CAMERON HOUSE REPORT- NOVEMBER 2022

This report is a summary of findings from interviews conducted with primary survivors. The outreach and interview plans were formulated by Michael Lee, Liane Wong, and Dr. Carolee Tran.

Methods

-On 9/27 and 10/4, Dr. Tran outreached to 15 people via text and email from a list of survivors provided by Cameron House (CH).
-9 people responded- 5 agreed to be interviewed, 4 opted out.
-Liane also sent out a letter to the CH community in late September- 1 person from her group requested to be interviewed.
-In October, Dr. Tran conducted 6 phone interviews with 5 women and 1 man. Participants were told at the outset that their responses would be kept confidential. Each interview lasted between 1 to 1.5 hours.

-Interview questions were formulated by Dr. Tran in collaboration with Liane and Michael. Dr. Tran did a qualitative analysis of the contents of the interviews to identify major themes expressed by the survivors. The questions and results are presented below.
Quotes from the survivors are included to illustrate the themes and sentiments expressed by them.

Interview Questions & Results

Question #1- CH is working to improve its culture due to reports of inappropriate conduct including sexual harassment
and abuse, misogyny, bullying, and toxic masculinity. Did you have any of these experiences with CH?

Theme #1- All survivors identified a male staff member, who will be referred to as D in this report, as the person who was professionally inappropriate with them and harmed them. The individual’s name is being anonymized to protect the legal rights of the survivors and others. Please see the breakdown by categories and percentages below:

- Sexual harassment and abuse- 83%
- Misogyny- 100%
- Bullying- 100%
- Toxic masculinity- 100%

“D asked me about my sexual life many times and wouldn’t stop even after I told him repeatedly that it made me uncomfortable, and he didn’t need to know about my private life.”

“D yelled and screamed at me and gaslighted me many times- but it was always done when we were alone. He made me feel bad about myself and then would tell me I was one of his favorite persons. He was very manipulative. He made me feel bad about myself and then turned around to make me feel good about myself. It made me feel confused about myself and his relationship with me.”
Theme #2- All respondents described D as a charming and charismatic person who was well-liked and respected by many. They looked up to him like an older brother/mentor/good friend.

“He (D) was very charming and inspirational- everyone loved him and looked up to him. That’s why he got away with abusing so many of us for so long.”

Theme #3- All survivors reported witnessing and/or being a victim of toxic masculinity and sexual harassment at CH.

“D and other male staff at CH made me and other girls/women there feel uncomfortable and objectified by the way they spoke to us and each other about girls/women.”

“It was understood by all of us that CH had a top-down mentality and girls/women were at the bottom. We were eye-candy for the male staff.”

“CH had a toxic work environment filled with toxic masculinity. Male staff and some board members made derogatory and sexual comments about female volunteers and staff. I know that I wasn’t the only one who felt this way.”

Question #2- How did that experience impact you?

Theme #1- All survivors reported feeling “alone, heartbroken, sad, hurt, and harmed by the experience.”
“I felt so alone and blamed myself for the longest time. I felt even more alone after I reported what happened to CH and no one reached out to offer support or services.”

Theme #2- 83% of respondents felt “abandoned” by CH.

Theme #3- All interviewees expressed feeling angry with CH for not being more responsive and supportive after they reported D’s unprofessional and unethical behaviors.

“I felt abandoned and let down by CH. After I reported what happened to me, I and other victims were told to keep quiet, not talk about what happened. The message they gave us was- ‘you have to protect the agency!’ There was no acknowledgement of the harm that was done to us! No one bothered to check in on me. The inaction caused further harm to me and the other victims. It felt like being abused all-over-again.”

Theme #4- All survivors reported losing trust in CH.

“They (CH) dragged their feet and put their heads in the sand for the longest time- we’re talking about YEARS! It seems that CH is more interested in protecting itself and D than caring about the survivors. They’ve really lost our trust!”

Theme #5- All respondents reported that their family members and/spouses are also negatively affected by what happened to them.
“My family and significant other have also suffered because they see how what D did has harmed and changed me in a negative way. I want to get better and heal from this. I think it will take a long time.”

Theme #6- 83% of interviewees reported having difficulty trusting authority figures and men.

“I have a hard time trusting any organization and men because of what happened with D and CH.”

Question #3- How does the experience still impact you now?

Theme #1- All survivors reported feeling a “lack of closure” and struggling to believe that what happened to them was not their fault.

“I still struggle with believing that it’s not my fault… Being told by CH to not tell others made me feel that I needed to keep the secret and not reach out and lean on others for support. That really harmed me a lot! It made me feel that it was my fault, and I was alone.”

Theme #2- All interviewees reported still feeling deep disappointment and frustration with CH for its lack of responsiveness and transparency.
“I’m still so frustrated, disappointed, and angry with CH for how they handled the situation- putting their heads in the sand and making us feel that we needed to keep quiet about it. It seems that they’re more interested in protecting the perpetrator than acknowledging our pain and suffering.”

Theme #3- All respondents expressed feeling sad that the club program is ending and mourns the loss for the community.

According to CH, the club program is currently paused and will be reviewed for purpose, outcomes, curriculum/framework, goals/objectives, program and staffing structure/model, market interest, participant safety, program evaluation and required resources.

“I feel frustrated, upset, and mourn the ending of the club program. It did help a lot of people in the community and losing it is a big loss… But maybe that’s what needs to happen to stop the abuse.”

Question #4- What support services do you think would be helpful for CH to provide?

Theme #1- All survivors requested that long-term group and individual therapy be made available to them for as long as needed and should be paid for by CH.
Theme #2- All interviewees emphasized that the therapist providing the services should be an independent clinician, not someone who works at CH.

“CH should provide long-term individual and group therapy to survivors for as long as they need it. The therapist can’t be someone who works at CH because CH has totally lost our trust.”

“The person who provides the therapy should not be a staff member of CH. I really feel betrayed and abandoned by CH and no longer trust them.”

Theme #3- All respondents requested that group therapy be offered to secondary survivors (family members/spouses).

“In addition to individual and group therapy for survivors, CH should also provide services to our family members because they have also been negatively impacted by what happened to us.”

Theme #4- All survivors emphasized that CH needs to act more quickly to show survivors that they care by providing more transparency on their action plan to make amends and executing them swiftly.

Theme #5- 83% of participants suggested that CH provide sexual harassment and ethical/safe workplace trainings to staff.
Theme #6- All interviewees suggested that CH develop clear guidelines and policies for the workplace and consequences for ethical and legal violations.

Theme #7- All participants expressed anger and sorrow that two generations of CH participants have been harmed.

“I’m heartbroken and so angry that a second generation of CH youths have been harmed. Yet it has taken years for the leadership to act! They need to do right by the survivors and their family members ASAP, and they need to train their staff on a regular basis on ethical workplace behaviors!”

“It’s clear that CH has had a problematic culture for many years-dating back to the pastor- the first guy who harmed so many people from the previous generation. The fact that it continued with D means that CH hasn’t learned its lesson, trained its people, and put in place safe working policies! D probably wouldn’t have done what he did had there been a clear message that such behaviors aren’t tolerated.”

**Recommendations**

1) CH send a letter of apology to survivors that include: the acknowledgement that they were harmed, giving them an apology, offering them group and individual therapy, and emphasizing CH’s commitment to training, prevention, and education of staff, volunteers, administrators, and supervisors.
2) Offer survivors group and individual therapy as soon as possible. It would be ideal if they could be given a period of 10 years to access the therapy and engage in it for as long as it’s needed. This timeline takes into consideration the fact that each survivor’s healing journey is unique. For many, it can take a long time before they can even begin to talk about their abuse. And the healing process usually requires long-term treatment.

The therapists should be independent practitioners who are not employed by Cameron House.

3) Send the 6 interviewees of this report via Dr. Tran to demonstrate that their voices matter and they are being heard.

4) Strongly consider sending this report to all survivors to convey that CH has reached out to survivors, listened to what they had to say, and are being responsive to their requests and needs.

5) Consider sending out a letter of public apology to the CH community, and a letter to CH alumni mailing list informing them of the public statement of apology and encouraging survivors to contact CH for support services and/or therapy.

6) Strongly consider offering and providing group therapy to secondary survivors (family members/spouses).

7) CH should have an employee manual with clear definitions, policies, and procedures on ethical codes of conduct and clear statements of zero-tolerance for inappropriate behaviors including sexual harassment/abuse, toxic masculinity,
bullying, and abuse of power. Consequences for violations of these and other unethical behaviors should be outlined. There should be a similar manual for volunteers.

8) Sexual harassment, ethical workplace conduct, and abuse reporting requirement trainings should be required for all new staff and annually for existing staff, supervisors, and administrators. A similar set of trainings should be designed for volunteers.

CH should also have a clear policy and procedure on how to support participants who have been harmed and want to file a report.

This report was written by:
Dr. Carolee Tran
Licensed Clinical Psychologist