employment, or freedom) adults who have a desire to engage in sexual contact with children must go to great length to avoid detection. Therefore, other than in cases of sexual assault, most sexual abuse is covert. By definition something that is covert is done in a manner so as the meaning, or even the fact that the event took place, is hidden. Sexual abuse can be represented to the child in many forms, such as:

-Sex education;

-An expression of love;

-Hygiene (e.g. "I'm just washing your genitals.");

-Medical procedure (e.g. "The doctor said I should examine your penis to make sure it is growing properly.");

-A game;

-Payment of a debt;

-Punishment (e.g. "You have been bad, so you have to strip so I can spank you while you lay over my lap.") or;

-Rite of passage (e.g. "This is how you become a man or a member of the club.").

Since the sexual nature of the acts, let alone the abusive nature of them, is hidden from the child it is no wonder the child does not disclose it to others. In fact, even if the child is asked, "Have you ever been sexually abused?" the child will in all honesty

answer, "No," because according to the child's understanding of what took place there was no abuse to report.

The Use Of Relationship

Someone the child knows, a family member, relative, or friend of the family perpetrates the majority of sexual abuse that takes place in America on children. Therefore, violence is not usually required in order for sexual contact to take place. The adult is already physically larger than the child, and more psychologically developed. Furthermore the child has been trained to, if not trust, at least obey the adult.

The Use Of Authority

One method of avoiding suspicion utilized by those who wish to have sexual contact with children is to place oneself in a position of authority and respect. Such a position makes it likely that the child, the child's parents, and others will see the adult as someone who can be trusted alone with the child. Once the adult in a position of authority with a reputation as someone who can be trusted around children he is able to begin grooming the child for sexual contact. This process involves exposing the child to non-sexual touch with increasing frequency to normalize it. Once the child becomes used to having physical contact with the adult then the touch becomes sexual.

In the grooming process once the child has accepted non-sexual touch and the sexualized touch has begun the sexual nature of the touch is hidden. Rather than admit the touch is for the sexual pleasure of the adult it is camouflaged by implying it is for the good of the child and/or is being done for some educational or medical reason.

Language can also be a part of the grooming process. An offender will engage the child in disclosing his interests, concerns, questions, or behaviors related to his body and sexuality. This serves the purpose of normalizing talking about sexual matters, and gives the adult information on how to further groom the child.

Gender Role Expectations

Psychological literature on the dynamics of child sexual abuse commonly report that males have a particularly difficult time disclosing sexual abuse (Hunter & Gerber,

1990). They fear that they will be thought of as homosexual, and/or less masculine. As a society American has more difficulty seeing males as victims, rather they are seen as participants in the sexual act (Hunter, 1990; Struve, 1990; Trivelpiece, 1990). This is particularly true when the child has an erection or ejaculates. These physical responses are seen as evidence that the child is a willing participant.

It was not until the end of the 20th century that the issue of males as victims of sexual abuse was taken seriously in the psychological literature. Prior to the late 1980's most authors focused exclusively on females as victims completely ignoring males as victims, or making only a passing reference to males as victims. This lead males who had been sexually abused to see themselves as unique or unworthy of attention for their symptoms, which further compounded their isolation, shame, and sense of being stigmatized. In addition clinicians who read this material would lead to believe that it was unlikely that they would ever encounter a male who have been sexually abused so were not motivated to include questions on sexual abuse when evaluating clients.

When interviewed male subjects reported being *masculine* involves; having power, exercising control, being recognized as a leader, recognized as strong willed, logical, analytical, intellectual, having strength, toughness, stamina, able to endure bodily stress, high achievement, ambition, and success at work (Figure 1, Levinson, 1978). None of these characteristics prepares a male for thinking of himself as someone who was sexually victimized.

Figure 1.

Responses Given By Male Subjects To The Term Masculinity

Having power
Exercising control
Being recognized as a leader
Being recognized as strong willed
Possessing strength
Possessing Toughness
Possessing Stamina

Able to endure bodily stress

Being logical

Being analytical

Being intellectual

Obtaining high achievement

Being ambition

Being successful at work

(Based on Levinson, 1978)

Enjoyment Of Physical Sensations

For both the child and adults the existence of penile erection and ejaculations or vaginal lubrication makes it difficult to see the child as a victim. The logic is, "if it felt good, how could it be a bad thing?" However, the statutes on sexual abuse do not require there to be physical pain for a crime to have taken place. To illustrate this point, American society has laws against selling or given alcoholic beverages to minors, so even if an underage child is given whiskey and enjoys getting intoxicated it is still viewed in the eyes of the law as a crime.

Children who enjoyed the physical sensations associated with the sexual abuse may interpret this response to mean they were willing participants, and therefore can't complain about what took place.

REASONS NOT TO DISCLOSE ABUSE

Fear Of Punishment From The Offender

Violence Or Other Threats

Some offenders overtly threaten their victims with death or other violence. The point is sometimes made by harming the child's pet or other animal to graphically give the message, "If you tell anyone what happened, this could happen to you or someone you love." As mentioned previously, a child's mind is not as sophisticated as an adult's, therefore it is easier to threaten a child than an adult For example the offender who warned the child if he ever told anyone about the abuse his family would be killed, and it

would be his fault. The offender further increased the child's compliance by indicating stating, "Every so often I will send someone by your house in a blue car, and if he sees that you have told anybody, he will come get me so we can come kill your family." It was a very effective threat since, of course, blue automobiles did randomly pass by the house, but in the child's mind the offender's prediction was coming true.

Enjoyment Of Attention

Since many children who are sexually abused, particularly those who are abused by a non-family member, are chosen by the offender because the child is lonely and socially isolated the child enjoys the attention the offender often heaps on the child, so the child views the sexual contact as the price for the much desired attention from an adult.

Loss Of Relationship

Sadly, for some children the relationship they have with the offending adult is, if not the most, a very significant relationship. It is common for victims of sexual abuse, even when they have become adults, to continue to report having positive, even loving, thoughts toward the person who abused them. The fear of losing such an important relationship prevents the child from disclosing the abuse. In many cases the offending adult reinforces this fear, "If you tell anyone, I'll have to go to jail and we can never see each other again.'

Fear Of Loss Of Benefits

Since offending adults provide bribes, gifts, and other positive reinforcement to their victims, the children are reluctant to disclose the abuse because of the likely loss of these benefits. For example, the child whose "Big Brother" took him on out of town trips to exciting places such as National Parks, knew if he told his family that he was being sexually abused he would no longer get to take these trips.

<u>Fear Of Negative Reactions From Others</u>

Homophobia

Many boys who are sexually abused by a man often fear that this experience means they are homosexuals; therefore they are very reluctant to disclose the experience.

A phobia is defined as, "A persistent, irrational fear of a specific object, activity, or situation (the phobic stimulus) that results in a compelling desire to avoid it. This often leads either to avoidance of the phobic stimulation or enduring it with dread" (A. P. A., 1994, p. 770). This fear does not appear quite so irrational when one becomes aware of the numerous ways males are reminded that anything associated with homosexuality is to be shunned. Reports of males beaten or even killed for being suspected of being homosexual are common in newspapers and broadcasts. To illustrate the level of distaste much of American society has with same-sex sexual contact one need look no further than the U.S. Navy, which penalizes consensual same-sex behavior between adults more harshly than it punishes those who engage in child molesting, sexual assault or incest. (Pine, 1994). Given this level of negativity concerning same-sex behavior there is little reason to wonder why boy are not more forthcoming when abused by another male.

Males who identify themselves as homosexual who were sexually abused or even sexually assaulted as children or adolescents frequently dismiss the experience as "part of the coming out process" or as something which they "had coming for being gay." Others may also accept these explanations. A person who would be aghast at the explanation from a heterosexual female that her first sexual experience as a child was with a man twenty years her senior was merely him helping her get in touch with her heterosexuality may not bat an eye when a gay male presents a similar history and views it as merely "two gay males experimenting."

Fear of Punishment Of The Offender

Since in most cases the offending adult is, not only know to the child, but also a family member or other significant relationship, the child wants to protect the adult. The child may fear that the offending adult with will suffer disgrace, violence, incarceration, or even death if the child discloses abuse has taken place. This dynamic helps explain the reason that some victims recant their claims of sexual abuse when their fears come true

and the offender is taken from the home, humiliated, or arrested. In other words, the child is willing to continue to suffer the effects of the abuse in order to protect the adult.

Fear of Damage To Important Others

Even if the offending adult is not a loved one, a child may not disclose the existence of abuse for fear of the impact on non-offending family members. Naturally when parents learn that their child has been sexually abused they question if they could have done something to protect the child or recognize sooner that abuse had taken place.

Promises Made

Some offending adults obtain a promise from the child that the abuse will never be disclosed to anyone. If it were not so painful to watch, it would be touching to observe how a young child will avoid talking about what was done to by explaining, "But I **promised** I would never tell, and if I tell then I have broken my word and I'll be a liar!" the child can not comprehend that a promise made under duress can be broken while still maintaining the integrity of the child.

Fear Of Not Being Believed

As noted previously, in many cases the offending adult is someone in a position of respect and prominence, whereas the child is has no status in the society, no title, authority, or power. When it comes down to a question of who is going to be believed it is an unequal match, particularly if the child has a history of delinquency or other problems. The offending adult may even say to the child, "If you do tell nobody is going to believe you. Whose word are they going to take, the word of (the coach, clergy person, etc.) or some punk kid?"

Fear Of Being Blamed

In some cases the child fears disclosing the abuse for fear of being blamed for the abuse. This could come in the form of, "You shouldn't have been in that part of town" or "'You should have been able to defend yourself." If the child accepted candy, cigarettes,

liquor, money, or some favor prior to the abuse the child may fear that this misbehavior will be viewed as cause for what the adult did to the child.

Lack Of Opportunity

In some cases children do not report sexual abuse because they do not have an opportunity to do so. For example, if the child is being abused by a parent and does not have access to other adults, who is the child expected to contact?

DIFFICULTING IDENTIFYING THE EFFECTS OF SEXUAL ABUSE

Ignorance About The Effects Of Abuse

Despite the overwhelming number of citizens who have been significantly negatively affected by childhood sexual abuse the issue has only recently begun to be openly discussed in the mass media. The helping professions, psychology in particular, have been slow to address child sexual abuse. Urquiza & Capra (1990) did a review of the studies (22) studies (including Finkelhor, 1979) on males who had experienced "forced or coerced sexual behavior that was imposed on a child or sexual behavior between a child and a much older person or a person in a caretaking role" In their summary they wrote, "Based on the data described in this section, it appears that there is sufficient evidence to suggest that the sexual victimization of boys has a detrimental effect on behavior, self-concept, psychophysiological symptomology, and psychosexual behaviors and functioning. While research suggests problematic sequelae in most of the areas identified in this chapter, two clusters of problems stand out-disturbances of conduct (for example, aggressiveness, delinquency, and acting out) and inappropriate sexual behavior (for example, confusion about sexual issues, compulsive sexual behavior, and sexual acting out/offending) (p. 113). In terms of the long-term effects they noted, "Many males who have been victimized suffer detrimental long-term effects such as depression, anxiety, and self-destructive behaviors. Problems with interpersonal relationships especially trust and maintaining an intimate relationship, also exist. In addition, detrimental effects on sexual behaviors have been reported, backed up by strong support from clinical literature.

Included among these behaviors are problems with sexual adjustment, lowered sexual self-esteem, and sexual identity" (p. 121).

Although research indicates there are numerous negative effects commonly associated with a history of child sexual abuse those in the helping professions have had, until very recently, little or no opportunity to obtain training on the identification of sexual abuse (Alpert & Paulson, 1990 and MacFarlane & Waterman, 1986). Graduate programs that do offer a course on sexual trauma usually do not require it, but merely offer it as an elective. The absence of discussion of sexual trauma and the aftereffects in training programs gives the message to future psychotherapists that sexual abuse is so infrequent that a practicing psychotherapy is unlikely to see a client who has experienced it. The first published report specifically concerning graduate level training appeared in the psychological literature in 1990. In this article Alpert & Paulson pointed out that for the most part the first-time psychotherapist were forced to face the issue of child sexual abuse was when as interns one of their clients was courageous enough to broach the subject in a session. Unfortunately, for both the client and the intern, when the supervisor was contacted for direction the senior therapist will not have had any formal training on the topic either.

If graduate school prepared helping professionals know little about the effects and symptoms of sexual abuse it seems unreasonable to expect lay persons who are experiencing current life problems to somehow grasp that these problems are the result of something that happened perhaps years ago, and may not even be conceptualized in their minds as sexual abuse.

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Urquizq, A. J., and Capra, M. (1990). The impact of sexual abuse: Initial and long-term effects. In M. Hunter (Ed.) *The sexually abused male, Vol. I* Lexington, MA: Lexington Books. Pp. 105-136.

Dated: 11/25/03

Mic Hunter, Psy.D.

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Licensed Marriage And Family Therapist
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Saint Paul, Minnesota
55101
(651) 224-4335

Subscribed and sworn to before me this
25th day of November, 2003

Erin M Dalluge

Notary Public

ERIN M. DALLUGE
Notary Public
Minnesota
My Commission Expires Jan. 31 2005

Mic Hunter, Psy.D.
Licensed Psychologist
Licensed Marriage and Family Therapist

Current Positions

3/89-present	**Private practice** **357 East Kellogg Blvd.** **St. Paul, MN 55101** **(651) 224-4335**	Therapist-Focus on sexual abuse, addictive disorders, using hypnosis, individual, conjoint & family therapy.
9/98-present	Saint Mary's University of Minnesota Minneapolis, MN	Adjunct Program Assistant Professor, Graduate program in Human Development.
11/95-present	The Hazelden Foundation Center City, MN	Independent Contractor Facilitate Workshops & Retreats.

Past Positions

6/98-6/99	Saint Mary's University of Minnesota Minneapolis, MN	Adjunct Program Assistant Professor, Graduate program in Education & Educational Administration. 10/92-
6/96	Shunomi Creek Consultants 2801 Buford Highway N.E. Suite 400 Atlanta, GA 30329	Co-founder with Peter Dimock & Jim Struve.
12/94-6/96	Fairview Riverside Medical Center Minneapolis, MN	Consultant- on in-patient C.D. adult cases.
8/88-3/89	Southwest Family Services Minneapolis, MN	Therapist-group, individual, couple, & family therapy.
5/84-8/88	Health Activation Services Minneapolis, MN	Therapist-group, individual, couple, & family therapy.
1/84-8/88	Compulsivity Clinics Of America Minneapolis, MN	Therapist/Educator-group therapy, & presentations.

exhibit "A"

10/86-4/88	Compulsivity Clinics of America Minneapolis, MN & Rapid City, SD	Clinic Coordinator-development of educational material, marketing, coordination of staff, & oversee trainees.
1/87-11/87	Health Activation Services	Co-director-long range planning, interview job applicants.
1/84-7/86	New Life Family Workshops Washington. Texas, California, Arizona.	Therapist-group therapy, presentations.
1/84-8/84	The Family Renewal Center Fairview/Southdale Hospital, Edina, MN	Case Manger-sexually abused/compulsive men.
11/81-8/84	The Johnson Institute, Minneapolis, MN	Consultant-C.D. Counselor Training Program.
10/83-8/84	Hazelden Foundation/Fellowship Club St. Paul, MN Residential intermediate care for chemically dependent adults	Aftercare Counselor-C.D. adults and their families.
7/80-10/83	Hazelden Foundation-Fellowship Club	Case Manager- group, individual counseling for 19 men.
12/80-2/83	Hazelden Foundation-Fellowship Club	Infection Control Officer.
Interim Session, 1983	Macalester College, St. Paul, MN Undergraduate students	Instructor-"Chemical Use in America."
10/79-12/79	Chanhassen Treatment Center Chanhassen, MN. In-patient chemical dependency treatment	Counselor Aide-co-facilitating men's group counseling.
9/79-1/79	Chanhassen Treatment Center Detoxification unit	Detox Aide-admission & transportation of clients.
5/78-6/79	Twin Town Treatment Center, St. Paul, MN. Primary in-patient treatment	C.D. Technician-co-facilitating group counseling.

Licenses & Certifications

10/89-present	Minnesota Board of Marriage & Family Therapy	Licensed Marriage & Family Therapist #0625.
10/88-present	Minnesota Board of Psychology	Licensed Psychologist #1663.
11/98-9/30/01	Minnesota Department of Health	Licensed Alcohol & Drug Counselor #300305.
3/94-1/00	International Certification Reciprocity Consortium	Internationally Certified Alcohol & Drug Counselor #2223.
7/87-12/00	Institute for Chemical Dependency Professionals of Minnesota	Certified C.D. Counselor-Reciprocal #986.
6/90-3/94	National Certification Reciprocity Consortium	Nationally Certified Alcohol & Drug Counselor #2223.
7/87-6/88	South Dakota Chemical Dependency Counselors Certification Board	Counselor-Level II #1012.
1/84-7/87	I. C. D. P. M.	Certified C.D. Counselor #C986.
7/80-1/84	I. C. D. P. M.	Certified C.D. Practitioner #986.

Board Memberships And Other Advisory Positions

5/02-present	Mankind, United Kingdom	Honorary Patron
3/01-present	*Sexual Addiction & Compulsivity: The Journal of Treatment & Prevention*	Editorial Board
6/99-present	Male Survivor: International Organization Against Male Sexual Victimization	Scientific & Administrative Advisory Committee
8/02-10/03	10th International Conference On Male Sexual Victimization	Planning Committee Member, Program Chair
1-3/02	University of Western Sydney, Australia	Ph.D. Thesis Examiner "Physical Holding In Psychotherapy" by Michelle Anne Webster.
9/97-6/99	National Organization on Male Sexual Victimization	Advisory Committee

1/97-2/00	*National Organization On Male Sexual Victimization Newsletter*, St. Paul, MN	Editor
12/97-6/99	*Treating Abuse Today*, Lancaster, PA	Editorial Advisory Board
10/95-3/97	National Organization on Male Sexual Victimization	Board Member
5/95-present	*Violence Against Women*, Philadelphia, PA	Reviewer
5/93-5/95	*Men's Issues Forum*, Denver, CO	Honorary Board Member
3/92-present	*Journal of Men's Studies*, Harriman, TN	Reviewer
2/91-present	*Journal of Child Sexual Abuse*, Tyler, TX	Editorial Board
11/90-10/92	Ad Hoc Steering Committee, 1992 National Conference on Male Sexual Abuse Survivors	Committee Member
12/86-1/88	Health Activation Services,	Board of Directors
1/84-1/85	Institute for C.D. Professionals of Minnesota St. Paul, MN	Evaluator-certification of C.D. counselors
4/83-11/83	Institute for C.D. Professionals of Minnesota, St. Paul, MN	Member, Peer Review Board

Major Education

9/90-10/97	Minnesota School of Professional Psychology Bloomington, MN (A.P.A. approved)	Psy.D. in Clinical Psychology, Dissertation- "The Identification and Appropriate Expression of Emotions in Psychotherapy: Educating the Client."
11/88-5/90	Gestalt Institute of the Twin Cities Minneapolis, MN	Intensive Post-graduate Training Program.
2/83-3/87	St. Mary's University, Winona, MN paper-"Treatment Issues	Master of Arts-Human Development, position For Male Sexual Abuse Victims."
11/82-11/85	University of Wisconsin-Superior	Master of Science- Education/Psychological Services, thesis-"The Demographics of the Self-help Group S.A.A."
2/83-2/84	University Of Minnesota Program In Human Sexuality, Minneapolis, MN	Chemical Dependency and Family Intimacy Training Project.
9/79-12/80	University Of Minnesota School Of Public Health, Alcohol & Drug Education Program Minneapolis, MN	Chemical Dependency Counseling Certificate with High Distinction.
9/75-5/79	Macalester College, St. Paul, MN.	Bachelor Of Arts In Psychology, Magna Cum Laude.

Supervised Training

7/96-10/97	Hamm Memorial Psychiatric Clinic St. Paul, MN	Outpatient Mental Health Clients.
6/95-6/96	Minnesota Center for Dissociative Disorders, Minneapolis, MN	Adults with Dissociative Disorders.
9/94-5/95	Project Pathfinder, St. Paul, MN	Adult Male Sex Offenders.
9/83-1/84	The Family Renewal Center, Fairview/ Southdale Hospital, Edina, MN	Sexual Addiction Treatment Program.
5/83-9/83	St. Mary's Hospital, Minneapolis, MN	Hospice Program.
5/80-6/80	Parkview C.D. Treatment Center, Mpls, MN	In-patient Program.
4/80-6/80	Lutheran Deaconess Hospital, Mpls., MN	Adolescent C.D.
3/80-6/80	Progress Valley Half-way House, Mpls., MN	C.D. Men.
1/80-3/80	Ramsey County Mental Health, Alcohol & Drug Abuse Prevention & Treatment Program, St. Paul, MN	Assessment & referral of individuals & families.
1/80-6/80	Minnesota Dept. Of Corrections, Red Wing Training School Chemical Health Project St. Paul, MN	Drug education, co-authored successful grant.
1/79-7/79	Center For Behavior Therapy, Mpls., MN	Intensive Behavior Therapy Unit.
2/78-5/78	Twin Town Treatment Center, St. Paul, MN	Family Program.

Honors

10/14/99 The National Organization on Male Sexual Victimization, Fay Honey Knopp Memorial Award, "For recognition of his contributions to the field of male sexual victimization treatment and knowledge."

Organizational Memberships

'95-present	Male Survivor: International Organization Against Male Sexual Victimization	Clinical Member
'93-'97	American Psychological Association	Student Affiliate
'92-'93	Minnesota Psychological Association	Student Member
'92-'93	The Minnesota Society of Clinical Hypnosis	Full Member
'89-'92	The Minnesota Society of Clinical Hypnosis	Associate Member
'84-'86	American Psychological Association	Student Affiliate

'80-'81	Minnesota C.D. Association	Professional Member

Volunteer Experience

1994-1996	Macalester College, St. Paul, MN	Mentoring Program

Publications

For Other Professionals

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