Creating a Safe Place

of related interest

Creative Responses to Child Sexual Abuse
Challenges and Dilemmas
Edited by Sue Richardson and Heather Bacon
Foreword by Frank Cook MP
ISBN 1 85302 884 3

Play Therapy with Abused Children
Ann Cattanach
ISBN 1 85302 193 8

A Joint Agencies Approach to Child Abuse
When Protection is Not Enough
Edited by Ann Catchpole and Susan Holt
ISBN 1 85302 965 3

Creative Supervision
The Use of Expressive Arts Methods in Supervision and Self-Supervision
Mooli Lahad
ISBN 1 85302 828 2

The Child's World
Assessing Children in Need
Edited by Jan Horwath
ISBN 1 85302 957 2

Childhood Experiences of Domestic Violence
Caroline McGee
Foreword by Hilary Saunders
ISBN 1 85302 827 4

Making an Impact – Children and Domestic Violence
A Reader
Marianne Hester, Chris Pearson and Nicola Harwin
ISBN 1 85302 844 4

Helping Families in Family Centres
Working at Therapeutic Practice
Edited by Linnet McMahon and Adrian Ward
ISBN 1 85302 835 5

Child Welfare Services
Developments in Law, Policy, Practice and Research
Edited by Malcolm Hill and Jane Aldgate
ISBN 1 85302 316 7

Creating a Safe Place

Helping Children and Families Recover from Child Sexual Abuse

NCH Children and Families Project

Foreword by Mooli Lahad

Jessica Kingsley Publishers
London and New York

The extract from 'The Protector's Handbook' by Gerilyn Smith on page 141 is reproduced with kind permission of the Women's Press (1995).

All rights reserved. No part of this publication may be reproduced in any material form (including photocopying or storing it in any medium by electronic means and whether or not transiently or incidentally to some other use of this publication) without the written permission of the copyright owner except in accordance with the provisions of the Copyright, Designs and Patents Act 1988 or under the terms of a licence issued by the Copyright Licensing Agency Ltd, 90 Tottenham Court Road, London, England W1P 9HE. Applications for the copyright owner's written permission to reproduce any part of this publication should be addressed to the publisher.
Warning: The doing of an unauthorised act in relation to a copyright work may result in both a civil claim for damages and criminal prosecution.

The right of NCH Children and Families Project to be identified as authors of this work has been asserted by them in accordance with the Copyright, Designs and Patents Act 1988.

First published in the United Kingdom in 2001 by
Jessica Kingsley Publishers Ltd,
116 Pentonville Road, London
N1 9JB, England
and
29 West 35th Street, 10th fl.
New York, NY 10001-2299, USA

www.jkp.com

© Copyright 2001 NCH Children and Families Project
Second impression 2003

Library of Congress Cataloging-in-Publication Data

Creating a safe place : helping children and families recover from child sexual abuse / NCH Children and Families Project ; foreword by Mooli Lahad.
p. cm.
Includes bibliographical references and index.
ISBN 1-84310-009-6
1. Sexually abused children--Mental health services--Great Britain--Case studies. 2. Sexually abused children–Services for--Great Britain--Case studies. 3. Sexually abused children–Counseling of. 4. Family psychotherapy. 5. Child sexual abuse--Prevention. 6. NCH Children and Families Project. I. NCH Children and Families Project.

RJ507.S49 C74 2001
618.92'858360651--dc21

2001029759

British Library Cataloguing in Publication Data
A CIP catalogue record for this book is available from the British Library

ISBN 1 84310 009 6

Printed and Bound in Great Britain by
Athenaeum Press, Gateshead, Tyne and Wear

Note

Written by

Jan Keable

On behalf of the Children and Families Project

The members of staff at the project are:

Joanne Barnes	Polly Kirk
Maggie Burton	Yvonne Maguire
Penny Dodsworth	Jane Rennison
Patricia Hewish	Mark Sumner
Sue Jarrell	Sally Swan
Jan Keable	

Contents

ACKNOWLEDGEMENTS 8

Preface 11

Foreword by Professor Mooli Lahad 15

1. Developing the Service 19
2. Child Sexual Abuse: Effects on the Child 31
3. Child Sexual Abuse: Effects on the Family 47
4. Creating the Safe Therapeutic Space 59
5. Coming Through the Door 73
6. Helping Children Through Pictures and Models 79
7. Helping Children Through Words and Drama 93
8. Sharon's Story: A Case Study 103
9. Helping Adults to Recover and Change 113
10. Helping Families to Recover and Rebuild 129
11. Working Towards Prevention of Child Sexual Abuse 139

Postscript 152

APPENDIX 1 LOOKING AFTER OURSELVES 154
APPENDIX 2 TENSIONS BETWEEN THERAPEUTIC WORK AND THE LEGAL AND CHILD PROTECTION SYSTEMS 156
APPENDIX 3 THE RISK OF DEPENDENCY 158
APPENDIX 4 GENDER ISSUES 159
APPENDIX 5 EVALUATION 161
APPENDIX 6 WORKING AGREEMENT 163
APPENDIX 7 INFORMATION FOR PARENTS OR CARERS WHOSE CHILD ATTENDS THE CHILDREN AND FAMILIES PROJECT 165
REFERENCES 167
SUBJECT INDEX 168
AUTHOR INDEX 174

Acknowledgements

First and foremost we should like to thank all the children, young people and adults who have used our service, without whom this book could not have been written. We are especially grateful to those who have generously given us permission to include their material in the book. Regrettably, we have been unable to locate two children to whom we have made reference. We hope this will not cause distress or offence to those concerned. In all cases, names have been changed to protect privacy. In some cases details have been changed to prevent identification.

We should also like to thank our funding partners and NCH for their support of the project.

Finally, we are indebted to Ted Wharam and Alan Thompson for their creativity, support and encouragement; also to Mooli Lahad for his inspiration and for writing the Foreword to this book. Most especially we should like to thank Paul Whitnall for his enthusiasm and for his valuable editorial contribution.

A Note about Gender and Language

Many men have experienced childhood sexual abuse. We are also aware of an increased number of allegations of abuse perpetrated by females. Wherever possible in this text we have tried to use language in a way which reflects this reality. However, we mostly see female survivors, who have been abused by males. Their stories and quotations play an intrinsic role in this book. On occasions a survivor may be referred to as 'she' and an abuser as 'he'. We sincerely hope this will not cause offence.

Mother

Mothers are supposed to love
Mothers are supposed to care
Mothers are supposed to be there.
But when mothers do not know how to love
How can they love, care or be there?

(A parent)

Lost Childhood

She doesn't love
She doesn't laugh
She doesn't cry
She doesn't feel
She doesn't touch
She doesn't trust
She doesn't care
She doesn't know how
No one showed her
No one loved her
No one made her laugh
No one cared for her
No one hugged her
She wants to know how.

Now she can love
Now she can laugh
Now she can cry
Now she can feel
Now she can touch
Now she can trust
Now she cares
Someone showed her
Someone cared.

(An adult)

Preface

Child sexual abuse is an emotive subject. As recently as the 1980s allegations of sexual abuse were met with disbelief and denial. In this decade the sheer volume of allegations has generated widespread media coverage. Albeit reluctantly, society has been forced to acknowledge that adults sexually abuse children. Moreover, abusers are not the 'dirty old men in raincoats' of our myths. They may well be respectable figures in society who are in positions of trust and responsibility over children. Or abusers may themselves be young people. Even harder to contemplate is the growing realisation that some sexual abusers are women who abuse their own or other children. Sexual abuse betrays not only the child's trust. Society as a whole is also betrayed.

Despite the rising statistics and increased media coverage, child sexual abuse remains enigmatic, unpalatable, and problematic. It seems easier to concentrate on the offenders and what to do with them, than to focus on the disturbing world of the abused child. Sexual abuse is a shattering experience. It shatters children's lives. It shatters families. The child's parents, siblings and grandparents may also be paralysed by hurt, betrayal and confusion. Close relatives frequently are the forgotten victims of sexual abuse.

Sexual abuse scandals continue to make the headlines. The debate over offenders grows ever more virulent. Yet conviction rates remain depressingly low. Child sexual abuse by its very nature is a secretive matter, enveloped in illusion, mystery, denial and lack of evidence. At the same time resources to help victims and their families are inadequate to meet the need. When therapeutic provision is available, on occasions a certain mystique about the work may arise.

In this book we hope to disperse some of this mystery surrounding child sexual abuse and therapeutic work. The Children and Families Project has now been working in this field for over seven years. Immersed as we are in the grey, murky waters of sexual abuse our understanding of the abuse process and its impact has grown. Through listening to the stories of the people who use our service we

have learned about what helps on the road to recovery and what gets in the way. What seems to be valued above all else is the offering of a safe place in which people can make sense of their experiences, reduce the effects of those experiences and then look to the future with increasing optimism.

We have also learned about ourselves. It is not possible to work in such an emotive area as child sexual abuse without there being a considerable personal impact. This is especially true when using a person-centred approach, which demands a high degree of personal involvement and insight. By necessity we have learned about looking after ourselves.

Yet despite the depressing nature of child sexual abuse, our work can be immensely rich, rewarding and uplifting. We use a variety of creative media to encourage children and adults to express themselves imaginatively. In this process we have become more aware of our own creativity and imaginative responses. We watch as our clients struggle and then grow. At the same time our trust in ourselves and the process grows. Alongside the tears there is a valued space for laughter and joy.

Through this book we should like to share our experiences, insights and current understanding of the subject. In addition, we are keen to ensure that the voices of those affected by child sexual abuse are heard. We trust it will prove of interest to professionals whose work involves child sexual abuse. We should also like it to be useful to those individuals who have suffered sexual abuse, their families and their friends. Most of all we should like to offer hope.

> When I walked through the door, my world was black. I felt there was no hope at all. But there is hope. You learn to take one step at a time, at your own pace. Slowly a dot of light enters and grows each day until there's more light than dark. When the black is the small dot in your world, you know you have survived. (A parent)

A child is to be loved and cared for
To grow and be admired
To be a person with love
Who wants to trust.
An abuser is damned
They destroy
They hurt
They kill everything they touch
An abuser should be made known.
Children should be allowed to walk free
And not carry a sentence for what they
did not ask for.

(A parent)

Foreword

Open a gate for us when gates are closing

Reading through this outstanding book, I felt that the team at the Children and Families Project is working towards that most powerful and yet difficult task of opening a gate, or sometimes a little path, for those for whom the gates around them are constantly closing. This book is special because it has been written first and foremost from the deep sensitive perspective of helpers who feel pain, cry and smile with their counterparts – the children, adults and families whose lives have been darkened by abuse.

The team's spirit is a combination of all the components of their model (feeling, thoughts, behaviour, creativity and imagination). It is felt throughout the text. This book helps us, the readers, to understand their working model, structure and organisation, without losing for a moment the fact that the book is about the painful journeys of their clients. The book continuously makes sure that the clients are at the centre.

Despite their ongoing encounter with pain, loss and betrayal, the team does not lose hope. In fact hope is the word that kept coming to me as I read the book, for I myself have been working with the victims of trauma for most of my adult life, and I know how difficult it is to create a safe space for and with a traumatised client. Yet, I strongly believe it is the foundation on which recovery and growth can develop.

This book is also about honesty and courage; the courage to face our limitations and the honesty to disclose that helpers too are vulnerable. They also need a safe space, and time to recharge and recover.

Despite the guidelines and theories the book remains practical. In fact, I experienced this book as having an educational component, teaching us professional helpers in a very caring and supportive way to examine our own experience with abuse and trauma. As such it provides a comprehensive approach to treatment. There is an excitement and playfulness about the team. Yet at the same time their perspective is broad and mature enough to include and examine every aspect of support and treatment. The personal as well as the ecological aspects of abuse are comprehensively covered.

When I finished reading this book, a very old Hassidic story came to mind. You may have heard or read it before. Nevertheless, please read it now with your mind and heart.

When the old rabbi Bal Shem Tov (meaning the one with good name) was alive, if a person, family or whole village had a major problem or threat, he used to go to the forest and find a special place. There he would light a fire and pray a prayer. When he returned, the problem would be all better. When the rabbi died, his students remembered this. If the village encountered a trouble they would go to the forest. As they did not know where the rabbi used to light the fire, they would light a small fire anywhere, and then pray the prayer. When they came back the problem was gone and the students felt pleased that they had helped.

Many years passed and by then all the rabbi's followers had died. Their students faced a great trouble. Remembering what the old ones did, they went to the forest. Not knowing the place or what kind of fire to light, they just said the prayer. It helped, and when they returned to the village, the trouble had disappeared. Years later, their students faced a big threat and remembered they should say a prayer. Not knowing anything about the forest, they just said the prayer and it helped.

And I, the teller, don't know the forest or the place for the fire. I don't even remember the prayer, but I remember the story and it also helps.

When I read this book, for a moment I could see the little flame of the fire in the darkness. I had the feeling I could even remember the prayer:

At the time of closing gates please open a gate for us.

Thank you so much for asking me to write the Foreword for your book.

Professor Mooli Lahad
The Community Stress Centre, Israel

Abuse

I've been abused
And I've been used.
People say it's gone and past
But it will always last
For you to see
It will always be with me
Because if you look into my mind
You'll be horrified at what you will find.
My parents I trusted
But now I'm disgusted.
Why couldn't they have just let me be
For I have my life to live
And plenty of things to give.

(A young person)

Chapter 1

Developing the Service

This chapter briefly considers the background to the service and its early influences and development. The current structure of the service is outlined along with some issues of policy, procedure and practice.

The background

The Children and Families Project became operational in the autumn of 1993. The project is part of a national network of centres, established by NCH, to offer therapeutic support to sexually abused children and their relatives. The concept of a national network was a direct response to the findings of the 1990 Independent Committee of Enquiry, which investigated the issue of young people who sexually abuse other children. A key outcome of this investigation was the realisation that resources for victims of child sexual abuse were inadequate, and lacked both co-ordinated management structure and clarity about the value and effectiveness of intervention. The charity consequently created and funded a national sexual abuse initiative. The first NCH sexual abuse project was established in Glasgow. Our project was one of the final centres to be developed. The Children and Families Project is currently funded by NCH and the local health authority and social services department. At the outset the aim of the service was 'to facilitate a co-ordinated multi-agency approach to minimise the long-term effect of child sexual abuse on victims and their families.' The aim has subsequently been broken down into three distinct objectives – to:

- undertake therapeutic work with children, young people and families
- undertake preventative work both on an individual and community basis
- develop a resource base and provide training for agencies and/or professionals.

Multi-disciplinary working

The multi-disciplinary nature of the team is an important feature. The therapeutic workers are from a variety of backgrounds – social work, community psychiatric nursing, health visiting and clinical psychology. We have all undertaken some additional therapeutic training, predominantly in counselling and play therapy. One project worker has undertaken further training in dramatherapy and another in neuro-linguistic programming. Despite these varying backgrounds and influences, we all adopt a person-centred approach to our work. This will be considered in more detail in Chapter 4. We share the following therapeutic goal:

> To help the child, adult or family to make sense of their experience and to reduce the effects of that experience.

There exists the potential for tensions to arise out of such a diversity of backgrounds and interests within the team. In practice this has not proved to be the case. We consider ourselves first and foremost to be project workers. Any difficulties that may arise from time to time are as likely to relate to personality, style or gender as they are to professional background. The staff team as a whole consists of project manager, project workers, project administrators, project assistant and 'housekeeper'. The work of each team member is crucial to our overall aim. We all bring our individuality and experience and we all work within the prevailing team ethos, to create a safe therapeutic space.

Consultation and supervision

From the outset we believed that the need to understand how sexual offenders operate was paramount. To meet this need we approached the staff of The Faithfull Foundation for training and consultation. Their knowledge and experience of treating offenders has proved very influential in our efforts to help people to make sense of their experiences. This topic is explored more fully in Chapters 2 and 3.

In addition we have regular access to consultation with a local consultant child psychiatrist. Consultation on specific theoretical or practical issues is requested from appropriate sources, as the need arises.

Project workers have monthly supervision with the project manager. The project manager has supervision with her line manager and with an external supervisor for her casework. In addition, we meet weekly as a team for peer supervision. The benefits of consultation were recognised at an early stage and the therapeutic workers meet regularly with an external consultant. We also undertake team-building events with the whole team. It is also recognised that workers may need individual time for themselves with a counsellor. Our work makes considerable personal demands. We sometimes need time away from the project with an external counsellor, either to explore the impact of the work on ourselves or to explore personal matters.

All of the above act as a vital safety net to ensure that we are delivering an effective service and also to ensure that we are looking after ourselves. Emphasising our own needs helps to avoid the obvious pitfalls of the work – emotional burn-out, overidentification with the victim, and experiencing an overwhelming impact on one's personal life.

Referrals and service criteria

The majority of referrals come from the social services department. In the last full working year, social services referrals accounted for 60 per cent of the total number of referrals. In this same period, 27 per cent of referrals were either self-referrals or parents referring their children. Referrals are also received from the health service, the

police, the education department and voluntary agencies. In the early days of the project we received very few requests for services for males. However, following the appointment of a male project worker, the number of referrals for male children slowly began to increase. Whether or not this was merely coincidence is unclear. In the working year April 1997 to March 1998, 26 per cent of the children and young people we worked with were male. Yet it is noticeable that the vast majority of our male clients fall into the younger age groups – only 12.5 per cent were aged between 16 and 21 years. Regrettably, in the period of time under scrutiny, we only worked with one male adult carer. The subject of gender is considered in more detail in Appendix 4.

Initially, the service criteria were that the abuse should have already been reported and investigated, and that service users were:

- children and young people up to the age of 21 years who have been sexually abused and who live in a safe place
- the family and/or carers of children who have been sexually abused
- parents or carers who were themselves sexually abused as children.

A further criterion relates to the area in which the person lives and has changed slightly over time in line with reorganisations in the health and social services departments.

More recently we have added a new criterion:

- young people who are showing sexually aggressive behaviour, and their families and/or carers.

This has been in response to the growing realisation that sexually aggressive behaviour needs tackling at an early stage as a preventative measure. It has also been a response to the lack of such resources in the locality. However, work with adolescent offenders is undertaken away from the project building, in order to maintain the safe space for victims and their families.

Many services for children stop at the age of 16 or 17 years. Our definition of a young person has been extended to 21 years in order to meet the needs of older adolescents who might otherwise fall

through the gap in service provision. In practice a considerable number of our clients are in this age group. In the last full working year 36 per cent of our non-adult caseload were between 16 and 21 years of age. Some are young people who have left the care system and who lack support in the community. Some are young mothers – having a baby seems to act as a trigger for releasing memories of earlier abusive experiences and fears about their own child's safety.

The insistence that children are living in a safe place has at times proved somewhat controversial. We have maintained this policy, however, for a number of important reasons. Primarily, we believe that encouraging children to become more aware of themselves and more assertive may carry a degree of risk if the child is still living with, or has close contact with, the abuser. At the very least it could be confusing; at the worst, dangerous. Also children, as well as adults, need to feel safe before opening up their emotional wounds. Our work is most successful when the child is actively supported by a safe carer. Ideally, adults too should have a degree of support outside the project.

At the outset, we adopted the policy of working only with cases of abuse which have been reported and investigated. As a specialist child sexual abuse resource, we believed that if we worked with suspected abuse we might jeopardise any future court proceedings. We could, for example, be vulnerable to accusations of coaxing or contaminating children's evidence. As regards children, this criterion is now generally understood and accepted. It has, however, proved more problematic with adults. Tensions between therapeutic work and the child protection system are considered in Appendix 2.

Nevertheless, offering a service to parents who were themselves abused as children has proved to be a substantial and significant aspect of our work. It is not at all unusual for a parent, whose child is attending the project, to disclose his or her own abuse at some stage. Sometimes it becomes evident that grandparents have also experienced child sexual abuse. We are hopeful that working with families in such situations may play a key role in helping to prevent abuse in future generations.

The need to work with the whole family

Our service has been shaped by the recognition that child sexual abuse affects all members of the nuclear family and that it may also impact on the extended family. Chapters 2 and 3 consider how abusers operate to isolate members of the family and in particular how the relationship between the victim and safe carer may become distorted. In consequence, we have developed a model of work which allows individual needs to be addressed as well as the needs of the family as a whole. People attending the project might, in addition to individual sessions, be offered one or more of the following:

- joint sessions – parent or carers
- joint sessions – victim and mother/father
- sessions with other children in the family
- family sessions.

Such sessions would not, however, involve the abuser. As always our priority is to maintain a safe space for the people who use our service.

Assessment for therapy

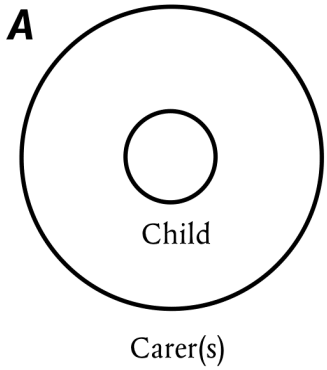
Our service criteria specify that the child needs to be living in a safe place. In addition, children and young people require the following:

- choice about whether or not to attend
- permission to attend
- support.

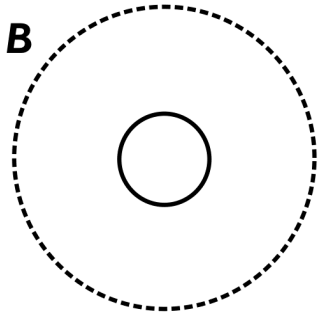
Adults too need to feel in control of the decision to attend and may also require additional, external support.

Our experience is that therapeutic work is most effective when the child is 'held' by a safe carer during the process. It is likely to be least effective when young people are unsupported in the community and living with very high levels of risk and vulnerability. Thus, at an early stage, we need to assess the degree of support the child or young person is receiving alongside the needs of the carer(s).

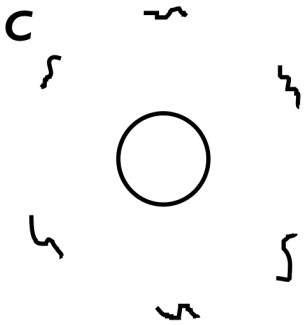
Figure 1.1 on the facing page depicts the assessment process.



A believing, supportive carer who can hold the child during the therapeutic process



A struggling carer who needs support and counselling alongside the child



A collapsing carer who needs counselling in his or her own right *before* work begins with the child

Unsupported young people living with very high levels of risk and vulnerability

Figure 1.1 The assessment process

It is sad that the fourth group of young people shown in Figure 1.1, those living in the community without support, are unlikely to feel safe enough to effectively engage in therapeutic work. Some may, however, come to regard the project as a safe place to drop into for a chat, support or advice.

Working agreements

Working agreements are an important component of the service. The agreement is often drawn up at the introductory meeting if the person is clear that the service seems right for them at this stage. Some people need further time to reflect.

On a practical level, the agreement specifies the service offered and the dates and times of six sessions and the subsequent review. We try hard to meet the particular needs of individuals, for example arranging four o'clock sessions for children who do not want to miss school. The project covers a large geographical area and transport arrangements may be crucial. Transporting children to and from the project is the primary task of the project assistant. At times when she is not available, we insist that children are brought to and from the project by a trusted person. If the child is very young we may request the parent or carer to either take part in sessions or remain in the building. Sessions normally last for an hour. However, in the case of very young children, 45 minutes may be more appropriate.

The working agreement specifies important policies of the project. In particular the conditions of confidentiality are outlined as follows:

> The Children and Families Project provides a therapeutic service. This service is confidential. Information given in sessions will not be shared outside the project without your permission unless we consider that a child may be at risk. This is because the project works within the local Child Protection Guidelines.

We explain to clients at the introductory meeting that on those occasions when confidentiality has to be breached, we will always discuss the matter with them beforehand. The confidentiality policy is normally understood and accepted. In practice, however, child protection risks are not always clear cut. Grey areas seem to be inherent

to the field of child sexual abuse. Involvement in both the child protection system and therapeutic work sometimes presents dilemmas which are not easily resolved (see Appendix 2).

In the early days of the project, we were often asked to undertake a variety of assessments which did not fit within our prevailing ethos of therapeutic work. In order to emphasise to our clients that we do not make judgements or assessments on behalf of others, we included the following statement in our working agreement.

> As a therapeutic service we do not undertake to provide assessment reports for outside agencies.

Finally, the working agreement refers to the policy of open access to written records and to the complaints procedure. (A copy of the Working Agreement is included in Appendix 6.)

Reviews

Reviews are normally held following every sixth session. Parents or carers of younger children are automatically invited. The child may also choose to invite a teacher, social worker, brother or sister, or any other appropriate person.

Regular reviews are an opportunity to stand back from the therapeutic work for a while and reflect on progress. The key task is to establish whether the needs of the individual are being met and to plan for the future. The review may be the arena in which to discuss variations in the service, such as the inclusion of family work. Practical issues relating to transport and the times of sessions are also addressed.

Reviews assume many shapes and forms. Those concerning adults are typically straightforward, involving only the client and project worker. Children's reviews can be more complicated. Parents or carers are invited to share their views or concerns relating to the service or their situation. We may take the opportunity to re-emphasise the importance of parental involvement and support. With the exception of clear child protection issues, the child decides with the project worker before the review what he or she feels able to share about the content of sessions. Some children delight in exhibit-

ing and explaining any paintings, models or videos they may have created. Other children choose to conduct their own reviews, modelling what takes place in sessions. Some children may decide to take a back seat.

However, the overall approach to reviews remains child centred. In sessions children may explore worries or troubles of which their parents are unaware. While we encourage children to share these at their review, it is important that the child feels in control. The child's feelings are paramount and we always endeavour to work at the child's own pace.

Length of service

The Children and Families Project was conceived and has developed as a resource offering long-term therapeutic support. Thus we are in the privileged position of being able to offer our clients a service for as long as it is of benefit. Endings are of great significance and can prove difficult. They need to be negotiated and planned with care. It is quite common to prepare for ending by reducing to fortnightly and then monthly sessions. This affords the individual the chance to test out in safety newly acquired skills and feelings of independence and well-being. The risk of dependency is also reduced by these means.

However, over time we have come to understand in more depth the need to keep the door open to people who have used our service. Children can only tackle problems within the limits of their developmental level. When, for example, they reach adolescence, they may well need to revisit their safe space in order to reinterpret and reintegrate their past abusive experiences. Young people and adults may also need to return to their safe place when faced with major life events or crises. Therefore, around the time of ending, we remind all the people who use our service that they can contact the project at any time in the future. This may take the form of a casual visit to share news over a cup of coffee, or a focused one-off session may be requested to explore a specific problem. Sometimes it may be necessary to provide a further ongoing service. While the offer of future contact may never be taken up, it nevertheless provides a valued psychological safety net.

Evaluation of our service

Evaluation is crucial to a developing service as a means of measuring its usefulness. Of prime importance is direct feedback from clients. Following termination of a piece of work, evaluation forms are sent to all the people who have used our service. Where relevant, they are also sent to parents and carers, and to the individuals who have made the referral. The information contained in these evaluation forms has, over time, served to shape and influence our service. Evaluation has enabled us to learn what is most valued and what may have got in the way.

The Children and Families Project is also taking part in the Child Sexual Abuse National Research. This was established in 1996 to evaluate the work of the specialist projects involved in the national network. The research is a partnership between NCH and the Tavistock and Portman NHS Trust, and is due to be published in the year 2001. The evaluation of our service is covered in more detail in Appendix 5.

Child / Fun

There is nothing left for me
Nothing that I can see
I was never born with life
Was never born a child
Always born an adult
But now I'm finding it difficult
Why shouldn't I have fun
While the others see the sun
Why should I sit in the dark
While the others have a lark
I'm a simple fake
Who doesn't know what it will take
To see the sun
And have some fun.

(A young person)

Chapter 2

Child Sexual Abuse

Effects on the Child

Whispering of the past
And the dark shadows it cast

(A young person)

When you've been betrayed by the people you love
You feel let down and hurt.
You can't help yourself from feeling angry
Or even like dirt.

(A young person)

In this chapter, we explore the effects of child sexual abuse on children and young people. Consideration will also be given to the ways in which offenders operate and the impact of their behaviour on children and families. Chapter 3 will examine in more detail the effects of child sexual abuse on the family system as a whole.

The experience of sexual abuse in childhood is traumatic for the victim. Persistent emotional distress following an extraordinary event is commonly referred to as post traumatic stress disorder. The symptoms of this disorder include:

- repeated re-experiencing of the event in thoughts, dreams or flashbacks
- persistent avoidance of the stimuli associated with the event, or a general emotional numbing
- increased arousal, including insomnia.

Most of the above symptoms will be familiar to survivors of child sexual abuse. Being sexually abused is in many ways like being involved in a disaster. It might be a one-off incident or it might be repeated countless times over many years. There are both immediate and long-term effects which, if not addressed, may persist into adulthood. Like victims of disasters, victims of child sexual abuse need to be offered support and counselling. The children most at risk are those who have not experienced adequate parenting in their early years. These children are less likely to have developed the inner resources which might counteract the worst effects of subsequent trauma.

This model of post traumatic stress disorder has been developed by Finkelhor and Browne (1985) to make it even more relevant to the experience of child sexual abuse. Four ways in which sexual abuse causes problems have been identified:

1. Traumatic Sexualisation

Children who are being sexually abused may experience bodily pain. They may also feel scared, distressed or confused. This inappropriate, early sexual experience can cause a number of difficulties. The child may develop a fear of physical contact or alternatively become highly sexualised and vulnerable to further abuse. Confusion over sexual contact and affection is common and may result in relationship difficulties. Some adolescents come to believe that sex will buy them love. Some children develop a distorted body image. Others may cover up all feelings and eventually lose touch with their real feelings and sensations. These effects can persist into adulthood.

Sexual abuse interferes with the normal sexual development of the child. The child's innocence is stolen and this may be experienced as a huge loss in later life.

Catherine and her sister were both abused in childhood by an uncle. She described her sense of loss as follows:

> The time approached for us to want a relationship, but for us it could not be something new or exciting because we already knew what sex was about.

Therapy needs to help the child to feel, express and cope with conflicting emotions. The mixed and distorted messages children have received about themselves and their bodies need to be addressed. They may also need help to develop an age-appropriate understanding of how the body works.

2. Betrayal

Betrayal can give rise to some of the most damaging effects of child sexual abuse. Betrayal occurs when the victim discovers that someone they trust and depend on causes them harm. This sense of betrayal might be felt the first time the abuse takes place or it might be experienced several years later. Young people often tell us that the first time they understood that what had been happening to them was very wrong, was during sex education classes.

Feelings of betrayal may be directed towards the abuser, but they may also be directed towards parents or carers for not having afforded protection. Betrayal can be experienced as an overwhelming feeling of loss; the loss of childhood, the loss of a sense of protection, the loss of a trusting relationship. Fear of further betrayal may result in some survivors withdrawing from close relationships, while others become dependent and clingy. Difficulties in judging the trustworthiness of others are common. Critically, children may even begin to mistrust themselves and their feelings.

Ruth wrote the following poem to convey her experience.

Feelings

In the end all things betray you,
Love, honour, ideals and heroism.
Your heart ripped out and your links torn
And in the end you betray yourself
And that is the greatest betrayal of all.

Therapy needs to help restore or develop the child's self-trust and to help the child reach a balanced assessment of the trustworthiness of others.

3. Stigmatisation

Sexually abused children may feel marked and different, resulting in a negative self-image and negative ways of communicating. Even when the child does not understand what is happening, there may be an underlying sense of shame and wrong. Feelings of shame can be heightened by the abuser's urging the child to keep the secret. Children feel guilty for not having stopped the abuse. However, if children choose to tell, the shock and distress experienced by others may further increase feelings of shame and guilt. The resulting loss of self-esteem is pervasive and damaging, and self-destructive behaviours, such as the children cutting themselves, may develop.

Survivors often tell us they feel like they are wearing a badge which says, 'I was sexually abused'.

Deirdre made the following comment: I had no-one. Everyone was treating me like an outcast.

Therapy needs to restore a sense of being normal and to raise self-esteem.

4. Powerlessness

Further problems may arise due to an intense feeling of powerlessness. The child's body is invaded and violated and the child feels unable to stop or alter the course of the abuse. Children may be forced or tricked into the sexual activity; they are usually unable to provide effective resistance.

Trapped

I'm trapped
Between bodies and minds
I was trapped the day when my thoughts
Of a stable future were shattered.
I was a leaf, being pushed by the wind.
There was no way of fighting it,
No way of turning back…
I'm trapped.
All alone in a dark time.

(A young person)

Such feelings of powerlessness may result in phobias, anxieties, flashbacks and nightmares. Survivors may come to feel that they are unable to take action or effect change in any situation. Feeling like a passive victim can render some children vulnerable to ongoing abuse of all kinds. Other children may attempt to feel powerful by aggression or bullying.

Therapy needs to help children to develop a sense of autonomy and control to an age-appropriate level.

Each of the four factors outlined above can impact on an individual's thinking, feeling and behaviour. If the problems are not addressed, it is hardly surprising that they can give rise to longer-term difficulties and relationship problems.

Research undertaken by NCH (1996) confirms that child sexual abuse can have a long-term impact. The participants in this research were adults who were sexually abused as children. None received an appropriate response from adults at the time, in the sense of being believed, protected and offered treatment. Most of the people who took part in this study believed that the abuse had had a serious impact on their lives.

- 89 per cent reported that being sexually abused in childhood had impacted on their relationship with their partner or partners.
- 74 per cent reported that they had suffered health problems, which they believed had been a direct result of the abuse.
- 65 per cent reported that being sexually abused as children had affected their relationships with their own children.
- 58 per cent reported 'other effects', including low self-esteem, lack of trust, fear, eating disorders and alcoholism.

In order to make sense more fully of the experience of child sexual abuse it is necessary to understand the behaviour of offenders. The ways in which offenders operate impact on the victim and also on the family system in which the child is living. Finkelhor's research has provided us with a further model which has deepened our under-

standing of child sexual abuse. This model focuses on the factors that must be in place before an offender will abuse a child. Although our understanding of female abusers is still at an early stage of development, it seems likely that the following factors or pre-conditions apply to female abusers as well as to male abusers.

1. Motivation to offend

Before an offence takes place the victim has to come into contact with a person who wants to abuse a child. Explaining why someone becomes motivated for or interested in having sexual contact with a child is not, however, straightforward. It may be that relating to a child satisfies an important emotional need. This might be, for example, the need to feel powerful or controlling. An abuser may have been abused in some way as a child and may be trying to feel more powerful, or an abuser may be re-enacting the childhood trauma to undo the hurt. Other abusers are motivated more by sexual arousal – children come to be seen as potential sources of sexual gratification for that person. Some abusers feel too socially or sexually inadequate to have sexual relationships with adults. In reality, an offender's motivation is likely to be a combination of these factors. Essentially, the drive to sexually abuse children seems to be an interplay between sex and power, which can then become a highly addictive behaviour.

2. Overcoming internal inhibitors

Adults normally know that it is wrong to sexually abuse children, not least because it is illegal, so in order for an offence to be committed abusers have to overcome their inhibitions. No matter how strong the motivation to abuse children may be, an offence will not occur if a person is inhibited from acting by moral or social taboos. Some abusers use alcohol or drugs to disinhibit themselves and act out their fantasies. Others develop distorted beliefs in order to justify the abuse to themselves.

Among the many ways abusers justify their behaviour are the following.

- I'm teaching her about sex education so she's prepared later on.
- I was seduced.
- He didn't resist and so he enjoyed it.
- We have a very special relationship and we truly love each other.
- We did not have sexual intercourse.
- She told me she loved me.
- He took the toys and money.
- She came back.
- It was out of character – just a one-off.
- It was the alcohol/drugs.
- It happened to me and didn't do me any harm.

Sadly, the child victim is at the receiving end of the offender's distorted thinking and may come to accept it as the truth. Thus, the offender's behaviour may serve to increase the child's sense of guilt and responsibility or to encourage the belief that what happened is normal. An important therapeutic task is to address and correct such beliefs when they are presented.

3. Overcoming external inhibitors

In order for sexual abuse to take place, the offender needs an opportunity to be alone with the child. Abusers actively manipulate and control the environment around the child to ensure such opportunities arise. This process is commonly referred to as grooming. If the abuser is the father or stepfather of the child, access is relatively easy. However, it remains crucial that he continually grooms, marginalises and disempowers the mother as she is the person most likely to catch him out. The Faithfull Foundation have discovered that offenders disempower mothers in a number of ways, including:

- getting the mother to trust them
- being loving and affectionate to their partner and also to the children
- being helpful
- encouraging partners to take up work/become involved in evening classes/socialise more
- confusing sexual boundaries ('It's okay for the children to see an erection – they need to learn about these things')
- emphasising the risk of sexual harm outside the home ('There's a lot of funny men about')
- intimidation, threats, and physical violence
- not talking to partners about anything.

When not part of the immediate family, abusers will work on becoming trusted by befriending the family and gaining the confidence of the parents. Abusers can groom whole neighbourhoods, or institutions such as schools and residential homes, in order to manipulate situations in which they are alone with a child. The skill and effort involved in the grooming process is considerable and thus belies the offender's attempts to make us believe the abuse 'just happened'.

4. Overcoming the child's resistance

Overcoming any resistance the child might show is also part of the grooming process. It need not be difficult as children trust adults and are taught that they know best. Abusers frequently target young children, who do not understand what is happening to them, or the abuser may develop a special relationship with a child in order to gain compliance. Because the abuser knows that child well, the proposal of a sexual game can be framed in such a way that the child will agree. That same familiarity may allow the abuser to threaten the child in a way that will overcome resistance.

In order to help children overcome the effects of sexual abuse, it is crucial that we understand the manner in which an individual child has been groomed. Abusers use a variety of grooming measures, ranging from seduction to sadism.

Seduction ——————————————— Sadism

E.g. 'you are my little princess. I will marry you when you grow up and we will live in a castle.'

E.g. 'I will hurt you or kill you if you don't do what I want.'

The impact on children of these two extremes is very different. The child who has been seductively groomed may well have enjoyed the process of being made to feel very special. One such child, whose father is in prison, experiences huge loss and confusion while her mother is intensely angry. Another young person, whose father is also in prison, has a very different experience. She was sadistically groomed and lives in fear and terror of the time when her father is released from prison.

The Faithfull Foundation suggest that there is a final, fifth factor that must be in place before abuse occurs. This factor is important because it highlights how abuse can persist, sometimes over a number of years.

5. Not getting found out

Offenders know their behaviour is illegal and take measures to ensure the secret is kept. These measures are ongoing and involve the use of emotional and physical threats if the child tells. The children and adults we see have told us about the following measures.

- Your mother won't be able to cope; she will have a nervous breakdown.
- Your mother will start drinking again.
- No one will believe you.
- The family will be split up.
- You will have to go into care.

- You will be in trouble.
- I will not love you any more.
- People will think you're dirty and no one will love you or want to marry you.
- I will kill you.
- I will kill your pet.
- I will go to prison.
- I will kill myself.

In addition to threatening the victim with the possible consequences of disclosure, the abuser may further engineer the situation by making sure that the child is not believed if she does tell. The abuser may, for example, continually suggest that the child is a liar and not to be trusted.

In summary, the consequence of the offender's behaviour is to isolate the child from the mother or other carer and family members. The child is trapped with the secret. Figure 2.1 represents the child's isolation.

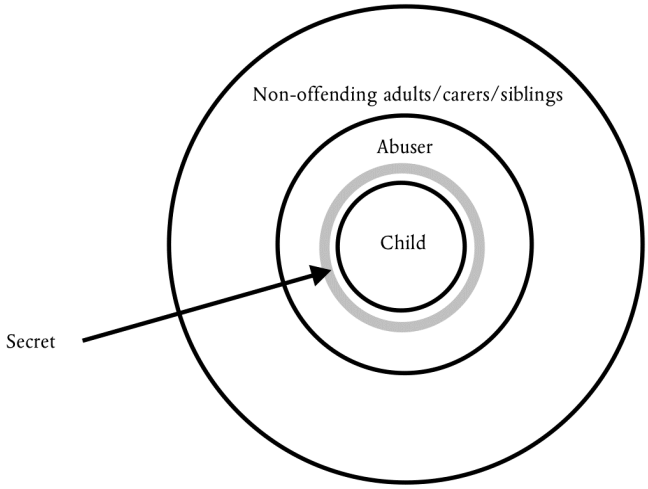


Figure 2.1 The abused child is trapped with the secret (Based on a model by Smith (1994))

The model outlined in Figure 2.1 is not a static one. In reality the abuser works very hard to constantly reinforce the secret and to

maintain distance between the child and safe carer. This is achieved by the continual use of psychological tricks, pressure, blackmail and behavioural ploys. Figure 2.1 also emphasises the damage inflicted on the family as well as the victim. It is because of this damage that we offer therapeutic support to the whole family.

It is clear, then, that children may be put under severe pressure, first to comply with the abuse and, second, to remain silent. The child is at the receiving end of the abuser's grooming measures as well as the abuser's attempts to keep the secret. The child also lives with the effects of being isolated from the safe carer or carers. All of these factors impact on the child's well-being.

How offenders target victims

In trying to make sense of their abusive experiences, victims often ask the question, 'Why me?' A strong sense of guilt and responsibility frequently underlies this question.

Such self-blaming attitudes may prove difficult to change. In part this is because the very ways in which abusers operate serve to increase feelings of guilt. Therefore, a vital part of the recovery process involves reaching a real and deeply felt understanding that abusers are adults who know what they are doing and who alone are responsible for their abusive behaviour.

Children who are sexually abused are misfortunate to find themselves alone with an abuser who is motivated to abuse and who is able to overcome any misgivings about it. Prior to engineering such circumstances, abusers target their victims. In part, this entails an assessment of how easily the child may be groomed; in other words, how vulnerable is the child? The following factors might influence the targeting process:

- sex of the child
- age of the child
- physical appearance of the child
- personality of the child
- child's need for attention or affection

- capacity to isolate the child
- social isolation of the family
- stability of the family.

For Amy, whose case study is outlined in detail in Chapter 9, an important part of her recovery process was being able to find some answers to her question, 'Why me?' She came to understand that changes in the composition of her family had left both herself and her family vulnerable. When her stepmother moved into the family home with her own children, Amy suddenly became the eldest of six children. She resented her stepmother and also the attention paid to the younger children. In consequence, she was vulnerable to the seductive grooming tactics of her abuser who befriended her and her family, and who made her feel very special indeed.

Children who have been sexually abused may be at risk of further abuse because they have already learned to feel powerless and to do as they are told. It is not unusual for us to see young people who have been abused by a number of offenders and who have come to regard abuse as part of their lives. Helping such children to understand what has happened to them, and to develop self-esteem, serves to decrease the likelihood of ongoing abuse.

Exploding the secret

It is very difficult for children to tell other people about what is happening to them. Abusers exert pressure on their victims to keep the secret in ways outlined earlier in this chapter. Some children are too young to have the language to tell. Other children do not realise that what is happening to them is wrong. Catherine, an adult working through her childhood experiences, believes that she could not tell her parents because they were devout Catholics and sex was a taboo subject in her household at that time.

Some children are never able to talk directly about what is happening to them. They may, however, try to tell through indirect means. Carolyn Ainscough and Kay Toon, in their book *Breaking Free*, have described this process as 'silent ways of telling'. Children may 'silently tell' by showing signs of distress through their behaviour,

such as developing eating problems or bed-wetting. One woman told her worker she used to cut her legs and cover them in plasters: 'I was trying to let them know I was hurting inside, but no one realised.'

It is important that adults learn to pay attention to children's disturbed behaviour and to think about what the child may be saying. A list of possible signs and indicators of child sexual abuse is included in Chapter 11.

In some cases the secret is discovered when the sexual activity is accidentally witnessed. Amy's abuse came to light when her stepmother found letters written by her abuser. Some children pluck up courage to tell a trusted friend, relative or teacher. Whether a child chooses to tell or whether the secret is exploded by other means, the aftermath can be very traumatic for the child.

The child may feel relief that the abuse has come to an end. However, it is likely that psychological tensions persist, accompanied by a new wave of guilt and self-blame. Children are not always believed by mothers or other significant people. Families disintegrate and children may end up in the care system. The effects of the opening-up of the secret may be so severe that some children regret having told and believe that the abuser's threats have come true. Such severe effects may be that:

- some children are not believed
- some abusers go to prison
- some families split up
- some mothers have nervous breakdowns
- some children go into care.

Problems persist even for those children who are believed and well supported by their families. They may have to give evidence in court, only to find that the abuser 'gets away with it'. The low conviction rates for child sex offenders leave many children feeling let down and unbelieved by the system.

Abuse by females

Female sex offending is an especially emotive subject. The Children and Families Project has received very few referrals relating to sexual abuse by women. This scarcity of referrals may reflect the rarity of female offending or it may be indicative of societal denial and minimisation. An additional factor may be that child victims are less able to identify and recognise such abuse – the abusive behaviour could be confused with physical care and affection.

Finkelhor and Browne's (1985) model of post traumatic stress disorder can apply to victims of female abuse as well as male abuse. However, there seems to be a qualitative difference between male and female abuse, especially if the perpetrator is the child's mother. The sense of shame and betrayal may be particularly acute. Moreover, there can result an intense confusion between sexual behaviour and love and affection. Finally, children who have been abused by their mothers may face additional problems to do with separation and personal identity.

Summary – the need to understand

In this chapter, we have explored the effects of child sexual abuse on children and young people. The impact of the offender's behaviour has also been described. Finally, the aftermath of exploding the secret has been considered. We believe this information is important in order to help people to make sense of child sexual abuse. The experience of child sexual abuse for the victim is, at the very least, confusing. It is also confusing to families and to society at large.

Our own experience of helping children and adults to recover from child sexual abuse leads us to believe that making sense of their experiences is crucial. Evaluation forms completed by some of the individuals who have used our service bear witness to this powerful need to understand:

> The project helped me by being able to talk to someone about what happened to me and someone helping me to understand. (A young person)

> It has helped me by understanding it wasn't my fault and I could tell her anything and she listened to me even if it was bad. (A young person)

Further Reading

Ainscough, C. and Toon, K. (1993) *Breaking Free, Help for Survivors of Child Sexual Abuse.* London: Sheldon Press.

Bain, O. and Saunders, M. (1993),*Out in the Open – A Guide for Young People who have been Sexually Abused.* London: Virago.

Engel, B. (1998) *Living with the Legacy of Abuse – How to make your Relationship Work when your Partner is a Survivor of Childhood Sexual Abuse.* London: Camden Press.

Finkelhor, D. (1986), *A Sourcebook on Child Sexual Abuse.* Sage.

Dreams

There are times when I dream
Of being able to share my life
With someone who really cares,
Who understands what abused really means.
Unless you have been down that path,
No-one knows or understands
You struggle to find that dream.
Be able to say you love me,
But no sex please.

(A parent)

Chapter 3

Child Sexual Abuse

Effects on the family

> If you trust someone, you never dream that person could hurt your children. When you do find out, you feel like your whole world has ended. (A parent)

This chapter is concerned with the impact of child sexual abuse on the whole family. The experience of sexual abuse in childhood is traumatic not only for the victim but also for family members. The plight of mothers whose children have been abused will be explored in detail. In part, this is because our experience, and also research, suggest that mothers are vital to the recovery process of the victim and of the family as a whole. We also focus on mothers because, historically, this has proved to be a much misunderstood area, while the psychological and emotional needs of mothers have been neglected.

The forgotten victims of child sexual abuse

Sexual abuse shatters families. The disruption it causes is not only felt by the victim. Brothers, sisters, aunts, uncles and grandparents may also be deeply affected by the aftermath of a child's allegation. This is especially true when the abuser is a close family member. Yet the needs of relatives frequently have been ignored. In this sense they are the forgotten victims of child sexual abuse.

As its name implies, the Children and Families Project was established to offer a service to families as well as the child victims, so from the outset we have concerned ourselves with assessing and trying to meet the needs of the whole family. It soon became apparent

that the model proposed by Finkelhor and Browne, which was outlined in the previous chapter, applied to family members as well as to victims.

The four ways in which sexual abuse causes problems have been identified as:

1. traumatic sexualisation
2. betrayal
3. stigmatisation
4. powerlessness.

The above factors can affect victims and relatives alike.

Traumatic Sexualisation

This factor may cause distress to the family at a number of levels. First, an allegation of sexual abuse may trigger off memories of one's own experience in childhood. It is not unusual for parents or carers attending the project to disclose their own abuse. Re-experiencing abuse in the form of thoughts, flashbacks or dreams can be frightening and disturbing. Sometimes parents find it difficult to separate their experience from that of the child.

When the abuser is a close family member, the family as a whole may suffer from problems associated with sexual trauma. The following scenario is common. An elder daughter makes an allegation of sexual abuse against her father. The mother, shocked and bewildered, struggles to believe the allegation. If true, the man with whom she has slept for many years has also had a sexual relationship with their child. The younger daughter may wonder why nothing happened to her or she may worry about when her turn will come around. The son may harbour worries that he might grow up to be an abuser.

Even when the abuser is not a member of the family, problems arising from sexual trauma can still occur. Yvonne and her two daughters, Christine and Fay, arrived at the project in acute distress. Christine, the elder daughter, alleged that she had been raped by a neighbour. Yvonne disclosed she had been sexually abused by her

father over many years. Fay was showing signs of sexual distress through her behaviour; although she personally had not experienced abuse. For example, she would wear several layers of clothing whatever the weather. Sometimes she would sleep fully dressed. Fay felt certain that at some point she too would be abused. In order to try to ensure her own safety, and also the safety of her family, her behaviour made it difficult for anyone else to leave the house.

Yvonne, Christine and Fay were all offered individual sessions. Although Fay had no direct experience of sexual trauma, the extent of her reaction to the family's experiences quickly became apparent. She had developed a deep fear of men and felt she had to try to protect herself and her family from sexual assaults in the future.

Betrayal

Grandparents, parents, partners and siblings may all feel that the abuser has betrayed their trust. Relatives frequently tell us that they had believed they belonged to a normal, happy family. This belief has now been shattered and replaced by a sense of having 'lived a lie'. Some mothers feel that their trust has been so severely damaged that they will never again be able to trust someone enough to become a part of their family. Wendy's daughter, Zoe, alleged four years ago that her father had sexually abused her. Neither Wendy nor any of her three daughters have subsequently had boyfriends. She wonders if she will ever have grandchildren.

Stigmatisation

A sense of shame and a feeling of being different can affect the whole family. The reactions of other people may serve to heighten such feelings. Sexual abuse frightens, shocks and causes distress. Some people believe it is best not to broach the subject in conversation. In more extreme cases the whole family may be ostracised by friends and neighbours. Childhood friendships may be abruptly severed. Occasionally, families attending the project may feel forced to relocate because of constant verbal abuse, graffiti, or physical threats.

When the abuser is female, the distress associated with the factor of stigmatisation may be particularly acute.

Powerlessness

The victim's sense of powerlessness may be reflected throughout the family. Finding themselves in uncharted territory, relatives can feel paralysed and unable to help or support. They may struggle to make the major decisions that will affect the family's future. The operation of the legal and child protection systems can inadvertently feed into feelings of powerlessness. The family's privacy is invaded and intimate details of family life become matters for public discussion in unfamiliar settings such as courts and child protection conferences.

Family members taking sides

In the aftermath of an allegation of child sexual abuse, considerable hostility may arise. Sometimes extended families split into two warring factions – those who believe and those who do not believe. Such family rifts may persist for many years or indeed may never heal.

Family schisms cause additional distress for victims and also for their relatives. Previously valued relationships may be severed at a stroke. Parents may find themselves cut off from former sources of support, at a time when they are most in need. Younger siblings can experience great confusion, unable to understand, for example, why they are no longer allowed to visit their grandparents. Parents sometimes feel unable to provide truthful explanations to young children. Alternatively, the facts may be presented in a misleading or age-inappropriate manner.

Sibling abuse

Our experience of working with families where sibling abuse has been disclosed is limited. However, when we have been asked to offer support to families, the parental anguish appears unbearable as the enormity of the situation unfolds. Understandably, parents may engage in self-recrimination and the adult relationships often become strained and fragile. Yet we know that parental support for both the victim and perpetrator is critical to their children's future well-being.

Professionals working in this field are still learning how best to help these children and their families. Stopping the abuse is an

obvious first step as is ensuring the victim is safe enough to be able to make use of therapeutic support. In many families the perpetrator will live away from the family home for a period of time. Ideally, he/she will be offered help immediately.

Under such circumstances we would normally offer a service to each family member. This allows all concerned to express their hurt, confusion, anger and distress in a safe place, where they do not feel judged and where they need not worry about upsetting anyone else. In this safe place we may also offer information, in an age-appropriate way, which will help them to make sense of their experiences. It is likely, too, that we would work alongside the professional working with the young person who has abused. This means that when it is the right time, family members can meet together for family sessions. While one aspect of these sessions is to ensure that all the family fully understand the responsibility of the abuser for his actions, the overall aim is to support the family in rebuilding the trust so central to happy and successful family relationships. Our experience tells us this is often a long and harrowing process.

Mothers of sexually abused children

Historically, the literature concerning sexual abuse within the family has failed to take into account the role and responsibility of the abuser. In consequence, incest has been accounted for by circumstances within the family. Implicit in this concept of family dysfunction was a mother-blaming undercurrent. Families were functional when men's needs were met and women were largely responsible for meeting those needs. Essentially, mothers were in a no-win situation, blamed for what they did do and blamed for what they failed to do.

Overt mother blaming is currently less common but the myths still persist. Mothers are accused of colluding with the abuse: 'She must have known.' While we do not wish to deny that some mothers are aware of the occurrence of abuse and indeed that some abuse their own children, our experience is that the vast majority did not know. The very way in which abusers operate serves to ensure that mothers are disempowered and kept in ignorance. Generalisations about

mothers colluding and failing to protect are misleading and counter-productive, especially when they ignore the distress and difficulties faced by mothers of sexually abused children.

Recent research undertaken by Angela Brennan (1998) confirms this neglect of the needs of mothers:

> It is evident from the findings of the current study that mothers of sexually abused children are the forgotten victims/survivors. The needs which these women have in their own right are largely unrecognised and unmet.

Our work at the Children and Families Project has led us to the following conclusions about these mothers. They:

- are vital to the family's recovery and are in need of support
- have undergone a deeply traumatic experience
- need time to come to terms with the fact that abuse has occurred; coming to believe is a process, which can be painful and difficult
- feel neglected by the professional system which tends to focus on the child victim and the offender
- feel socially isolated and stigmatised at a time when they most need support
- have feelings of guilt and responsibility which the professional response can sometimes compound
- have a desperate need to understand how the abuse occurred and to make sense of their experience
- have been groomed and disempowered by the offender
- may have been physically and/or psychologically abused by the perpetrator.

Mothers have likened their child's disclosure to bereavement, in that there is a devastating personal impact, and also a need to go through similar phases of shock, disbelief, anger, sadness and resolution. However, unlike in bereavement, mothers are further affected by the associated stigma of sexual abuse and lack of support. Moreover,

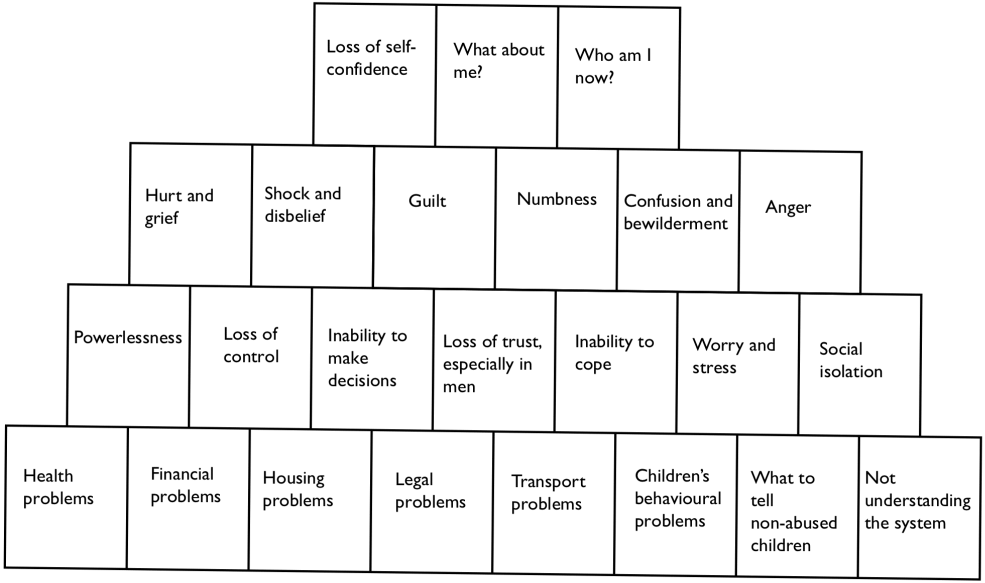


Figure 3.1 Practical and psychological problems identified by mothers at the project

there are no established rituals to help with the grieving process. Our experience is that groupwork with these mothers can be an extremely beneficial means of reducing feelings of stigma and isolation, and of providing support.

In one such group, mothers identified a wide array of practical and psychological difficulties following disclosure (Figure 3.1).

The powerful and difficult feelings expressed by mothers echo those experienced by victims of child sexual abuse. However, in addition to coping with these overwhelming feelings, mothers may also face a host of practical difficulties such as financial, legal and housing problems. Crucially, while still in a state of shock, mothers may be asked to make a choice between their child and their partner.

Even when the abuser is not part of the family, mothers experience great stress following an allegation of child sexual abuse. Many of the mothers who attend our project have themselves experienced sexual abuse in childhood. In most cases they have never received therapeutic support. Therefore, when their child makes an allegation, it may trigger off their own abusive experiences, leaving the mother feeling completely overwhelmed.

Research confirms our experience. A recent publication by Jones and Ramchandani (1999) suggests that up to one-third of parents, particularly mothers, had experienced problems in their own childhood, particularly sexual or physical abuse. The authors also found that domestic violence was or had been a feature in about half the families studied.

It is, therefore, important that mothers are offered a safe place in which they can make sense of their own abusive experiences in addition to making sense of what has happened to their children. By emphasising the trauma experienced by mothers of sexually abused children we are not wishing to detract from the damage inflicted on victims and their siblings. However, we have come to believe very deeply in the value of empowering mothers and addressing their therapeutic needs. These needs can effectively be met by individual counselling. However, for some mothers, groupwork has proved highly effective. Many mothers have told us that their symptoms were so severe that they believed they 'may be going mad'. We are often asked, 'Do other mothers feel like this?' It can be very

reassuring to discover that their reactions are 'normal' given their abnormal circumstances. One mother evaluated the most useful session of her group as follows:

> When we wrote cards with our emotions/feelings on, it turned out we were all feeling very similar.

Groups are also an effective means of tackling the problems associated with isolation and stigmatisation. In the group referred to above all members felt they had benefited from meeting other mothers in similar situations.

> To find other mothers in a similar situation as myself and realise I'm not on my own.

> Being with people with similar experience.

Mothers are crucial to the recovery of the abused child and to the recovery of the whole family. An important part of the process of recovery entails helping mothers to make sense of their experience.

> We learned so much – about each other, about ourselves, about our children and about the abuse itself. It gave us strength. It helped us to learn to trust other people again. It helped us to feel positive about the future. It helped us to feel better about ourselves, which in turn, helped us to care for our children better. (Mothers group)

> The project has helped me to understand what has happened to myself and my family. They have given me time and understanding to rebuild our lives. (A mother)

Further Reading

Orr, T. (1995) *No Right Way – The Voices of Mothers of Incest Survivors.* London: Scarlet Press.

Peake, A. and Fletcher, M. (1997) *Strong Mothers, A Resource for Mothers and Carers of Children who have been Sexually Assaulted.* Dorset: Russell House Publishing.

Trust

When I was a child I was sexually abused. Later on my children were also sexually abused. People expect you to have known what was going on with your children, but you don't know. If you trust someone you never dream that that person could hurt your children. When you do find out it makes you feel your whole world has ended. You can never ever look at the world in the same way again. How are you going to sort it all out? Who can you go to for help? You feel you can't now trust anyone ever again.

I can't trust any fellah and I'm even wary of some women. It has made me very suspicious. Sometimes I look at a family and the dad is playing with the children. Part of me knows this is normal, but I find I'm watching all the time, suspicious of what might be happening. Perhaps it makes people uncomfortable and on edge, but I can't help it – that's how you become. You see abuse all around, even if it's not happening. It makes you so that you can't trust anyone. People who haven't been through what I've been through don't understand, even some social workers.

I get told not to live in the past and that not all fellahs are the same, but for me that is very difficult to accept. Deep down I feel I can't trust any fellah. I wish it were different and I wish I could trust those people who deserve it. I'd like to be able to go out without feeling on guard if men and children are about.

Sexual abuse damages children – boys and girls. You can never ever forget. It becomes hard to have relationships later on – at least it is for me. People are different in the way they react. We all have to get on with our lives in the best way we can, but for me trust is the hardest thing.

It is very hard for children to tell someone what is happening to them, especially if they've been threatened by the abuser – so if a child does try to tell you, you should always believe the child. It's no good brushing it all under the carpet. If a child is not believed, he or she will be damaged even more. The child is trapped. People need to become more aware of abuse. Children should be told in school about abuse. Also that it can happen with someone you know. In fact in my experience it's almost always someone you know. If the abuser is in the family, that's the very

hardest thing. Children need to know that there are places you can go to for help – like NCH. There they do understand.

So if you ask me about being sexually abused, I would say the very worst thing is how it takes your trust away. If later on you try to trust someone and they then betray your trust by abusing your own children, then you feel you can never trust again.

(A parent)

Chapter 4

Creating the Safe Therapeutic Space

Trust is something you need to build up
All my trust for everyone I've loved has gone
I've been hurt, betrayed and used so many times
I haven't got the energy to trust any more

(A young person)

Trying to remember
But not wanting to
Knowing I'll be hurt
When memories come
Out of the dark
Into the light

(A young person)

In this chapter we describe the core beliefs and principles which influence our counselling and play therapy practice. The importance of creating a safe space will be discussed, along with the methods we use to foster feelings of safety. This chapter will also focus on the crucial role of the therapeutic relationship in this process. Finally, our approach to therapeutic play is considered within the framework of this creation of a safe space.

It is our experience that children and adults affected by sexual abuse need a safe place in which they can make sense of their experiences and gain supremacy over them. In the preceding chapters, the damaging effects of child sexual abuse were described. For such trau-

matised individuals the dominant issue is, 'Will I be safe or will I be hurt again?'

The aftermath following disclosure frequently inflicts further trauma. Families can disintegrate when members take sides. The victim may lose father, grandparents, aunts and cousins at a stroke. Mothers may find themselves cut off from former sources of support. The victim may feel to blame and may indeed be blamed for bringing about this shattering situation. Moreover, following allegations of sexual abuse there ensues a significant loss of privacy. The child will have been interviewed on video about very personal matters and then subjected to an intimate medical examination. Siblings may also have been similarly interviewed and examined. The private circumstances of the family are suddenly catapulted into the public arena. The family is investigated, and may be assessed and discussed at public events such as child protection case conferences or court hearings.

Not surprisingly, families feel very vulnerable at this time. For the troubled individuals and families who use our service, safety becomes paramount. When the worker and the client meet, two areas of space are defined. There is the physical place in which they meet and the psychic space that develops between them.

We take a number of practical measures to ensure that the physical space remains safe. There are no signs on the outside of the building – only the house number. We do not knowingly allow sexual offenders on to the premises. We emphasise confidentiality and ensure privacy and freedom from disruptions. We talk about safety and encourage people to think about what else they might need to feel safe. We offer a choice of rooms and endeavour to provide the room of choice for each session.

In addition to these practical measures, we need to consider the safety of the psychic space which develops between the worker and client, and in which therapy takes place. All the project workers, despite differences in personality, professional background and style, share a deep-rooted belief in the value and effectiveness of the person-centred approach to our work. Formulated by Carl Rogers (1991), this approach offers great hope and optimism because of its central faith in the resilience of the human spirit and its capacity to triumph over gross adversity. Person-centred counselling proposes

that all individuals have the potential to resolve their inner conflicts given an appropriate, nurturing climate in which to do so. The task of the worker is to create this ideal environment in which to foster growth and mobilise inner resources. In order to achieve this safe therapeutic space, the person-centred approach adopts the following guiding principles:

- an emphasis on the development of a trusting, accepting relationship
- reflection as opposed to interpretation
- non-intrusiveness and a respect for the client's defences
- an emphasis on personal insight and developing the meaning of experiences
- the setting of appropriate boundaries.

We believe that this approach to counselling and play therapy is particularly suited to those affected by child sexual abuse. The therapeutic relationship is defined by mutuality, equality, trust and respect. The worker can be viewed as a companion on a journey rather than the expert guide. One project worker has described our role as follows:

> We come alongside a struggling individual and family and for a time support them on their path until they feel they can continue alone.

This is a very different type of relationship to that of expert and client, in which dependent tendencies may be encouraged, causing the client to feel that the responsibility for changing or improving the situation lies in the hands of another. Such a relationship may involve a degree of loss of self, which serves to reinforce past events and feelings of powerlessness experienced by survivors of child sexual abuse. In the person-centred approach, however, the worker maintains a deep respect for the individual's ability to solve problems if given the opportunity. The responsibility to make choices and instigate change remains with the client. The worker does not direct. The client leads the way and the therapist follows, never attempting to hurry along the process. It is a gradual process and recognised as such by the worker.

The person-centred approach is also especially suited to survivors of sexual abuse because of its overriding emphasis on the establishment of a safe, trusting relationship. Those affected by child sexual abuse have undergone a traumatic betrayal of trust. The child's well-being has been disregarded and the child's vulnerability has been exploited. The effects of this devastating breaking of trust were explored in the preceding chapters. Trust thus becomes a crucial issue, and it is a perpetual theme in the poems and stories written by our clients. Sharon has written about trust as follows:

Trust

I don't like men
And I don't trust them
I'd most probably run for cover
If one wanted to be my lover.
I couldn't trust women
As far as I could throw them.
I was born with a mother
But I still don't run
For that safe cover.

Trust can be defined as a state of being in which people believe that their needs can be met without injury by others or their environment. Distrust, on the other hand, is the conviction that the environment is malign. Erikson (1968) has described trust as 'the corner-stone of the vital personality'. It develops in the child an inner sense of his or her trustworthiness alongside a sense of the trustworthiness of others. Erikson has proposed that the overall task of the therapist is to convince individuals 'they can trust us to trust them so they can trust themselves'.

The issue of trust is equally important for the adults with whom we work. A mother whose child has been abused by her partner may experience a bitter sense of betrayal and consequent erosion of trust in others, but most especially in herself. One such mother described this effect as follows:

> I'm usually really sure about my feelings but now I've misjudged so badly…I'm trying not to, but I'm beginning to mistrust my own feelings.

Thus the need to provide a safe and secure environment, contained by the therapeutic relationship, becomes crucial. Like infants, troubled individuals need to feel safe before they can explore. As trust develops, the therapist can provide a potent role model to demonstrate that it is possible to trust a person in a way that does not invite exploitation and to learn that trust does not inevitably lead to abuse. A secure environment within the therapeutic relationship can enable the individual to develop the necessary self-awareness and self-esteem that further enhances trust in oneself and others. One young person described her newly developing sense of trust as follows:

> I have a trustingness building up inside me but I'm not really sure who to trust yet.

The therapeutic space is the psychic space developed between the therapist and the client in which healing takes place. To create this space the therapist has to demonstrate a willingness to enter into the child's play (or the adult's world) as an equal participant, at the same time as keeping the play safe. The therapeutic space can represent the transitional space, described by Winnicott (1984) as the potential space between the infant and mother, where infants learn about themselves in relation to the outside world. Some of the individuals with whom we work have never had a satisfactory experience of maternal nurturing and containment. The therapist may then have to try to remedy this vital shortfall in infant experience, within the therapeutic space. Such work is demanding and likely to be of a long-term nature. Cattanach (1993) has described the process in the following way:

> It is this transitional space that is present in play therapy as the child moves backwards and forwards along the development continuum to find perhaps for the first time, a relationship which will enable her

> to meet and separate from a caring adult, a relationship which is not bound by the pathology of an abuser and victim. (p.45)

In Chapter 2 we described how the experience of sexual abuse affects the child's feelings, thinking and behaviour. If a child's experiences have been generally positive and healthy, these three important dynamics are likely to be roughly in balance. The child feels contained and protected by his or her parenting. This ideal scenario can be represented in Figure 4.1.

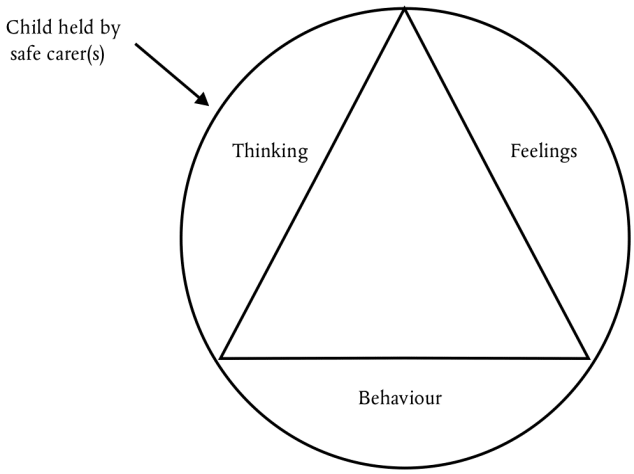


Figure 4.1 The ideal balance of feelings, thinking and behaviour

However, when a child has undergone trauma the triangle may become distorted. The child's feelings, for example, may become overwhelming, leading to extreme behaviour; thinking may be squeezed out (see Figure 4.2). The abusive experience may have disrupted the relationship between child and carer(s) and the child no longer feels contained and protected. In that scenario, the child's overwhelming feelings of, for example, guilt, anger and pain may lead to behavioural problems, such as self-harming or eating problems. Other children may come to distrust or become detached from their feelings, and thinking may take precedence (see Figure 4.3).

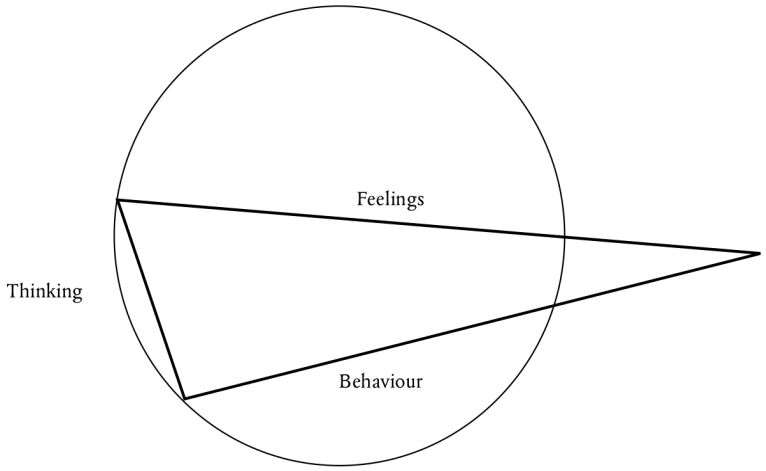


Figure 4.2 When a child has undergone trauma, the triangle may be distorted

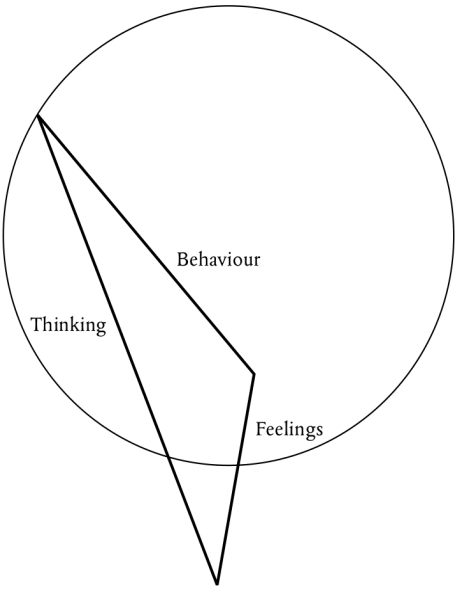


Figure 4.3 Traumatised children may become detached from their feelings

Our aim in therapeutic work with children and families is to help to restore balance, with the safe carer(s) holding and protecting the child. For a time we may have to hold the child and his or her experience. Children need reassurance that we are strong enough to hear their stories without ourselves being overwhelmed.

There is a further effect of child sexual abuse, which has not as yet been referred to. Traumatised children may cut themselves off from their own creativity and imaginations; for such children imaginative activities such as daydreaming can feel unsafe and frightening. Yet we believe that it is in their imaginative inner worlds that the creative energy for healing and growth is to be found. We use a whole array of creative media, in part to help children communicate in a way which feels safe. These will be described in Chapters 6 and 7. However, in using creative media, we are also encouraging children to connect or reconnect with their inner resources and thereby encouraging the healing process. Our aim in therapy can therefore be described as helping the child to achieve a balanced connection to the vital components of his or her existence (see Figure 4.4).

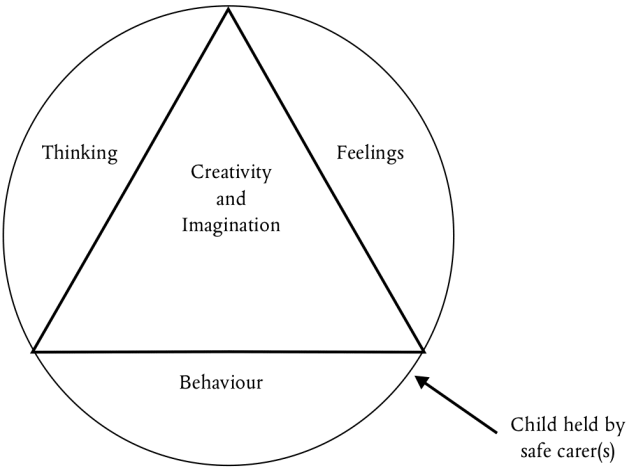


Figure 4.4 A balanced connection to the vital components of a child's existence

The use of fantasy and imagination are an important component of our model of working. Mooli Lahad, whose training has proved

highly influential, uses the term 'fantastic reality' to explain this use of fantasy in healing. In order to counteract the frightening images and flashbacks which may affect traumatised individuals, we may encourage them to imagine a place where they might feel completely safe. This image can be amplified and fixed in the mind by the process of helping them to develop their own healing story or metaphor. Sharon's story, told in Chapter 8, provides an example. She created her own therapeutic metaphor based on a mother and baby horse living in their ideal place. Sharon was able to revisit this safe place at times of stress. Some children choose to paint or make models of their safe places. Several examples are included in Chapters 6 and 7.

The core counselling conditions

Person-centred counselling maintains that certain critical, core conditions need to be present in order to establish the ideal therapeutic space. Time and time again evaluation forms bear witness to the value of these conditions which Rogers (1991) termed congruence, empathy and unconditional positive regard.

Congruence

The core condition of congruence is often called realness or genuineness. It refers to the worker's ability to be his or her actual self in an encounter with a client, rather than hiding behind a mask of the expert. The worker's involvement is expressed in an open and honest way, without hiding real feelings. The aim is to establish an equal relationship in which the worker earns trust rather than commands it through mystery and authority. If the congruence is accepted the client comes to trust the worker and the therapeutic process. Furthermore, the client comes to trust that the worker's responses are open and honest. The client may then arrive at an understanding that the worker is not interested in manipulation as others have been before, and can therefore be more free to be himself or herself in the relationship. In her evaluation form, one mother stated that what she had liked best about coming to the project was 'the welcoming atmosphere and the genuinely caring attitude'.

Empathy

The core condition of empathy similarly serves to establish trust in the therapeutic relationship. Empathy refers to the worker's ability to deeply listen and 'tune in' to the client and to the client's inner world. This understanding is then communicated back to the client. When accurately communicated, empathy enables the client to feel deeply understood in a possibly unique way. Clients sense that the worker is offering attention in a manner that makes them feel trusted and valued and which may then encourage them to trust and value themselves. Empathy, along with this development of trust, may additionally facilitate a higher level of self-disclosure.

This valuing of a client's feelings and frame of reference can be a powerful healing factor for survivors of child sexual abuse. This is because in the past the child's feelings and reactions have been wilfully manipulated and ignored by the abuser.

> They made me feel relaxed and reassured. It was nice to see someone who you knew would understand entirely. (Written by a mother on her evaluation form)

> Having an hour to say and feel what I wanted. To be number one in the queue instead of being the last. (Written by a mother on her evaluation form)

Unconditional Positive Regard

The final core condition can be referred to as acceptance or a non-judgemental attitude. It is highly valued by those affected by child sexual abuse. This deep acceptance of the client is total and unconditional. It is not contaminated by evaluations or judgements of the client's feelings, thoughts or behaviour. The worker is saying to the client, 'I accept you as you are.' This approach enables the client to feel safe. Defensive and self-protective attitudes towards the counsellor may thus be broken down, and the client is freed to move towards the core of hurt and pain.

Sexually abused children and their carers frequently feel a deep sense of shame and blame because of the dynamic of stigmatisation. They may feel cut off, outcast.

Back passed, lines slashed, outcast
People surround me
I can hear them, see them, smell them
I reach to touch them.
I can't.

(A young person)

The person-centred approach, however, offers a non-judgmental attitude and consistent messages about the client's intrinsic self-worth. In turn, clients come to value themselves in a way that can effect real change and growth.

> Being able to talk about anything, without being judged. (Written by a young person on her evaluation form)

> I was made to feel important. (Written by a young person on her evaluation form)

Trust is a two way process. The worker comes to trust the client and his or her own internal resources for growth, as much as the client comes to trust the worker. Similarly, the notion of safety applies to the worker as much as to the client. If the worker does not feel safe, then in turn the client will not feel safe, so we have to take careful measures to look after ourselves. This is achieved in part by the setting of appropriate boundaries. At the outset, children are told, 'This is a safe space. I will not allow you to hurt yourself. I need to be safe too so I will not allow you to hurt me.' The policies and practices outlined in Chapter 1 and in Appendix 1 also serve to ensure that we are safe workers.

Child-centred play therapy

Play is central to a child's understanding of his or her world. Through the medium of play a child discovers a sense of self, while making

sense of the surrounding physical and social world. Moreover, through play, children learn to value themselves and to imagine new ways of being.

It is because play is so central to the child's understanding of the world that play therapy becomes the obvious means by which to help children to recover from abuse. For such children the opportunity of a safe place in which to play each week is in itself of value. Based on the core principles and conditions outlined earlier in this chapter, the child-centred approach to play therapy emphasises the value of play itself as a healing mechanism. Children are given the opportunity to play out their feelings and problems in the same way that we enable adults to talk through their difficulties.

In order to help the child feel free enough to play, we need to demonstrate that we take the child's play seriously and are willing to enter into the child's play as an equal participant, while keeping the play safe.

Child-centred play therapy is rooted in symbolic play. Children may use toys to represent their thoughts and feelings. For example, a child may use puppets to act out anger and sadness or to express thoughts. Thus objects from the real world are used to represent some aspect of the child's inner world. In this way children are able to distance themselves from their thoughts and feelings and reject or disown them if necessary. This affords safety. We are allowing children to keep their defences until they feel ready to let them go.

Symbolic play allows children to explore abuse safely, distanced from the reality of their own life experiences. Symbols therefore serve to protect children from painful material which might be too overwhelming or frightening to confront directly. Children need to create a bridge between themselves and the painful parts of their story if they are to bring them out into the open. Symbolic play acts as a bridge between the real world and the child's inner world. Thus, through play, children gain insight into their thoughts, feelings and behaviour.

Finally, symbolic play offers the opportunity not only to make sense of past experiences, but also to try out problem solving for the future. Through play, children can be helped to imagine new ways of being and behaving.

Sharon's story, in Chapter 8, contains numerous examples of the use of symbolic play to express her thoughts and feelings in the early stages of the therapeutic process. For instance, she explored her feelings about her birth and adoptive families by using models in the sand tray. In the later stages of therapy, she felt safe enough to talk directly about her experiences.

Chapters 6 and 7 will describe how other children and young people have been helped to recover from their experience of sexual abuse through child-centred play therapy.

Summary

The creation of the safe therapeutic space is central to our work. In part, this is achieved by paying attention to the physical space and ensuring privacy and confidentiality. In addition, the guiding principles and core conditions that constitute the person-centred approach serve to create a safe psychic space in which trust can develop. The approach is equally suited to children and adults. It provides an ideal environment for people who have been sexually abused and their families because trust is so vital to the process. The deepening of trust in the therapeutic relationship generates the optimum conditions for change and frees the natural healing process within the individual. Because the therapeutic relationship is based on equality rather than professional authority, any positive changes can be claimed and owned by the client.

A mother of a sexually abused child, herself a survivor of childhood abuse, has described the outcome of our approach as follows:

> It has changed my life…I am calm and more relaxed. There was no magic wand and I can believe the results are me feeling stronger, while not leaning on someone else.

Further Reading

Mearns, D. and Thorne, B. (1988) *Person-Centred Counselling in Action.* London: Sage.

Wilson, K. Kendrick P. and Ryan V. (1992) *Play Therapy: A non-directive approach for children and adolescents.* London: Bailliere Tindall.

Dad

You were my worst horror
You acted like a monster
I feel as though I want to forgive you
But then again I don't really want to.
You made my life hell
My soul I had to sell.
You made my life a misery
But then I let it all free
And because of that you see
I could never have been what you wanted me to be
So now I don't have to fight
Because I'm off to find that light
That shines ever so bright
During the day and through the night.

(A young person)

Chapter 5

Coming Through the Door

> Common sense tells me that if I talk about it I'll feel better, but I'm scared of dealing with it. (An adult survivor)

It can be a daunting prospect for children and adults alike to contemplate coming to the project for the first time. Most people will have had no previous experience of counselling or play therapy and little idea of what is involved. They well may be feeling vulnerable, exposed, uncertain and apprehensive. In this chapter we should like to create an impression of what it is like to take the first steps and walk through the door of our project.

The wide road outside is busy with town traffic. The long row of large houses could once have been family homes, guest houses or the 'Doctor's House'. The road could be in any town. Now the buildings house solicitors, careers offices, dentists, a children's nursery, a home for the elderly – most set back behind parking spaces that used to be front gardens. On a corner is our project, still fronted by a garden and a path to the door. Depending on the season, that path can be dusty, or covered in leaves or snow. There may be bulbs pushing through the earth on either side or there may be flowers. At the side of the door is a small 'Reception' sign and the house number is clearly visible, but that is all. No sign giving the name of the project or the voluntary agency which supports it. There are no clues to the building's function. The lights are on. The building looks lived in, well kept and private. This anonymity may be confusing on the first visit. People may wonder if they have come to the right place. Yet it is usually appreciated on reflection.

We learn from many children, young people and adults, that, approaching the door for the first time, they feel unsure whether or

not to ring the bell. One woman arrived late because she had walked round and round the block before feeling able to ring the bell. Another rang to say she wanted to meet with us but had not been able to summon up the courage to ring the bell.

When we are about to invite someone to meet one of us for the first time, a project worker composes a letter of invitation with care. If the invitation is to a child the language will reflect what is known about the age and development of that child. A chance is offered to the person to come into the project, meet with us, and find out about how we work. We stress that it is their opportunity to find out if we are the right service for them. We acknowledge how difficult it can sometimes be to attend. We invite them to ring before the appointment if they have any concerns. The invitation is extended to a friend, relative or professional of their choice.

When we hear the doorbell our aim is to answer as soon as possible and invite the visitors into the reception room. We have got used to many individual tunes from the bell ringing through the house. We say, 'Oh that's Jane', when a particular teenager keeps her finger on the bell until someone arrives; or 'Tom's here', when we hear an urgent but playful rhythm, repeated each week at the same time without fail.

Usually either Sally or Joanne, the two project administrators, answer the door. They offer a friendly welcome and a choice of drinks before notifying the project worker of the arrival. To allow continuing choice is important for people affected by the powerlessness of sexual abuse: first, the choice to attend and come through the door, and then the choice of refreshment.

The reception area is comfortable, decorated in subtle tones of pink and grey. The wall opposite the door is dominated by a large welcome sign drawn by children. Around the room are more 'Welcome to NCH' signs which other children have spontaneously chosen to design and asked to be put on the wall. The area can be a space for a teenager to read a magazine, a mother to sit quietly, or a young child to hide under the table waiting to be found.

The ritual of arriving for weekly sessions starts with the preparation and journey to the door. For some this means being collected from home or school by the project assistant in our car. For

others it means a walk or a longer journey by bus, train or car. For all it means creating a space in their week for this to happen. The doorbell is rung again, the drink chosen and often the same chair sat in. One man always sits reading a little more of the book he has chosen from the window-sill. A young girl often kneels at the table, quickly colouring a picture for Joanne and Sally, who play an important role in welcoming and engaging in these individual rituals. Several young children rush into the office to dial their project worker on the internal telephone and place their own order for drink and biscuits. Most sit quietly. Individual needs are respected.

This coming and going through reception means that those who use the service are aware of each other. The realisation that they are not the only one affected by child sexual abuse can aid recovery. The isolation, secrecy and stigmatisation associated with child sexual abuse is lessened.

For newcomers the next step is to meet the project worker. After an informal chat to break the ice, they will be shown around the building and introduced to the staff. We are aiming to build up a feeling of safety and familiarity. Every room not in use is looked into and each member of staff introduced, to emphasise that there are no secrets behind closed doors.

We encourage people to notice each room and which one they like the best. If they later decide to take up a service they can choose which room they would most like to work in. There are five very individual rooms, differing in size, content and decoration. As each room is looked into there are many images to catch the eye: a puppet theatre, sand tray, boxes of buttons, a farmyard, doll's houses, audio and video equipment, Russian dolls, plasticine, paints and paper. We guess there are many questions not yet asked but we listen carefully and answer those queries made. Each door has a 'Do not disturb' sign to which we draw attention. Reassurance is given that nobody will be disturbed during a session. Looking around the building gives a chance to illustrate the shared philosophy of the team, and we hope that a sense of our working together as a team is communicated.

Now, sitting with the project worker in one of the rooms, the process of engagement continues. The worker may talk further about the way we work and answer any questions, or we listen if the person

wants to begin to tell their story. Worries may be expressed at this stage. One young person is anxious that she might have to take part in a group. Reassurance is given that she is the person who will decide the course of events. Another young person is fearful that her abuser, once out of prison, may follow her to the project, claiming he is her safe relative. She is asked what needs to be in place for her to feel safer. Her story is listened to and she is allowed to look at her problem. Our routine is examined with her and she is supported in the actions she asks to be taken, which include sharing these fears with others in the project and in her family. She asks to look again and again behind each door in the building. She chooses the room she would like to work in and sets the window blinds at a very particular angle so passers-by in the street are unable to look in.

The creation of a safe place for each individual is ongoing – words said, actions taken, things seen; smells and tastes are all part of that building-block. We need to bear in mind Rowan's (1983) comment:

> Certain traumatic experiences build up in a child a resonating echo chamber so that certain incoming actions turn a whisper into a shout. (p.100)

As the introductory meeting continues, thoughts are shared about confidentiality. Our confidentiality policy is carefully outlined. We explain that we work within the local Child Protection Procedures and that we have a duty to pass on information about children at risk of harm. We add that should this ever become necessary, we will talk with them about the shared problem and what needs to be done. We will never go behind their backs. We also offer information about the service. Parents and carers at this stage will be given a leaflet describing our service and the general process of counselling children. (A copy of this leaflet can be found in Appendix 7.)

Some children and young people have felt further traumatised by describing the details of their abuse on video during interviews and in the courts. We reassure them that they do not need to repeat these details to us – unless they themselves choose to do so. We may seek their permission to watch the video or read the statement made to the police. Thus children are aware of our knowing the details of the abuse, without their having to repeat their story. We remind people

that what happens in this building remains their choice. It is their choice whether or not to take up the offer of a service. It will be their choice how long the service lasts. As well as establishing the conditions in which to build up a feeling of trust and safety, we are also offering hope. We may share examples of how the service has worked for other people.

If the individual feels ready to commit to a service at this point, a 'working agreement' will be drawn up. Six sessions will be arranged, usually at the same time and on the same day each week. However, more time may be needed for reflection. As the person prepares to leave the project, we check out how they are feeling and make sure they feel ready to go back through the door into the outside world.

Families

The most dangerous place in the world
is between a mother and her child.

(A young person)

Chapter 6

Helping Children Through Pictures and Models

Be with that child
Play with that child. (Mills and Crowley 1986)

This chapter and the following chapter are both concerned with the ways in which we enable children to communicate their stories, express their inner conflicts and work towards solutions. We have a wide range of materials to facilitate this therapeutic process. In this particular chapter we focus on the use of creative media which have a strong visual content – the sand tray, model making and artwork. In order to illustrate the process, examples of children's work will be described and considered. The names and circumstances of children and young people have been changed to maintain anonymity.

The meaning and value of play

In Chapter 4 we discussed the importance of play. Through play a child can arrive at an understanding of his or her world and discover a sense of self. Winnicott (1991) has suggested that it is only in play that we are able to be creative and to use the whole personality, and it is only in being creative that we discover ourselves. Through play children learn to value themselves and to imagine new possibilities and new ways of being. Play generates the creative energy which encourages expression and transformation.

Essentially, our work involves offering children the opportunity, in safety, to play out their feelings and problems in the same way that we enable adults to talk through their difficulties. We are enabling

children to gain insight into their thoughts, feelings and behaviour. At the same time we are helping children to make sense of their experience and to try out problem solving for the future.

All the children and young people who use our service have been affected by sexual abuse. However, when we look at a child we see the whole child and not just the abuse and its effects. We are aiming to identify and mobilise the child's inner resources and strengths. Because the child leads and we follow, the focus of a session may not be related to sexual abuse in any direct way. For example, a child might arrive in an angry state of mind because of something that happened at school that day. Through play, we may help the child to explore the incident and its impact and to consider new ways of handling such experiences in the future.

The use of visual, expressive media is particularly useful for children. Difficult material is placed outside the person, on paper or on an object, where it can be observed and considered from a safe distance. Thus, the inner chaos becomes external, but is contained. In this new location it can be viewed in different ways as new light is shed on the problem.

The Sand Tray

The sand tray is popular with all age groups. Water can be added to provide the right consistency for moulding. Tunnels and channels can be created in the tray. Objects can be buried in the sand. Sometimes children play in the sand tray just because the sand is pleasant to touch. Creating a sloppy mess with water may remind the child of experiences of infancy. Some children like to mix sand and water to represent food. One child spends lengthy periods carefully preparing food for her 'babies'. She may be symbolically repairing poor nurturing experiences or she may be reminding herself of a time when she felt safe and looked after.

Sand lends itself to a variety of uses, but most especially it encourages free expression. With the addition of small objects and figures it can represent in miniature a real or imaginary world. The following extract from a session provides an example of how a teenager used the sand tray very effectively to work on her abusive experiences.

Sandra

Sandra, aged 15 years, had been abused by her father some years ago. One day she arrived at the project in a distressed state. She had attended a family event and had received a hostile reception from some of her relations, who still blamed her for having made the allegations of sexual abuse. The abuser had been sent to prison for the offences.

Sandra: I felt as though they hated me for what happened and it's not my fault.

She used the sand tray to depict the family situation. She moulded a wall in the middle of the tray and then placed three monster figures in one half of sand to represent 'The Baddies' – the abuser and her grandma and aunt. On the wall she placed Duplo figures to represent 'The Goodies' – herself and the people she felt were supportive of her.

Sandra looked at this scene quietly for a while and then buried the monsters in the sand. She suddenly began to stab that area of sand.

Sandra: I'll stab them 'til they're dead… They're dead now and they can't hurt me any more.

Worker: So they're dead and buried. And you've got all these good people around you. What is it like now you can't see the others, and they can't hurt you?

Sandra: They look a lot better.

The worker asked Sandra if she needed more sand.

Sandra: No, 'cos they're deep, deep down.

Sandra's voice slowed down and deepened at this point, suggesting a different level of awareness. She picked up a snake.

Sandra: A big, big, big horrible snake… Going to eat them all up… Can't hurt me any more… Can't get to me any more. They can't shout at me. Nothing can go wrong. They're all dead…eaten by the snakes.

Sandra sprinkled water on the sand which she identified as 'holy water' to get rid of 'the spirits'.

Sandra: Even the spirits are gone now. And all these people (pointing to 'The Goodies') are happy.

Worker: What about this one? (pointing to the Sandra figure).

Sandra: That one's happier…she's just happy inside and she's a happy person. And she gets on with other people better. And there's no more arguments and I don't fall out with them any more… It feels happier and happier and really nice… I can go into town without bumping into them or thinking of them.

Sandra and her worker then spent some time exploring what the other figures would notice about this happy Sandra and how they might react. Sandra by this stage appeared totally relaxed. The sand tray experience had proved cathartic. The visual depiction of herself in relation to her family had helped her to gain access to and then express her deep-rooted fear, hurt and anger. In safety she had symbolically exacted revenge on her abuser and his relatives. At the same time she had experienced feeling powerful and in control. Finally, she was able to imagine herself feeling 'all better'.

Some weeks later, Sandra announced that she had 'bumped into' her father and 'wasn't bothered or upset'. She felt strong enough to attend a family event, in the knowledge that he would be present. She believed she was now free from her fear. Later, on her evaluation form she wrote, 'Now I can talk about my dad without it hurting.'

Pauline

The next example is of a young teenager, Pauline, who was living with foster carers. In her third session she created an imaginary world in the sand tray. Through this process she gained insight into herself and her situation.

Pauline constructed four caves, one in each corner of the sand tray. She chose creatures to live in each of the caves. In the middle of the tray she coiled a long snake. She explored this world with her worker, assuming the roles of the various creatures.

Worker: What's it like to be the snake here?

Pauline: It's really awful…because I eat everyone up.

Worker: Don't you like eating everyone up?

Pauline: No.

Worker: Why do you do it?

Pauline: Because I'm hungry.

Pauline says the snake is the king of the castle. The worker helps her to explore the feelings of the other creatures towards the snake. Rabbit feels sorry for the snake but is also scared of him. The worker asks if it's hard to have two such different feelings. Pauline replies, 'It's easy.' A smaller snake lives in one of the caves and Pauline says this is the king of the castle's baby. As baby snake, she talks about her father:

Pauline: He's awful. He eats everybody – even the little ones in the park… He eats monsters he doesn't like. But he really likes children…he eats them but he shouldn't.

The baby snake has to hide from his dad 'with the person next door, the foster carers.'

Still in the role of baby snake, she identifies the creature's needs:

Pauline: I need people who will listen to me. People who'll talk back to me. And people who'll protect me.

The themes of good and bad parenting were explored further as Pauline assumed the roles of some of the other creatures. When the play in the sand tray ended, Pauline's worker asked her if there was anything she recognised in the world she had created in the sand. Pauline said the little snake reminded her of home and also that she lived with foster carers. The creation of an imaginary world in the sand tray had allowed Pauline to begin to explore her experience at a distance. By the end of her sand tray play, she felt able to 'own' parts of the story.

Making Models

> For centuries pieces of coloured glass, mirrors and tubes were readily available. To some they were just bits and pieces. To others they were the ingredients to transform their world of colours and shapes into fantasies and new visions…the kaleidoscope. (Mills and Crowley 1986)

Children enjoy making things. Models and sculptures can be created from a variety of materials, including plaster, paper, cardboard boxes, tubes and pipe-cleaners. Creating an object or scene can be enjoyable and satisfying; the accompanying sense of pride may help to raise a child's self-esteem. However, some children create models in order

symbolically to confront difficult experiences. They may, for example, make a model of the person who abused them. Arms, legs and mouths are often removed so that the abuser is unable to cause further hurt; or a dungeon or prison may be built in which to punish or to contain the abuser.

The concept of containment is very important to the therapeutic process. Our work involves holding or containing painful material which otherwise threatens to overwhelm. Children frequently make boxes in which to put fears, bad secrets or nightmares. Alternatively they may choose to make very beautiful boxes in which to keep safe something very precious.

Models can also be made from clay and plasticine, materials which suit many needs. Children can enjoy messy play with clay and water, or clay can be used to facilitate symbolic expression. Clay and plasticine offer tactile and sensory experiences, which can provide a bridge between the senses and feelings. They are especially useful to children affected by sexual abuse, who may have learned not to trust their senses or to cut off from their feelings. Working plasticine can be relaxing and soothing. However, these materials may be energetically punched and pounded to allow for the expression of anger and hostility.

Amy

Amy was abused by a close relative when she was 12 years old. Over a number of sessions she created a highly imaginative and elaborate world. In one session she said she wanted to play with plasticine. She created an animal made of assorted animal parts. She said it was the beginning of the world and this was the first creature. From this creature all the other animals in the world would come. She made a number of these animals, and also chose some plastic animals from the playroom, to live in the world, which she began to refer to as 'My World'. She cut and then painted a large box for the animals to live in. This became 'The Good Island', with blue sea and golden sand. She said the animals were happy. They weren't allowed to eat each other. She moulded an elaborate plant from plasticine, which she called 'Everlasting Flower Food'. She said that, when eaten, the flowers would be instantly replaced to provide a

constant source of food. Finally, out of clay, she moulded a plaque, which she painted and on which she wrote 'My World'.

Amy then said that if one of the animals hurt another, Bird-Man would fly them to 'The Bad Island'. She created this island from a large polystyrene container. Bad Island consisted of a large, craggy clay mountain which she painted grey. It was surrounded by sharp, spiky rocks made from clay and also painted grey. The surrounding water was too deep to swim. In addition, fierce animals guarded the island so there was no escape. The rules of both islands were carefully written out.

Amy's modelling consumed a number of sessions and she was proud of the final results. In itself, the process and the outcome seemed to have raised her confidence and self-esteem. She chose not to share the relevance of the model with her worker. However, when she first attended the project, she had said she was angry, hurt and scared because her abuser had never gone to prison. Not long after completing the models, she began to say she no longer felt these things and that what had happened was no longer a big thing on her mind.

The themes in Amy's modelling are repeated in the work of many children and young people who use our service; good versus evil; the creation of a place which is nourishing and safe; a wish to return to the beginning, before the hurtful time; the need for protection; the drive for clear rules and guidelines; the notion of punishment when the rules are broken. In the real world children may feel they have no control over their abuse or the fate of the abuser. However, model making can provide the means symbolically to put the world to rights, restore order and punish the wrongdoing.

Peter

Peter, aged 14, was referred to the project following allegations of abuse by a family friend over a period of several years. At the time he was living with his mother, stepfather and sister. In an early session he used clay to create a family of hedgehogs, and then proceeded to tell a story about the family. Mother and father hedgehog lived with their two children by the side of the road. One day the father hedgehog got run over. Using a toy truck, Peter vigorously ran over the father hedgehog time and time again until the hedgehog was completely flattened. Peter said the hedgehog was 'squashed dead, splattered all over the road, his brains splashed in all

directions'. After that the mother hedgehog lived with her two children and 'managed'.

Peter said the two young hedgehogs were himself and his sister and that the mother and father hedgehogs were his own mum and dad. At this stage he offered no further explanation and the worker did not push him to provide one. However, in a later session he told his worker that he hated his 'real dad'. He then described how his father was violent towards his mother, who was left 'lying in a pool of blood'.

Peter had needed to tell this story, but at his own pace. Witnessing the violence had clearly traumatised him, and as a young child he would have felt powerless to help his mother. He had been enabled to tell the story by the non-intrusive attitude of the worker and through the use of models to afford the safe ventilation of his very powerful feelings.

Annie

Annie, aged 12, arrived for her session saying she was very cross with all her family. She made models of the family members out of Playdoh. Her mum was fashioned from red material, 'because I'm cross with her'. She added, 'Gran can have a big nose because she's a nosy parker'. Annie gave the models of her gran and sister an alien appearance. She then made a model to represent her father, with whom she was no longer living. She asked the worker to make a model of herself.

Annie arranged the models and then threw the model of her sister away from the scene – 'I'm cross with her.' She removed the mouth from her model mum – 'so she can't shout at us any more'. The dad model lost his arms, 'so he can't hit us'. Annie expended a lot of energy undertaking these angry actions. She explained the reasons why she was angry with her family that day, but she then appeared to calm down and more thoughtfully explored her family situation.

Annie commented that her mum expects a lot from her because she is the eldest. She sometimes talks through her own problems with Annie. After a pause Annie commented that her gran interferes and 'twists things round to suit herself'. Annie identified herself as the peace-keeper, going along with what her gran says even though she felt her gran was wrong.

> It feels weird and I don't like doing it, but if it keeps the peace I might as well… I hate a lot of fighting.

Annie then described how she feels she has to look after her sister:

> Sometimes my mum's in a mardy and she says she doesn't care about us – but she does really. I'm like a mother to Susan. If Susan cuts herself mum won't do anything. She just sits there, singing. Sometimes when she's in a mardy she walks out the door, saying she's not coming back. Susan goes upstairs, crying, and I have to go up to comfort her, while worrying myself. But I know she will come back.

Annie's model making took place in an early session. It seemed to enable her to express her immediate feelings but then to explore and gain insight into herself and her family. At the time her sister and mother were also involved in individual sessions. At a later stage all took part in family sessions which helped to address the underlying dynamics and tensions.

Artwork

Art is a valuable means of expression. We provide a wide array of materials – crayons, felt-tip pens, paint, finger paints, chalks, pastels and charcoal. Some children like to mix paints and make paint messes, smearing the paint with their hands. Others are more concerned with the end product, drawing and painting with great care. The therapeutic potential of art work is almost limitless. We can only hope to offer a glimpse of this potential by describing how some children have used art either as a means of expression or to gain insight into themselves and their situations.

It is not unusual for traumatised children to express their inner feelings by painting totally black pictures. Sometimes a child may draw a colourful picture and then paint over the picture in thick black paint. Susan painted a number of such pictures, saying to her worker, 'Only you and I know what's underneath.' As she gradually felt safer in her new home these pictures diminished, only to reappear when her social worker began to talk about a possible rehabilitation to the family home.

Craig's progress in terms of recovery and growth was symbolically represented in his artwork. In most of his sessions he would draw a tree. At first he would only draw on the wipe-board in the playroom. He would draw a very frail and spindly tree and then immediately erase it. Over time the trees began to develop roots and foliage. Then he began to draw them on paper. One day he painted a magnificent tree on a large sheet of paper. The tree had a very thick trunk, large roots, strong branches and thick foliage. Around the tree he painted a number of tree stumps. He said the tree was lonely because some men had cut down the other trees. He then painted roots on to the stumps. All over the picture he painted large drops of rain. He said the rain would make the stumps grow into strong trees again. This was a beautiful healing metaphor. Craig's worker was not surprised when, shortly afterwards, he said he no longer needed to come for sessions.

Geraldine

Geraldine used art work as a means of directly working on her experience of having been raped. She divided a large piece of paper into three parts, which she labelled 'before', 'after' and 'now'. The 'before' picture consisted of a bright yellow heart with an orange shape. She wrote 'joyful' in orange paint alongside the picture. In the section labelled 'after' she painted dark 'messy blobs', saying she had felt angry and dirty. She flicked some of the dark paint on to the other sections of the paper. In the 'now' section she painted a sun, a blue brain and a white question mark, saying she is happy now, although 'worrying my brains out over my grandma'. Having completed the painting, Geraldine explored in more depth the impact of having been raped. She picked out feelings cards and arranged them around the pictures. She added a new section, 'during'.

Before:	Friendly	Secure
	Safe	Funny
	Confident	
During:	Scared	Frustrated
	Cold	Lonely
	Confused	Empty
	Helpless	Mixed up

	Vulnerable	Dirty
	Let down	
After:	Unable to talk	Destructive
	Squeamish	Angry
	Unsafe	Uncomfortable
	Sick	Nasty
	Panicky	Miserable
	Unhappy	Dead
	Cross	Moody
Now:	Worried	Thin
	Happier	Confused
	Lazy	Hard-working
	Tearful	Calm

At a later date Geraldine returned to this piece of work to review progress. She deleted 'tearful', 'calm' and 'thin' from the 'now' section and added the following:

Normal
Mischievous
Silly
Loud
Noisy

Through the medium of art, Geraldine was able to begin to address her very traumatic experience of rape, without feeling overwhelmed. This piece of work helped Geraldine to contain the experience and to identify that she was able to recover from it.

Drawing Safe Places

Children who have been affected by sexual abuse often feel that their world is a very unsafe place. In an attempt to cut off from flashbacks and thoughts of the abuse, they may well switch off their imaginations. For such traumatised children, day-dreaming becomes a frightening rather than pleasant activity.

Clare

Under such circumstances we may encourage children to think of a place where they would feel completely safe and then paint that image. Clare imagined and then painted a picture of a bridge over a stream in the middle of a thick wood. It was summertime. Clare imagined herself in the picture. Her safest place would be in the middle of the bridge. Her worker had encouraged her to be aware of her five senses as she painted. From the middle of the bridge she could hear the birds singing, tiny animals moving, and water in the stream flowing. She could see many natural colours and lots of different shades of green. There was 'A really fresh smell. Completely fresh air because everything is natural, even the bridge is made of wood.' Clare could feel the 'solid wood – many different shapes and textures to touch'. She could taste the fresh air in her mouth. Afterwards Clare told her worker she had found this process very relaxing.

By encouraging Clare to be aware of herself and her senses, the worker was helping her to fix the image in her mind. Clare was also learning to re-trust and to enjoy her sensory experiences. The image of a safe place can later be returned to at times of stress, or it can be used to combat unwanted images and flashbacks to the abuse.

The image of a safe place can also be developed into a child's own healing metaphor. An example is provided in the following chapter.

The Road of Life

Life,
An ever winding road,
Littered with twists and turns.
There are no shortcuts,
Only obstacles to overcome.
Walking the never ending road,
Always glancing at shadows lurking,
Behind, in front,
Everywhere I turn,
Lies and deceit rule.
Honesty and integrity
Live no more;
Only backstabbing and dishonesty
Live on.
All sense of trust is lost,
All sense of friendship gone,
All pride laid dead.

(A young person)

Chapter 7

Helping Children Through Words and Drama

> Inside each child is a story that needs to be told – a story that no-one else has yet had time to listen to. (Winnicott 1984, p.79)

In this chapter we demonstrate the therapeutic process through creative play based on words and action. The following expressive media will be considered: story-telling, poetry, drama and puppets. Finally, the role of information sharing will be discussed.

Some children and young people find it easier to express themselves through stories and poetry or to play out their feelings through drama. Relationships may be effectively explored through role-play and puppets. Children may enjoy making up stories but dislike writing. If this is the case, the child may tell a story which the worker then writes down. Later the story might be typed and handed back to the child. This can help foster a sense of pride and achievement. For similar reasons we may video a play devised and acted by the child.

Story telling

Telling stories has an important role in the therapeutic process. Sometimes when children seem stuck we may make up a story to suit the needs of the child, or we may read a story from a book. *Once Upon a Time … Therapeutic Stories to Heal Abused Children*, by Nancy Davis (1990) contains numerous stories designed to help children cope with different aspects of abuse. *The Huge Bag of Worries* by Virginia Ironside (1996) has also proved helpful.

In the previous chapter we discussed the importance of helping children to identify their safe place. This can then be developed into a story, which helps to fix the image. The worker again encourages the child to be aware of his or her senses and the time of day or season. The worker can then retell the child their own story, or may tape-record the story so that the child can play it at times of stress or before bedtime.

This is Gemma's story.

> This is a story of your safe place called Rainbow Land. In Rainbow Land it's spring or summer all year round. On this particular day it's early in the morning – about 6.00 a.m. It's just finished raining and the sun's come out. Everything's very fresh. You look around you and you see the beautiful rainbow and the sun shining. Amongst the grass are pretty spring flowers, which you can smell. Everything smells so fresh. You look around you again. You can see your family. They're a little distance away but you can see them clearly. They're talking quietly – no arguments, no stress. You're with your dog and now you're playing with him. He makes you feel really safe, just full of that feeling of being safe. You notice the things you can hear – your family talking quietly but also the birds singing. It's early in the morning and they are full of song. You can hear insects – grasshoppers and crickets – humming in the grass. You like the sound. You can hear them but you cannot see them. So safe. Everything's just as it should be and you feel really safe.

Sharon's case study, presented in Chapter 8, provides a powerful example of how she was helped to develop her own sophisticated therapeutic metaphor.

Stories that children spontaneously make up usually reflect something about their own situation. The following story was told by Sophie whose stepfather had committed suicide. She made a cup out of clay and then told 'The Cup Story'.

> The cup lives in a house. It lives on a shelf. It is the mother's cup. She bought it in town but was very cross when she got home because she had paid £2.50 for it and when she got home she saw it had a label on the bottom saying £1.50.

> Mary and John, the children, like the cup. They want to use it and they talk to it on the shelf. Mary and John are the children that live in the house. Their mother doesn't want them to use the cup or talk to it. The mother locked herself in the bedroom when she got very cross with the cup. When she gets in a bad mood she gets cross with the cup and the children. The father has died. Their mother is upset since he has died and Mary and John try to think of ways of cheering her up.
>
> The children are both sad their father has died. They can sometimes talk to each other about it. The cup hears everything that goes on in the house and it listens very carefully. The cup feels upset when the mother is cross and upset. The children can talk to the cup about their daddy that died. It helped when they talked and when they talked, they remembered him. They remembered quite a lot about him and they were allowed to look at photos of him that the mother kept.

After writing down the story Sophie's worker said she was pleased that Mary and John could talk to each other and the cup. Sophie wrote 'Thank you for looking after me' on the wipe board. Sophie's mother was also having individual sessions at the project. At a later stage they both took part in joint sessions.

Poetry

Poetry is often the preferred means of expression for teenagers. Poetry is usually written from the heart and as such can touch the heart. Ideas can be expressed which it would be difficult to share in any other form. Throughout this book there are numerous examples of poems written by young people who have attended the project. Many are directly concerned with the experience of sexual abuse and its impact. However, some of the poems express optimism for the future. These are generally reflective of the young person's progress towards recovery and they may suggest that the therapeutic process is drawing to a conclusion.

Drama

For many children the preferred creative medium is drama. Even very young children spontaneously engage in dramatic role-play, ascribing roles to themselves, dolls and the worker. Some children love to dress up and act out their favourite stories. Cinderella and Little Red Riding Hood are popular and the themes of both stories may be very relevant to the problems the children are experiencing. One member of staff has used the story of Cinderella very effectively with a group of girls.

Melanie

Melanie, aged five, was abused by an adult in the context of 'playing doctors'. Following the abuse Melanie's mother became very upset by Melanie's sexualised play.

In the playroom Melanie repeatedly engaged the worker in role-play involving doctors. Sometimes she would play the doctor herself. At other times she would ascribe this role to her worker. Dolls were often brought into the play as patients. The same scenarios would be replayed session after session. However, the worker continually placed appropriate boundaries into the role-play, for example refusing to allow Melanie to take off her clothes. In addition, the worker talked to Melanie about good and bad touching and private parts of the body. When Melanie asked to play the doctor game the worker would say, 'It's okay to play this game – but no bad touching.' This would apply even when the dolls were the patients.

The messages that the worker conveyed to Melanie were reinforced by showing her the Puppet Gang video (Adams and Gifford 1991), designed to teach children basic protection skills.

Meanwhile, Melanie's mother was offered individual sessions and she was also in close liaison with Melanie's worker. She was encouraged to allow Melanie to play the doctor game at home, rather than ban it. However, like the worker, she introduced safe, clear boundaries into the role-play. Melanie's parents also reinforced at home the messages from the worker and from the Puppet Gang video about good and bad touching and self-protection.

Eventually, both at home and at the project, the doctor role-play ceased and Melanie engaged in appropriate and varied play activities.

She had, however, needed the opportunity to safely and repeatedly play out her traumatic sexual experience in order to make sense of it. In addition we are hopeful that the sessions have rendered her less vulnerable to abuse in the future.

Christine

Christine, aged 12 years, used drama to express her deep-rooted anger towards her mother who had physically abused her and whom she blamed for not having protected her from sexual abuse. Her drama may also have reflected the fact that her abuser never went to court. Week after week Christine described different scenarios which she then acted out with her worker. Invariably the drama would end with a woman, often the mother of a child, being sent to prison and punished. On many occasions Christine would set a trap for the woman, who would then be caught in the act by a policeman.

Later in her sessions Christine was able to talk directly to her worker about the sexually abusive experience which she could recall in vivid detail, even though she had been a young child at the time. She told her worker that she had felt angry and disbelieved because the case had never gone to court.

Puppets

Puppets are a useful tool to help children express themselves. As with all the creative media described so far, puppet shows can be entertaining and fun or they can be used as a means to address difficult issues. Puppets are ideally suited to symbolic play because they allow the child to voice ideas and feelings which they might find difficult to talk directly about. This distancing offers safety until the child feels ready to own the problem or the feeling.

At the project we have a puppet theatre and a large array of hand puppets, including a witch, king, queen, jester, boy and girl. There are also a large number of animal puppets.

Frances

Frances, aged seven, was abused by her teenaged babysitter. She used puppets over a number of sessions in order to explore the issue of

bullying and also to explore the issue of sexual abuse. Spooky, the fox, is bullied by Spikey, the hedgehog, because he doesn't want to play. The bullying scenario develops as Spikey takes Spooky's dinner money and threatens him. Spooky gets very upset but eventually tells him and his teacher. Frances's worker is asked to take the role of either Spooky or Spikey in these puppet shows. She occasionally comes out of role to make observations, for example that Spooky had felt bad and decided to tell grown-ups. Frances takes on the role of head teacher and tells the children that they were brave and clever to tell. She tells the children that people do not just bully, that sometimes they touch you in places they shouldn't and that it really upsets people. Still as the head teacher, Frances tells the class that when this happens they should tell: 'Then you go to counselling until you're okay again – and you can decide when that is.'

Frances continued to put on puppet shows involving Spooky and Spikey over a number of sessions. In between the puppet shows she addressed her sexual abuse in various types of play. In one session she chose a small toy to represent her abuser. She then spent 20 minutes pelting him with wet, sloppy sand which she called 'pooh', while calling him names and swearing. He was eventually buried in sand. Her worker also talked to Frances about bullying and about how sometimes bullies can feel sad inside.

In a later puppet show Frances introduced various hardships for Spikey, for example that he lost his mum and dad because they did not have enough money to feed him.

In the following session Frances remembered she had hidden a model of her abuser. Frances found the model and said sometimes he was nice to her. She then washed the 'pooh' off the model. Towards the end of her involvement with the project, Spooky and Spikey became friends. Frances also made up a song about the puppets. Within the song she describes how Spooky had been scared but he 'becomes the person he should have been after telling someone and sorting out his problems'.

Younger children affected by sexual abuse often introduce monsters into their play and monster figures are frequently chosen to represent the abuser.

Nathan

When Nathan first attended the project his mother told her worker that he had complained of having monsters in his head. Monsters soon became the focus of most of the sessions. He used a variety of creative media to work on the monster problem. In early sessions he would regularly draw monsters. One day he wrote a poem about monsters:

> ***Monsters***
>
> *Scary*
> *Horrible*
> *Big*
> *Some are little ones*
> *Some are nice*
> *Fat*
> *Thin*
> *They live in caves, water, under the ground, in the sky*
> *Some have sharp nails*
> *Some have wings*

Nathan began to introduce heroes into his play. His favourite was Hercules. He regularly acted out stories about Hercules overcoming a variety of problems and especially killing the monsters. Sometimes he would use the sand tray and bury monster figures in the sand. In one session Nathan and his worker used musical instruments as a backdrop to the following story.

> A boy is in the countryside, enjoying the sights and sounds – the waterfall and the stream. He grows scared because he sees a monster. He runs and runs and runs and then overcomes the monster. He returns to the peace and quiet of the countryside around his home.

In a later session Nathan enacts another story involving Hercules. His worker asks why he likes Hercules so much.

Nathan: He's strong. Sorts out all the obstacles. Yes, and the monsters. And he saves women…he doesn't kiss them though…that's why I like him.

Worker: I remember you used to worry about having monsters in your head.

Nathan: Yes. It was like every time it was bedtime or morning. I'd got something wrong with my head – like it was going to blow up or something. I still sometimes get it but not so much.

Through the use of various forms of expressive play, Nathan was able to tackle his monsters and find the hero inside himself.

Information sharing

In addition to the opportunities for therapeutic play outlined in this chapter, sexually abused children may need direct information about what has happened to them. Younger children may need help to understand their body boundaries. They may also need age-appropriate sex education in order to put their abuse in a context. Older children and young people may benefit from learning about how abusers operate. This information can serve to shift feelings of responsibility away from themselves and back towards the abuser. Information is also an important element of the process of enabling young people to make sense of their experience.

Turning Back Time

I wish I could turn back time
Knowing what I know now,
Then maybe I could change
How I feel right now.

I feel hurt, betrayed and abused
And everyone's making jokes
But I ain't amused.

(A young person)

Chapter 8

Sharon's Story

A Case Study

Sharon was 15 years old when she was referred to the Children and Families Project. At the time of referral she had been living in residential care for several months. A few days before her introductory meeting, Sharon had been distressed and had given her residential key-worker the following summary of her life.

> I had pain when I was a baby. I had pain when I was little. Pain when I had to leave my mum and dad. Pain when I was in foster homes. Pain when I was adopted. Pain when I didn't love my adoptive parents. Pain when I had to leave. Pain when I was in different children's homes. Pain when I came here and I just can't take any more. I want to just curl up and die.

As a very young child Sharon had been physically and emotionally abused by both parents and had been sexually abused by her father. She was permanently removed from her family home at the age of seven years.

At the introductory meeting, Sharon appeared much younger than 15 years old. She was thin, pale and disinterested in her appearance. She told her worker she had been hurt many times in her life and had buried all the pain, but that she now felt ready to 'get it off my chest'.

In the early sessions the focus was on engagement and on building a safe therapeutic relationship. The worker was interested in identifying Sharon's inner resources and strengths. It soon became clear that she was very intelligent, although continual disruptions in her schooling meant that she had underachieved. In addition, Sharon's innate creativity began to surface. She started to make

numerous tiny, detailed models of animals from plasticine. Animals became the dominant theme of her sessions. She described a fantasy of living alone in a house in the countryside, looking after large numbers of animals. Sharon then spent many sessions building a beautiful and detailed model of the house. She said she wanted the house to be designed with the animals' needs in mind; it was to be 'the perfect place' for them. She worked on the model with great care between sessions.

During this period, Sharon told her worker that when she had first moved to her adoptive home she had been unkind to the animals there. She remembered locking a cat up in a cupboard. Sharon herself identified the symbolic, redemptive significance of her model making: 'I used to be horrible to animals. I think that's what I'm trying to do at the moment – make up for being horrible.'

Sharon continued to make large numbers of model animals, both in her sessions and at home. They became larger in size and she also began to make human figures. Sharon's model making had an unexpected consequence. By chance, one day they were spotted by a film maker who told Sharon and the staff of the children's home that she had a talent. He arranged for her to visit an animation studio. Sharon spent the next session celebrating her 'talent' with her worker.

Sharon:	I just went to the manager and said, 'Na na na na na' … I've been just sat there making these animals and they haven't said one word to me… And now it's, 'You've got a talent.' Me…Miss Talent Features.
Worker:	Full of talent.
Sharon:	That's what I feel like now. I feel like yelling it from a car like they do at elections – you feel like that.
Worker:	Vote for Sharon – she has a talent!
Sharon:	Yes – something I can boast about.

It was a long time before Sharon referred to her birth parents in her sessions, although she had begun to explore her adoptive placement. In one session she used animals in the sand tray to represent the important people in her life. She chose a wild cat to represent herself, saying she had a wild streak. She chose a fox to represent her middle

sister, whom she described as 'quite bold and harsh but inside she's got a heart of gold'. Her youngest sister was represented by a lamb as 'she needs looking after'. Sharon chose a bear to represent her adoptive father, saying, 'Bears look friendly but they can change pretty quickly.' She picked a deer to represent her adoptive mother: 'Deers look timid but have mean antlers… I wouldn't go near one of them…run for my life.' Sharon arranged the figures in a long line. She placed herself at the front, then her sisters, then her adoptive parents. In between, other models represented past pets and interests. Her worker reflected back that there was nothing to represent her birth parents. Sharon picked a witch's hat to represent her mother and a monster figure to represent her father. She half-buried them in the corner of the sand tray, saying they were 'there in the background but not part of it'.

Sharon's worker wondered if there was anything she would have liked to have changed. She said she would have liked to have been closer to her adoptive parents, but chose not to move the figures nearer to each other. She began to flick sand at the witch's hat and the monster, saying they should be 'absolutely buried'. She then proceeded to bury the figures.

Shortly after this session Sharon picked up a figure of an adult black horse and a black foal. She identified the foal as the daughter of the black horse. Her worker then helped Sharon to develop her own healing metaphor involving the mother and baby horse living in their perfect place, wanting for nothing, and basking in the pleasure of each other's company. Sharon lay down on cushions while her worker retold her story:

> This is your story about two beautiful shiny black horses. They both look strong and healthy. Baby horse is about two or three and she is with her mum. They live in a very big field. It is their field and no other horses live in it. It is a lovely field – their favourite place and the best place for them. They have never known any other field – it is the perfect place for them.
>
> In this field there is a pond. Mum horse and baby horse love to splash and roll about in the pond. They like to drink the water – cool, fresh, pure water. In this field there are five apple trees – not

> together in a clump but dotted about. The horses love these trees. When it's hot they like to lie under a tree, welcoming the shade. They love to eat the apples – big, red, shiny apples, their favourite kind. There is nothing else in the field except the new, fresh grass. The horses love the new grass best. It has a strong beautiful smell.
>
> Nobody owns the horses – they look after themselves. They have everything they need in their beautiful field. New grass and shiny, sweet, red apples to eat. Pure, clear water to drink. Nobody owns them – they belong to themselves. Nobody has ever ridden them – they are free. Nobody shares their field. This is their perfect place. They can't see beyond the field – they are not even interested in finding out. They are in their perfect place. Everything is at it should be.
>
> The baby horse is mum's first-born. She loves her baby and wants no more babies because she is so happy with this one. They are as one.
>
> On this particular day the weather is sunny. The horses are lying under a tree. It is about ten o'clock in the morning – their favourite time of day. Mum horse and baby horse have eaten a shiny, red apple and some fresh, new grass. They have splashed in the pond and drunk some pure, clear water. They have run around their beautiful field. They love to run free and wild. But now they're resting under the tree, lying close to each other. Together under the tree, just enjoying being close to each other. They are quiet now. Sometimes they talk to each other about anything and everything, but now they are quiet, just enjoying each other's company. They are very very close. When we talk of one horse we could almost be talking of the other. They are thinking about how happy they are, lying next to each other. They can feel each other breathing. They can smell the new, fresh grass. They can hear the birds singing above them. There is no wind today. Everything is still. They are just lying close to each other. So close, so happy in their perfect place. So safe, so close, so happy, resting under the tree.

Afterwards Sharon said she had felt like staying in that place all day. Her worker suggested she could revisit that place any time she

wanted to. Sharon was given a tape of her story. Over a year later Sharon said she still listened to the tape, especially when feeling stressed.

Sharon's abusive and neglectful treatment by her own mother at a very young age meant that she had no internal image of the 'Good Mother'. She only had the 'Evil Mother', the witch. We can guess that this exercise helped Sharon symbolically to experience good mothering.

Afterwards, Sharon began to explore her painful memories of her early life. It was very important that her feelings were contained at this stage. She developed the image of a lemonade bottle to hold her feelings and experiences. She said in the past she had bottled everything up but occasionally they exploded. Now she was beginning to open them up.

Sharon: Sometimes I let it out bit by bit. I think that's what I'm doing at the moment. Letting the easiest stuff go first before the heavier stuff… There's a lever inside me which can let it out…(she drew the lemonade bottle at this point)… The lid's only a small one but it's still got a lever you can use.

Sharon then drew a thick boundary around the bottle to keep it safe. In later sessions she would use the image of the lemonade bottle to review progress in terms of how much of the 'heavier stuff' she had been able to open up and let go, without causing explosions.

Around this time Sharon's model making diminished and she began to write poems prolifically. An early poem was written to her adoptive father.

Dad, I know you don't think much of me
But let yourself go and set yourself free
And find a place in your heart
Just to forgive me.

Sharon wrote poems about her adoptive mother and also to her younger sisters. She felt guilty that she had not been able to prevent their abuse and also for having been separated from them. One day she brought in her Life Story Book and talked of the things she

remembered happening in the family home. She then curled up on the floor and cried for most of the rest of the session.

One of the photographs in the Life Story Book showed Sharon with a play therapist, shortly after she was finally removed from the family home. Sharon asked her worker if she could meet with the therapist. A few weeks later they did meet and they talked a lot about her parents. Sharon learned that both her parents had been abused.

Around this time Sharon began to talk of a feeling of 'trustingness' building up inside her. Having built up a safe, therapeutic relationship with her worker, she was beginning to test out trust in the rest of her life. In addition, she felt strong enough to move from symbolic play to a more direct exploration of her earlier abusive experiences. However, poetry remained a crucial part of her healing process, allowing her to express her deep-rooted pain.

The following poem is a more recent example. Sharon explained the poem to her worker by saying that when she lived in the children's home, she would sometimes get upset. The staff would comfort her by saying, 'It's all right'. However, these were the words her father would use prior to sexually abusing her. This would trigger off painful memories but at the time she felt unable to explain what was happening to her.

It's All Right

I am lost in a world of my own,
Searching deep down into my soul,
Searching for something in my mind,
But what it is I cannot find.
People ask me if I'm all right
But they have no right.
People say forget the past
It's all right, forget it.
But they weren't there,
They don't know what fear it has cast
A fear that will always last.
It's all right.
I hate that word.

They don't know what it's like.
It's all right.
Look what I've found
Another piece of myself
To put on the shelf.
It's all right.
Shut up, that word's nasty.
Do not say it again, I'm scared.
People say do not let your feelings go
Do not even let them show.
It's all right.
Stop it, it's not all right.
Why do I constantly have to fight
For what you think is always right.
It's all right
But it's not.

Sharon left the children's home and lived in several semi-independent placements, some distance away. However, she continued to attend the project on a monthly basis. In addition to learning to become independent, she maintained her courageous struggle to make sense of her life. Sharon increasingly talked of her belief that her heart was strong and that she was beginning to 'see the light at the end of the tunnel'. She described having had to put a barrier around her heart to protect it but there was a door which she could open and let in 'good stuff – like friendships that wipe out the hurtful things'.

Sharon also talked of hoping that her writing and poetry might help get across the reality of childhood abuse. However, she would also like to offer hope to other young people.

Sharon: I want to get across to people that you can cope with it…you will get out in the end… People like us who've been abused – there's loads of ways of fighting for yourself – it's just finding that one certain way.

Sharon is now living fully independently and has moved with a friend to another part of the country. She is optimistic about her future and describes herself as a survivor. In a recent telephone conversation her worker asked Sharon what she was doing. She replied, 'Enjoying being me.' She attended the project for three years in all, and her courage, personality and creativity have left an enduring legacy.

Particularly through poetry, Sharon found her voice. This is one of the final poems she offered to the project.

Look

Look to the stars and far behind.
What do you see in this heart of mine?
A bull with horns
Or a red rose without thorns?
What do you see
Hiding within me?
Don't try to explain,
There's everything to gain
So look to the moon,
You'll get there soon.
Learn to fly
High in the sky
For what you'll find
Is a kind heart and mind.

A Survivor's Story

Some of you out there are most probably wondering what life is like for an abused child. Well, an abused child is going to tell you. I am 18 years old. My life has not been very good. I was abused from when I was just a baby until I was turning eight, by both my real parents.

Life for an abused child is not fun and games. In our eyes it is a cruel and selfish world, where people don't care and do only what they want and take what they see. When I think of my early childhood it's all a haze, like a cloud blocking out the sun, and the only things that stand out are the few good times I had.

I suppose you think how can an abused child have had good times? Simple, I was born with two younger sisters and I shared special times with them, when I was with my grandparents. My sisters are now 15 and nearly 12 and still they are the ones that keep me going. Those memories will always stay special.

I am now learning to come to terms with my abuse. Now, with learning survivors it takes courage and all the strength they have within them, to fight against what has happened. Some have not got that strength or courage. They lack the will-power and can see no point in living. I, though, have the willpower. My motto is, 'If you kill yourself the other person is stronger than you. If you fight to survive you are stronger than them.'

For the last ten years I have been fighting for all I'm worth, and I am determined not to give up, however tired I am.

How many of you out there have come across an abused, angry, hurt child and just brushed them away? Or said, 'You'll cope', or 'I'm sorry, I can't help you in any way'. Well, wrong! You can help us by listening to us and guiding us. In our minds there are many roads to cross but we have to cross the right ones to gain a little more power and a little more strength. You can help guide us on to the right path in ways you never thought you could. How can you do this? Well, there are several different ways. By listening to us. By giving us courage. By saying, 'You can do this. You will do this, and you'll come out a different person altogether.'

(A young person)

Chapter 9

Helping Adults to Recover and Change

> If all the hurt is taken away, then what's going to be left of me? I don't know what me's about. How I am now has been built up around that hurt. (An adult survivor)

> *Time to remember*
> *Then time to forget*
> *But as time goes by*
> *Time will heal.*
>
> (A young adult)

Our philosophy of counselling was outlined in Chapter 4. Like children, adults affected by child sexual abuse need a safe space in which to make sense of their experience. We often use the following metaphor to illustrate the counselling process.

> Imagine you are a child, running along a gravel path. You fall and cut yourself. The wound is full of tiny bits of grit and gravel. You clean up the surface of the wound and then cover it up with a plaster. You try to forget about it and you get on with your life. This seems to work for a while, but underneath the plaster the wound becomes infected. The infection slowly spreads through your body. It stops you from living your life to the full. One day you realise this and you think about removing the plaster. You know the wound needs cleaning out but you also know it will hurt. You finally pluck up the courage. The wound is cleaned out, and slowly it heals itself. You don't need the plaster any more. You are left with a scar but the infection has gone.

There are many reasons why individuals choose a particular time to address their experience of childhood sexual abuse. Sometimes a major life event triggers off memories and fears which threaten to overwhelm. Getting married, giving birth, learning that your own child has been sexually abused, often prove decisive. One young mother sought help after reading in the newspaper that her abuser had been convicted of a further offence. She became paralysed by fear, believing he would come back to get her and her children. Another woman was referred to our project after a younger sister disclosed their abuse to her mother and the whole family splintered into factions.

One woman sought help after learning that her daughter, Margaret, had been raped. She described the effect of this news as follows.

> This with Margaret has devastated me and I haven't been able to cope…because it brought back everything that happened to me. With what happened to me, I've learned to cope, and parcel it all away, and I have good days and bad days…but I managed to cope with that all right. This with Margaret has just topped everything… and it just devastated me. I suppose because it happened to my own children…it was like a bomb exploding and it all came tumbling out.

Work with adult survivors is usually of a long-term nature. It is crucial to work at the client's own pace and to foster feelings of safety. Uncovering the wound may unleash the same fear and panic that was experienced in childhood. Because each person who uses our service is unique and also because we adopt a client-centred approach, counselling of adult survivors is a very individual matter. However, it generally includes the following processes:

- building up trust
- exploring inner resources and survival mechanisms
- telling the story
- looking at the impact
- making sense of the abuse as an adult

- tackling and overcoming the effects
- looking to the future.

Using the creative media with adults

Children play out their feelings and worries, whereas adults generally talk through their problems. However, we have learned that incorporating a creative approach can reap benefits for adults as well as children. Using different media seems to generate the release of creativity and imagination associated with personal insight and growth. For example, we are often struck by the clarity of an image described by our clients. A mother may say she feels as if she's trapped in a maze and is unable to find the right path out of the maze. We may suggest she draws or paints that image and then explore it further. Imagery, like symbolic play, can cut through the control of the mind and unblock feelings.

The following extract from Barbara's session provides an example of how adults can gain insight from using creative media. Barbara told her worker one day that all her life she had obsessively drawn a particular doodle.

> Boxes. All I ever do is squares. Little bricks.

Her worker suggested she draw the doodle and afterwards asked Barbara what she thought of it. She replied that she hated it. Barbara's worker wondered if she could draw a doodle she liked. She struggled for a while.

> I don't know. I've never done another one… I don't like squares… I'll do circles.

Barbara drew a doodle composed of squares and circles.

> It's better that one. That one looks like it's got a mind of it's own, doing what it wants, doesn't it?… Yes, that one (the squares) has to sit up straight and be still. I remember sharing a bed with my sister and we had to leave our shoes under the bed, really straight. It must have been something to do with my doing house bricks. It had to be straight. Sit up straight. My mother was very house-proud.

Barbara later painted the doodles which generated further insight. She contemplated her painting of block squares and rectangles.

Barbara: It looks forced doesn't it?

Worker: Like it had to be like that?

Barbara: Yes. No choice… I bet it's the cubby-hole – in the cubby-hole – that was small and dark.

Barbara went on to describe regularly being locked into a small dark space for many hours as a child. She went on to consider the brightly coloured painting of swirls and circles.

Barbara: It's freedom isn't it? It's not being forced. Colourful. Bold. Warm-looking. Exciting… The things that are going to happen to me. The brighter future.

The need for information

In addition to the opportunity to explore problems and feelings, adults have a desperate need for information in order to make sense of their experience. Sexual abuse is a secretive activity, shrouded in mystery. It often seems that the world of sexual abuse is a grey world – nothing is in black and white. One mother described her experience as follows.

> It's like I'm surrounded by mist; trying to walk through a thick fog; I can't see anything clearly…can't get hold of anything.

In such circumstances, the sharing of information on how offenders operate and the effects of sexual abuse can serve to clarify and shed light on the situation.

The following case study illustrates the process of helping an adult survivor come to terms with her childhood experiences of sexual abuse.

Amy

Amy is a 22-year-old mother. She referred herself to the project following discussions with her health visitor. In the referral form she wrote that she had been sexually abused between the ages of 7 and 12 by a man called John. He had been convicted of a number of sexual offences

and sent to prison. However, he was now released from prison and back living in her locality. Amy described feeling anxious at the idea of talking to someone about what had happened and opening up her feelings. However, she wrote that what she would like to achieve was to:

- stop being scared
- talk to someone and get it out of her system
- be able to get on with her life.

When asked if there was anything else she would like the project to know, she wrote:

> Since this happened, it has been a total taboo subject in my family, until very recently. Me and my sister have totally different feelings. She has so much anger and seems to cope. But I have a lot of fear.

Amy was invited to an introductory meeting, where she met her worker and was shown around the project. Amy described feeling extremely nervous about coming to the meeting. In part, this was because she was not used to talking about what happened in her childhood. However, she was also anxious about travelling to the project – this being the first time she had travelled to the town since learning of John's living nearby. Amy expressed feeling extremely fearful for herself, but also for her children. Her fear was so great that she had broken down in front of her father and for the first time they had talked of her abuse. She had learned that she and her sister had been offered counselling following their disclosure of abuse but her father had refused the offer, believing that they would cope as a family with what had occurred. In practice, however, the abuse became a taboo subject and she had never been given the opportunity to talk through her experiences and her feelings. Amy had also recently learned from her father that, with the exception of her grandparents, the extended family had not been told. Amy was shocked – she had assumed that they all knew. It made her feel like the whole experience was 'one big ongoing secret'. However, because she had recently spoken to her father, she felt that 'the ice has now been broken'. Her father was supportive of her having counselling, as was her partner.

Amy believed the time was now right for her to 'open up the secret… so I can get on with my life'. She described how her head was full of what happened and she talked of feeling huge guilt and fear. She was

also full of questions. Although nervous, she asked for regular counselling sessions and a working agreement was drawn up.

At the first session, Amy seemed more relaxed. She said coming to town on this occasion had been easier. Amy was reminded that this was her time and it was for her to decide how to use it. She chose to focus straight away on her abuse. She began by describing how she had read in a newspaper that John was living locally and that he was re-offending.

Amy: It just fetched back a lot of memories – you think you've got rid of it but it's still there. I was really scared he'd get to me and the kids.

Amy then began to tell her story. John was a friend of her father and would spend a lot of time at her house. The family would also regularly visit John. He made a 'special fuss' of Amy, buying her presents and sweets. Amy enjoyed the attention. When her step-mum and step brothers and sisters had moved into her home, she found herself the eldest of six children. One day her parents had to go away. Some of the children stopped with relatives, but Amy and her sister stopped with John. Amy was seven at this time.

John came into her bedroom and started to touch her. She assumed that what was happening was OK and yet she also remembered feeling scared to tell her step-mum and dad. John continued to touch her. Sometimes he would discreetly touch her when her parents were around. This made her feel they knew and must approve of what was happening.

John then left the area for a while. When he returned, she was ten or eleven years old. He resumed touching her. He wrote her a number of letters referring to her as his 'special girl'. In one letter he wrote that she should not tell her dad because he would be hurt and upset.

Amy: After that I couldn't tell anybody. In one letter he said that when I was 16, he would take me away and we would get married. In another letter, he put in a ring… I just remember feeling very special at the time.

Amy said she had presumed she was the only child that John was touching. However, one night when her parents were away, he bathed her and also her sister. She had a feeling it might have been happening to her sister too. Amy usually tore up his letters but she kept a few. One day

her step-mum discovered them. Amy denied anything had happened to her but her step-mum contacted the police.

Amy: I thought it would hurt them. That was the first day I really knew it was wrong. I could tell by her face.

Amy recalled being taken for a medical, which she had hated. She was interviewed by the police and at first continued to deny that anything had happened. At one point, her step-mum left the room and she felt more able to talk. She was taken to a room full of letters and pictures of children, sorted into piles. She was told they had been found at John's house. There were many pictures of her and letters written for her. Amy felt really scared at this point, believing she was in trouble with the police and also with her dad. She was also worried that John was in trouble.

Amy began to describe the aftermath of the police investigation. For some time afterwards, she was called names at school.

Amy: I wanted to shut it all away. But I felt isolated and different.

Amy waited for her parents to talk to her about the abuse, but they never did. She craved being cuddled by her father and being told everything would be all right. But this never happened.

Amy: The upsetting part is that I thought they didn't care. I really wanted someone to talk to but there was no one there.

Amy said she left home at 16. She would watch TV and frequently 'dissolve into tears' if something reminded her of the abuse.

Amy: I thought this was my way of coping – getting it out of my system.

Amy began to have boyfriends, but was terrified of the idea of sex. She believed that her interests would not be taken into account. However, on the first occasion she had sexual intercourse, her boyfriend was very caring and sensitive. She realised that not all males were sexually exploitative. Yet, until recently there were a number of sexual activities in which she could not take part because they would cause her to have flashbacks to the original abuse. Now, with her current partner, Mike, she is working hard to overcome these obstacles. She has talked to Mike about what happened, but she has not felt able to talk about all her feelings. Despite trusting him totally, when she sees him bathing the children, she feels uncomfortable. At this point the worker talked to Amy

briefly about traumatic sexualisation and reassured her that this was an understandable response, given her experience.

Towards the end of the first session Amy described her wish that the family could all sit round a table and talk openly about what happened. She could never imagine this taking place. The worker reflected back that some progress has already been made in opening up the secret within the family. She offered the possibility of holding such a meeting at the project in the future.

In this first session Amy had told her story. The worker encouraged the process by actively listening with minimal interventions. Occasionally the worker reflected back the essence of Amy's comments, or helped her to clarify an idea when she seemed to be struggling. She also offered some reassurance.

Amy looked more relaxed when she arrived for her second session. She began by commenting on how helpful she was finding the counselling.

Amy: Because I know that everything I was feeling is normal, it seems to make it easier. I thought it was just me going through this.

Amy spent the first part of the session exploring the idea of a family meeting. Despite the obstacles, she was beginning to believe it might happen.

Amy: I think what I need to do is to get me worked up. Get me used to the idea of a family meeting and talking about it.

Amy described how good it had felt recently to talk to her parents for the first time about her abuse. She had learned that they too had been subjected to malicious comments at the school gates and also that they had felt guilty about the abuse.

Amy: I know now that it was a family thing, but it kept us all separated. It was the one thing that separated us. It was a big thing in my life but because they never talked about it, I never did…it's the biggest thing that's happened to us and it's the only thing that's not been talked about. It's like it was a bad thing that shouldn't be talked about.

Amy described how this family silence had served to increase her feelings of guilt and shame. At this point Amy explored in more depth the impact of the abuse on herself. Amy alluded to the dynamics of powerlessness, stigmatisation, sexual traumatisation and betrayal. In consequence, the worker offered to share Finkelhor and and Browne's (1985) model, which is outlined in Chapter 2, with Amy, even though the counselling process was at an early stage.

From an adult perspective, Amy could now appreciate that she had been powerless to affect the cause of her abuse. She recognised that she had been groomed by a very seductive abuser and that this had served to increase her feelings of guilt and responsibility. After John had told her not to talk to her father, she had felt trapped with the secret. Yet her guilt was heightened by not having disclosed. She believes if she had spoken up perhaps she could have prevented the abuse of her sister.

As regards betrayal, Amy identified that she had trusted John because her parents had placed their trust in him to baby-sit. In consequence, she initially believed the abusive behaviour was not wrong. Amy then went on to explore problems she experienced around trust a few years later, when she moved in with an older man.

Amy: Because he was older, I put all my trust in him. Then ten months after that I was abused by him – beaten up and all that… I thought because he was older than me he would look after me and protect me. Afterwards something changed in me and I knew that it could never happen again. Until Mike there was no relationship with anyone…even with Mike, it took a while to trust. You seem to put a barrier up.

Amy described how she had decided to tell Mike about her experience of child sexual abuse. She had imagined he might get up and walk out of her life, but instead he had been caring and supportive.

Amy: I learned to trust him and the barriers began to come down. It seems to shatter all your trust. Even now – like I said last week – there are still some things I can't talk to him about.

Amy readily identified with the dynamic of stigmatisation. She recalled being called 'a slag' at school after the abuse became public. From the time she realised that what John had done to her was wrong, she felt very

different from other children. Amy was also able to identify the sexual trauma she experienced following her abuse. She explored in more depth the problems she has experienced in her sexual life – especially flashbacks to her childhood abuse.

Having recently talked to her parents, she was now in a position to begin to identify that her family had also experienced these traumatic dynamics. Her step-mum had told her that she too felt uncomfortable when her husband physically cared for the children – prior to the allegations this had never been an issue. In addition, Amy's father had recently talked of his feelings of shame and guilt.

Amy found the Finkelhor and Browne model very helpful.

Amy: Everything's all over the place but when you put it in single steps like that it all makes sense.

Towards the end of the session, Amy talked again of how differently her sister seemed to have reacted.

Amy: When it came out in the paper, I was shocked. She was so upright and it shocked me because I'd kept it in for so long. I just burst into tears and she asked me why I was crying. I just couldn't understand why she stood there so angry and she couldn't understand why I was so upset.

Amy identified that burying her feelings had not proved helpful. She described taking an overdose at the age of 15. At the time she could see no way forward, but now she believed it was a cry for help.

Amy: I just wanted people to know I was hurting and to put their arms around me and tell me it would be all right.

Amy began the following session by informing her worker that she had discussed the possible family meeting with her father, who had agreed to take part. She guessed that her step-mum would also consent, but not her sister. She would like the meeting to take place at the project in a few weeks time.

Amy then began to explore some positive changes she was beginning to notice about herself.

Amy: Before it was always there… I still do think about it but it's not on my mind every day… I got off the bus this morning and it clicked. This was the first time I

> haven't worried about bumping into John. Normally I'd start to worry about it as soon as I got out of bed in the morning.

Amy had also noticed that fears around John coming for her children had similarly subsided.

She spent the rest of the session exploring further the impact on herself of childhood abuse. She listed the following effects:

1. *Problems with trust.* Amy now realised that she has never left her children with baby-sitters; she only felt comfortable having close family members to mind her children.
2. *Problems in relationships.* Especially in sexual relationships.
3. *Fear.* For myself. For the children.
4. *Believing it was all my fault.*
5. *Guilt.* For hurting my parents; for not telling, and for my sister's abuse.
6. *Pain.* It wrecked my life.
7. *Anger.* At myself for not getting help; at my step-mum; towards John.

This was the first occasion on which Amy had referred to her own anger. She said she had not previously recognised any anger in herself because she had been so overwhelmed by guilt and responsibility. She guessed she kept her anger buried inside herself. Amy believed that most of the effects on this list are now decreasing in severity.

Towards the end of the session, Amy made the following statement:

> I don't now feel responsible for the abuse but I still feel guilty for not telling.

She added that she has lots of 'why' questions in her head; for example 'Why did it happen?' and 'Why did it happen to me?' The worker offered the opportunity to explore these questions in a later session and also to consider why children don't tell.

Amy began the next session by stating how she was no longer haunted by fear at the possibility of bumping into John. Now she could contemplate seeing him and only feel a little uncomfortable. She had talked to her step-mum and sister about the concept of a family meeting. Her step-mum had cried when Amy told her how much it meant to her

and had then given her consent. Her sister had declined the offer but Amy felt she could now appreciate that her sister's needs were different to her own and that she had to find her own way of coping.

Amy continued by saying she now understood her own reactions more deeply, but that she still had lots of 'why' questions. She asked her worker if they could look at offenders. In particular she needed to know why he did it and why he picked her. The worker shared with Amy Finkelhor and Browne's (1985) model of the pre-conditions to offending behaviour, which is outlined in Chapter 2. Amy was distressed by the information, saying that the hardest part was realising how much planning had gone into her own abuse. However, she said it all made sense. She guessed that John was primarily sexually attracted to children – she now knew he had abused very many children. She believed he was very good at communicating with children and that he understood them. She also believed that he was able to develop trust with adults.

Amy guessed that she herself was targeted because she was needy at the time. Her step-mum had recently moved into the family home with her children. Amy resented sharing her dad with her step-mum, and also felt that the younger children were getting all the attention. Amy identified that John groomed her in part by making her feel very special. Initially he made her believe that what was happening was normal. Later on, when she was older and more able to recognise that what was happening was wrong, he made her feel like a lover and princess. She believed they would marry when she was 16.

In the following session, Amy asked to look further at how offenders operate. Although she was distressed by the idea of John's targeting and planning, she felt her understanding of the abuse had grown. Amy said she had also talked to her parents and to her partner about offenders and that they too had found the information helpful. At the same time, her fear of John had now ebbed away.

Amy explored further her understanding of the grooming process. She judged John to be extremely skilful, changing tactics as she became older. He wooed her romantically in a way designed to appeal to her need to be special and her love of stories about princes and princesses. Amy guessed that this accounted in part for her past lack of anger towards John – her overriding memory was of being made to feel really special.

Amy identified that her feelings of responsibility for the abuse had diminished. However, she still felt guilty at not having told and thereby possibly preventing the abuse of her sister. Her worker encouraged her to consider why she didn't disclose and Amy identified the following reasons.

1. At first I did not know it was wrong. Especially because he touched me when my parents were around.
2. He told me not to tell my father because it would hurt him. He could see that I was very close to my father.
3. He later made me feel we were 'in love'. I was responsible and I did not want to get into trouble or get him into trouble.

Amy guessed that John may have used similar tactics with the other children he abused. In the aftermath following the police investigation she was blamed by some of his other victims for bringing it out in the open. She now realised that it had taken years for the full impact of her abuse to surface and guessed it would have been the same for the other children involved. Amy still found it difficult to feel anger towards John but she felt angry about abusers in general and also the judicial system. She thought that offenders who are a risk to children should not be released from prison.

At her review, Amy described the significant progress she had made. She believed she was now in control of her experiences.

Amy: Everything to do with John is now in one place – like in a frame. Before it was all jumbled in my head, spilling all over, filling my head.

Her fear of John had now disappeared and she felt able to get on with her life. She began to explore her hopes for the future. She would like to return to education when her children start school. Because of what had happened to her as a child, she believed she had not been able to make the most of her schooling. Amy also wanted to join a survivors' group so she could share her experience with others and show that there is hope. She said she no longer felt in need of regular sessions but arrangements were made for the forthcoming family meeting.

At this family meeting Amy told her parents how much she had needed them to talk about the abuse, following the police investigation. When she had seen their distress and anger she had felt they were angry

with her. Her father agreed he had been angry, but with himself and with John – never with her. He had felt a failure as a parent for not having protected his daughters. At the same time he had believed it was best if Amy and her sister forgot all about the abuse. He and his partner did not talk to Amy because they dared not risk 'stirring it all up again'. They had believed if the children needed to talk they would approach them. In retrospect, he now realised they were wrong to take this approach.

Amy explored with her parents the impact of her current understanding of why and how it had happened. Her father said he had recognised the force of her fear when she had read about John in the newspaper and had broken down. He had felt out of his depth and had suggested professional help. He could see how much stronger she had become over recent weeks.

The family session ended on a very positive note as Amy and her parents described the benefits of being able to talk openly of their experiences. Amy then said she had again seen John's name in the paper that week. On that occasion, she surprised herself – instead of fear she had felt 'like storming round to his house and challenging him'.

Amy's case is perhaps a little untypical because of its short duration. Counselling adult survivors is frequently a lengthy process. However, Amy was able to concentrate on her childhood abuse because she was not caught up in other life crises. Her partner was sensitive to her needs and supportive of counselling. Most importantly, she was able to effect the one thing she most needed – to talk with her family about her experience of sexual abuse.

Further Reading

Ainscough, C. and Toon, K. (1993) *Breaking Free: Help for survivors of child sexual abuse.* Sheldon Press.

Witness

I'm sitting on the outside looking in;
I can see through the pane of glass
Separating me from them.
The glass of which is in my mind
I hear their muffled laughs,
Combined with the steady beat of the drums,
Edging the shadow of the music.
The cold surrounds me, adorns me.
The ice cold emotions are expressed inside
While they remain warm and comfortable,
Sitting pretty in their stable family environment
That I was once a part of.
Theirs or somebody else's?
Perhaps both, only now…
Only now, there's just me.
Isolated, alone, afraid, cold.
Cold and bitter inside.
Showing through the mask I wear.
The barrier I put up, protecting me from them.
I am a walking battlefield,
Injured, wounded, hurt, my childhood killed
Like an innocent young soldier,
No life to return to, to go to,
But I must, I must go on.
Be strong, rise again from the blood-soaken earth.
I too was a fighter,
Only the battle that I fought was life.
Now I'm weak,
But I must carry on fighting,
And once again become strong.

(A young person)

Chapter 10

Helping Families to Recover and Rebuild

This chapter is concerned with our work with families affected by child sexual abuse. The prime focus is on the ways in which we help parents and carers to make sense of what has happened to their children and then to rebuild their shattered family life.

In practice, the majority of adults who use our service are mothers. Initially, very few fathers accepted the offer of a service. However, over recent times, the number of male carers appears to be increasing. Occasionally we work with grandparents. Some foster carers and adoptive parents also use our service.

In Chapter 3 we explored the impact of child sexual abuse on the family. When their child has made an allegation of abuse, parents feel sexually traumatised, betrayed, powerless and stigmatised. While in a state of shock parents may have to make major life decisions, such as whether or not to continue the relationship with the abuser. They may face a host of practical and emotional problems and dilemmas, both in the short and long term.

The disruption caused by sexual abuse can be conveyed by the following metaphor.

> Imagine a mill pond; the water is gently lapping. Occasionally a storm, or a floating log may interfere with the calm flow, but order is soon restored. Now, into that pond is thrown a huge boulder. There is an initial sudden and violent effect. The scene is scarcely recognisable, but only a few moments have passed. The initial chaos subsides a little, but the ripples from the boulder continue to flow. When they reach the edge of the pond, they travel inwards again. They interact with other ripples to cause further disruption.

The ripples from sexual abuse seem to carry on and on. Many years after the initial allegation mothers may talk of encountering yet another consequence that had not been foreseen, just when they thought it was all behind them. However, our hope is that over time mothers feel stronger and more able to cope with the problems that may arise.

Our experience of working with parents and carers of sexually abused children usually entails enabling them to find answers to some or all of the following crucial questions:

- Can it be true?
- Why didn't my child tell me?
- Why and how did it happen?
- Why didn't I know?
- What do I do now?
- What has it done to my family?
- What has it done to me?
- How can I move on?

Often the early counselling sessions are characterised by a struggle to believe the unbelievable. The closer the relationship between the parent and the abuser, the harder the struggle: 'How could my partner, parent, brother or sister have done that to my child?' Any parent desperately wants to believe it is not true. For some mothers the shock and disbelief are accompanied by a sense of many things falling into place: 'I knew that something wasn't right but I couldn't put my finger on it.'

Although the mother may still hope it's not true, she fears it is. After the initial shock, parents may wonder why their child did not tell them what was happening. There is also a desperate need to understand why and how it happened: 'How could it have happened without my knowing?' If parents are unable to find satisfactory answers to these questions the process of recovery can be hampered.

One mother is stuck at this stage because she has never received any detailed information about the abuse – what happened, when did it start, where was she at the time? Her daughter made a statement to

the police after she was 18 years of age. Her daughter has chosen not to share this information with her mother; maybe the daughter finds it too painful or maybe the daughter is trying to protect her mother. The effect of this lack of information, however, is that the mother is unable to make sense of what happened and move on.

If the abuser is a close member of the family, parents have to make decisions about whether or not to continue with the relationship. This can be enormously difficult. The parent may hate what has happened but still love the abuser and remember the good times they had together. Again this dilemma reflects the struggle that many victims may undergo. It can be very frightening to learn that abuse has been carrying on in your family for a number of years and all the time you believed yours was a happy and loving family. Allegations of sexual abuse can result in a devastating loss of self-belief. One mother has described this effect as follows.

> One of the most frightening things is that you do feel, 'Was I ever capable of making a decision in the first place?' When this happens you doubt yourself completely and utterly. You doubt everything you ever thought. And suddenly you don't believe in yourself any more. I think that's it.

Parents are also faced with discovering the impact on the victim and the other children in the family. Decisions have to be made about what to tell younger children. Parents have to find ways of coping with their children's difficult behaviour. There are so many practical problems to face and decisions to be made that parents may not be able fully to take on board and address their own hurt and pain for some time. If the abuser was the mother's partner there are some very painful and difficult issues to be addressed: 'I chose this man, I slept with this man – what does that say about me?'

Our work with such parents, in essence, is about helping them to find their own answers to their questions. At the same time, we try to enable them to discover their own inner strength. The final stage of the process usually involves looking at and planning for the future.

Marilyn

Marilyn's story illustrates this whole process. Marilyn referred herself to the project after learning that her daughter, Ellie, had been abused by her stepfather. She immediately made the decision to leave the family home with her daughter and son, who is the child of the alleged abuser. However, she still struggled in the early sessions to believe the allegations. She found it difficult to reconcile her relationship with her husband with his sexual abuse of her daughter.

Marilyn: Men who do that… do they still love their wives or is that all a sham as well?

Prior to Ellie making a statement to the police about the abuse, her behaviour had been very difficult. She had, for example, run away on a number of occasions. For Marilyn, things were beginning to fall into place. However, her parents and brother do not believe the allegations and have suggested they are just another example of Ellie's bad behaviour.

Marilyn: They think she's lied about other things and she's lying about this… but for me the allegations make sense of the way she has been behaving, not the other way round as it seems to everyone else.

Marilyn could not quite yet believe it 'one hundred per cent'. She said if she did she could 'harden' herself against her husband.

Marilyn: Sometimes I feel sorry for him…and I also miss him.

Worker: What holds you back from believing 'one hundred per cent'?

Marilyn: I suppose because it's so hard to believe anyway and then because no one else believes it, it tends to make you question it. I'm fairly convinced that she's telling the truth, I suppose. To a large extent it's to prove it to other people… I suppose I was hoping that someone like yourselves, or a psychologist who deals with it all the time, could tell whether she is telling the truth… He's not going to admit it, they rarely do, do they? Everyone thinks I only believe her because

I'm her mother and to me that's the main reason for believing her.

Marilyn expressed guilt at the way she had handled her daughter's earlier behaviour.

Marilyn: I'm just sorry I didn't explore things with her when she was running away – instead of pushing her off to her dad's.

Over the next few weeks her husband began to harass Marilyn, turning up at the house and causing angry scenes. She was still looking for 'professional confirmation' of the abuse, but her husband's behaviour served to strengthen her belief.

Marilyn: As time goes by he's digging a pit for himself by telling lies.

Marilyn began to reconsider her husband's past behaviour and believed he may have been manipulating situations for a long time. However, it was hard for her to accept this: 'It makes me feel stupid.' Her husband continued to turn up and was verbally aggressive towards her and Ellie. She began to consider divorce and legal action, but did not yet feel strong enough.

Marilyn: I'm getting there. Every time he gets angry, I get angry, and it's easier to be firm and positive when I'm angry, but I don't want to make that decision when I'm angry – it's such a big decision. I want to be calm and clear about it.

Marilyn began to ask her worker about the effects of child sexual abuse. The worker shared her understanding with Marilyn. The following session Marilyn said she now fully believed Ellie and had made the decision to divorce her husband. She was, however, becoming fearful of him. Also, her family still didn't believe and she missed their wholehearted support. In addition, Ellie's behaviour was deteriorating. Ellie had been offered a service at the project but only attended irregularly.

Over the next few sessions Marilyn talked about feeling stronger. She obtained an injunction against her husband. Her sessions focused on how best to help her children cope with all that had happened. She began to talk about the effects on herself but said she was not really ready to look at this.

Marilyn: It's all very tiring. I believe what Ellie's said but I haven't related that to my husband because I've never had to deal with feelings like that before – I don't know how I'd react. I don't want to end up all bitter and twisted… I don't think I'd be able to cope with it because it still hurts too much… I'm just not ready for that.

However, Marilyn later did begin to address her own grief: 'Although I feel really angry towards him, I'm thinking what it used to be like and feeling sad as well.' She began to acknowledge that she had known for some time that something wasn't right with the relationship.

Marilyn: I tried to accept him the way he was even though I didn't like it. I'd probably got to the stage where I still loved him but didn't like him any more.

Alongside exploring her own hurt she was still trying to understand her daughter's behaviour. Her daughter was continuing to run away and Marilyn was desperately trying to make sense of Ellie's behaviour. She complained that Ellie had 'put up a brick wall' and was not talking to her. The worker made a link between Marilyn's having said previously she did not feel ready to talk about her pain.

Marilyn: Either way it still hurts. If she's running away because she's got all that hurt inside, then I know she's hurting, and if she's hurting, I'm hurting. And if she's doing it because she doesn't care then that hurts too.

Marilyn also began to focus on her son's situation. Her son was much younger than Ellie and did not know the details of why he was not living with his father.

Marilyn: I'm starting to think now about him and how angry I am that he (her husband) has ruined everything.

Around this time Marilyn expressed a need to know why people sexually abuse and also more about offenders generally.

Marilyn: So many questions… I'm scared to let another man close to the family because I'd be worried about their safety.

However, before the worker shared this information, Marilyn herself began to discuss her own thoughts. She talked about her husband having

had a difficult childhood. She remembered that her husband used to hit Ellie. 'I really should have done something about it, but then I think I must have been conditioned into it as well.'

She realised that she used to be on guard most of the time, trying to prevent confrontations. She believed, in retrospect, that she was under constant stress and that the backaches she used to suffer were the consequence. She remembered how she used to feel tired all the time and that she was reluctant to take up the offer of a job. However, her husband had been very keen.

In the following session the worker shared information on how offenders operate. Marilyn readily understood this information and found it easy to relate to her own situation.

Marilyn: It makes so much sense to me. I'm just cross with myself for not seeing it earlier.

Marilyn slowly began to feel she was regaining control of the family situation and also of her own life. Although she continued to struggle with Ellie's behaviour, she talked of feeling stronger in herself and began to plan for the future. She talked in more positive terms about her daughter's future, too.

Marilyn: I think Ellie will be all right in the end, if we get over this next little bit.

She began to explore the possibility of having a relationship in the future and how this would be different because she was now much more aware of herself.

Marilyn: I think it is one thing that will come out of all this – that I don't see a relationship as the 'be all and end all'. That I can put the bit of me I like and enjoy into other things. I won't get into that sort of relationship again because it won't be life or death.

Marilyn soon afterwards identified that she no longer felt in need of regular sessions. She had previously talked with her worker about the wish to become involved in a group and her worker agreed to contact Marilyn when a group was about to be set up. She also reminded Marilyn that she could contact the project at any time in the future if she felt it would be of help to her.

Marilyn did contact her worker and she requested a joint session with Ellie to help with their communication. The session proved effective and

Ellie and Marilyn were able to talk of the things they liked about each other and also of their worries. At the end of the session Ellie identified that the thing she most wanted from her mum was 'to trust me and understand that I'm stronger inside'. Marilyn said what she would like from Ellie was 'to talk to me more and to think a bit more about the consequences of what you do'.

Marilyn later attended a group at the project for mothers whose children have been sexually abused by their partners. Afterwards, along with other members of this group, she offered to be available to talk to mothers who have recently learned that their children have been abused.

This case study illustrates how Marilyn was helped to make sense of her experience and to rebuild her family life. Her daughter Ellie also received a service from the project, and her young son had several sessions. Marilyn subsequently moved house and is now living with a new partner.

Further Reading

Orr T. (1995) *No Right Way: The voices of mothers of incest survivors.* London: Scarlet Press.

Peake, A. and Fletcher, M. (1997) *Strong Mothers: A resource for mothers and carers of children who have been sexually assaulted.* Lyme Regis: Russell House Publishing.

Stella's Story

A long time ago, after I had found out what was happening, I felt like it was very dark and I was trapped in a corner. It was like having a blindfold. I didn't know what was going on. I didn't know which way to turn. My kids were taken away. I wondered why I hadn't seen it happen. It was like being in a maze.

Slowly, with help and support from the wise woman, I found out what had happened and how it was done. The lights turned on and a journey began. I didn't know how long the journey would be. It wasn't a straight road but gradually I came to a place where I understood more and could face up to things. I could talk more openly about it and see a brighter now. Both my children are home now and I feel like a proper mum. Now I can give the support the kids need.

(A parent)

Chapter 11

Working Towards Prevention of Child Sexual Abuse

I dream of being in a happier place
A place where there's no sexual abuse.

(A young person)

If there is no enemy within, the enemy outside can do you no harm.

(African proverb)

One of the objectives of the Children and Families Project is 'to undertake preventative work both on an individual and community basis'. This chapter focuses on the ways in which we have endeavoured to carry out our preventative role. First, we consider prevention in terms of our work with children and families and also in terms of raising awareness within the community. We shall then describe the involvement of the project in the treatment of sexually aggressive children and young people.

Self-protection and child protection

Working towards prevention of child sexual abuse requires an understanding of how sexual offenders operate. In Chapter 2 we outlined Finkelhor and Browne's model of the factors that must be in place before an episode of child sexual abuse will occur. This model proposes that the child has to come into contact with an individual who is motivated to abuse and who is able to overcome his or her

inhibitions against such behaviour. In addition, the individual has to overcome both the external inhibitors (i.e. the protectors surrounding the child) and the child's own resistance.

In general, we believe that the onus of protection lies with adults and not with children. In our work with children and young people we do endeavour to reduce the risk of further abuse. However, we are wary of undertaking self-protection work in isolation. Children may feel more responsible if they are abused after having been 'taught how to protect themselves'. We prefer to view protection largely in terms of increasing the effectiveness of all the possible external inhibitors of sexual abuse. Children need to be surrounded by a network of possible adult protectors. Since offenders are so skilful at manipulating the child's network it is crucial that all possible protectors are armed with the necessary skills and information. Gerrilyn Smith (1995) has made a useful contribution to our understanding of prevention through her work *The Protectors Handbook*. She has made the following statement:

> Teaching children to be assertive, to say no, and get away (addressing Finkelhor's fourth factor) does not adequately deal with the subtlety and complexity of sexual abuse by known, often trusted caregivers. The bulk of the protective task should rest with adults, with children only taking a developmentally appropriate level of responsibility for protecting themselves. (p.7)

Gerrilyn Smith believes that possible protectors are often unable to prevent sexual abuse because they act as non-abusing adults rather than protectors. In order to transform non-abusing adults into protectors, they need to be provided with information about sexual abuse that can help to reduce the risk of it occurring.

Working with adults to reduce the risk of child sexual abuse

Helping adults to become proactive protectors is essentially a matter of sharing information. How can we protect the children with whom we are involved if we don't understand exactly what we are protecting them from? In addition to working with adults caring for sexually

Table 11.1 Signs and indicators of child sexual abuse

Under 5 years	**5 – 12 years**	**12 + years**
RED	RED	RED
Disclosure	Disclosure	Disclosure
Genital injuries	Genital injuries	Genital injuries
Vivid details of sexual activity (such as oral sex, ejaculation)	VD	Self-mutilation of breasts/genitals
Compulsive masturbation (contextually abnormal)	Sexual stories/poems	Pregnancy – under 14
Sexual drawings	Sexual drawings	VD – under 14
Sexualised play usually acting out explicit sexual acts	Exposing themselves	Prostitution
	Masturbation in contextually inappropriate fashion	
	'Promiscuity'	
	Suicide attempts	
	Alchohol and drug abuse	
	Running away	
GREEN	GREEN	GREEN
Person-specific fear	Arson	Sexual boasting/stories/jokes
Nightmares	Soreness of genitals/bottom	Pregnancy – over 14
Chronic uninary/vaginal infections	Chronic uninary/vaginal infections	VD – over 14
Soreness of genitals/bottom	Obsessional washing	Sexual offending
Situation-specific fears –	Depression	Rebellious against men (specific gender)
Fear of being bathed	Hysterical symptoms	Drug and alchol abuse
Fear of being changed	Enuresis	Suicide attempts
Fear of being put to bed	Encopresis	Self-mutilation
	Anorexia	Continual lying
	Glue sniffing	Truanting
	Nightmares	Running away
	Truanting	Hysterical symptoms
	Unexplained large sums of money/gifts	Obsessional washing
		Psychotic episodes
BLUE	BLUE	BLUE
Developmental regression	Abdominal pains	Depression
Hostile/aggressive behaviour	Developmental regression	Anorexia
Psychosomatic conditions	Peer problems	School refusing
	Psychosomatic conditions	Peer problems
	School problems	Authority problems
		Delinquency
		Psychosomatic conditions

KEY: RED – High probability
GREEN – Moderate probability
BLUE – Low probability

Source: Smith (1995)

abused children, our preventative role involves training. We undertake regular training events in the locality. Those attending may include foster carers, health visitors and nurses, police, social workers, teachers and voluntary workers.

Myths about sexual abuse continue to abound: that it only happens in certain families; that mothers always know; that only certain types of people offend; that women don't offend; that children make up allegations. Our task in training is to try to replace such myths with facts.

In Chapter 2 we described how difficult it can be for a child to break the secret of sexual abuse. In consequence adult protectors need to be alert to signals that are suggestive of child sexual abuse. Smith (1995) has produced a useful list of signs and indicators (Table 11.1). It is necessary to emphasise that this list is only intended to provide a rough guide. Within this context, however, it is helpful because the indicators are divided into different age ranges and are additionally categorised into high, moderate and low risk.

A clear disclosure or genital injury obviously requires a prompt response. However, adults often have niggling concerns rather than such clear evidence. In these circumstances it can be helpful to dicuss worries with a trusted adult or professional. If a child does disclose to an adult, the reaction of that adult is supremely important. The messages that need to be conveyed to the child include that:

- the child is believed and that they were right to tell
- the adult will help the child to sort it out
- it was not the child's fault and that the abuser was wrong to do that.

Although a disclosure can be very shocking, especially if the adult is close to the abuser, it is important to try to remain calm and not show feelings at this stage. In Chapter 9 we described how Amy observed her parents' anger at the abuser and assumed for many years that they were angry with her.

In order to become adult protectors, information is also needed about the effects of child sexual abuse and about how offenders operate. This information is contained in Chapter 2.

In addition, parents and carers can help to reduce the risk of child sexual abuse by adopting the following measures.

Knowing your child's networks

Part of the protection of children involves knowing where your child is, who they are with and what they are doing. Trust your instincts if you feel uncomfortable in the presence of a particular adult, or if your child seems uncomfortable or behaves oddly or differently in the presence of a particular adult.

Encouraging body awareness

It is important that children develop a language to talk about their bodies. You can, for example, encourage children to own their bodies by supporting them in their wish not to be hugged or kissed by adult friends and family. Forcing children to share their bodies gives them the message that you care more about other people's feelings than you care for them. There are a number of books available to help parents talk to young children about good and bad touching. These include *It's My Body: A Book to Teach Young Children how to resist Uncomfortable Touch* by Lory Freeman and *A Very Touching Book…For Little People and Big People* by Jan Hindman (see Further Reading section at the end of this chapter).

Encouraging children to talk about their worries and concerns

Children need to know that their parents are genuinely concerned and willing to listen if any child or adult is upsetting them in any way.

Considering Childcare Arrangements

In research undertaken by Kidscape (Elliot, Browne and Kilcoyne 1995), it was found that 48 per cent of the offenders found their victims through baby-sitting. Thus careful consideration needs to be exercised when choosing carers for your child. Parents, especially lone parents, need to be alert to people who attach themselves to families and then offer to take children out or to babysit.

Working with children to reduce the risk of sexual abuse

While we believe that the burden of responsibility for protection lies with adults, we do strive to work with children and young people in such a way that the risk of abuse or re-abuse is lessened. Sadly, some abused children are left so vulnerable that their vulnerability may easily be detected by other abusers. We work with a number of young people who have been abused by more than one person at different times in their lives.

In earlier chapters we have described the ways in which we work to enhance children's self-esteem. A strong sense of self and self-worth is perhaps the most valuable asset a child may possess in terms of protection. A child who does not suffer from self-doubt is less vulnerable and needy of adult attention and in consequence may be less easily manipulated.

The research study undertaken by Kidscape (Elliot *et al.* 1995) provides evidence of this assertion. Of the offenders interviewed 49 per cent said they were attracted to children who seem to lack confidence or were low in self-esteem. One offender commented, 'You can spot the child who is unsure of himself and target him with compliments.' In Chapter 9 we described how Amy came to understand that her abuser, John, had targeted her because of her neediness for adult attention. He subsequently groomed her by making her feel very special.

Helping children to make sense of their experiences may also reduce the risk of further abuse. In part this may entail exploring appropriate and inappropriate touching. Sex education, suitable for the child's developmental level, may be necessary. Some children need help to develop an appropriate and healthy body image. Children who exhibit sexualised behaviour may be especially vulnerable and require help to develop an understanding of personal space.

Another aspect of self-protection is the need clearly to convey the message that child sexual abuse is wrong. Children who have been sexually abused are often given very muddled messages about the rights and wrongs of abuse, first by the abuser and subsequently by the legal system and the low conviction rates. Indeed, it can be argued

that the operation of the legal system conveys confusing messages to society as a whole.

Enabling children to identify and appropriately express their feelings is also an important aspect of self-protection. We encourage children to learn to trust their feelings, in part so that they can act on uncomfortable feelings as warning signals.

Sometimes we may undertake more structured protection programmes towards the end of therapeutic work. We may invite parents or carers into these sessions, especially when younger children are involved. On occasions it may be appropriate to undertake preventative work with the whole family, especially when there are plans for the offender to be rehabilitated to the family home.

We have found the following resources to be useful. For young children, *The Puppet Gang: A Package for the prevention and treatment of child abuse* by Jennifer Adams and Victoria Gifford; for children with learning difficulties, *The Protection Pack* and for older children, *Teenscape: A Personal Safety Programme for Teenagers* by Michelle Elliott (see Further Reading section at the end of this chapter).

The protection of children with learning difficulties

Children with learning difficulties may be especially vulnerable to sexual abuse. American and Canadian studies suggest that children with disabilities are from three to seven times more likely to experience abuse than non-disabled children.

One project worker has undertaken a piece of work with the head teacher of a local special school (Darlington and Sumner 1998). This entailed interviewing the children from year 6 and year 9 on two occasions in order to evaluate the teaching of the health education curriculum. The survey specifically focused on whether the curriculum taught the necessary skills and knowledge to make the children less vulnerable.

The survey highlighted the following factors.

- Although the children were alerted to the risk of danger from strangers, they were less aware of the more likely dangers from known adults. In addition, the term 'stranger' is in itself problematic. For example, a stranger who

befriends a child may, after a relatively short time, become a known adult in that child's perception.

- Many of the children felt unable to say 'no' when asked to do something by an adult.
- A high percentage of the children were unable to identify when they might tell a secret someone asked them to keep.
- The children had generally retained the content of the health education curriculum. They had a concept of owning their own bodies, of bullying and of getting help from adults when they felt frightened.

Those involved in the survey reached the conclusion that the power of adults, particularly known adults, had been underestimated. It was clear that in order to maximise the keeping safe component of the programme, the children's perceptions of adults and their potential dangers needed to be addressed. Furthermore, the survey identified the need to develop existing work on enhancing the children's self-esteem. Finally, the survey concluded that there was a need to work with staff and parents in order to raise awareness of the issue of children's vulnerability to known adults.

Working with sexually aggressive children and young people

Within our remit to develop preventative strategies to tackle sexual abuse, we decided that it was important to contribute to the development of a multi-disciplinary service for adolescents who have committed a sexual offence and younger children who were showing signs of sexually aggressive or sexually inappropriate behaviour. The decision to do this was strengthened by statistics which suggest that as many as 30 per cent of sexual offences are committed by children under the age of 18. We also hold the belief that children can modify their thoughts, feelings and behaviour before they have become established in repeating cycles of sexual offending more easily than can adult offenders. Furthermore, children who commit offences of a sexual nature are still children and, more specifically, they are children in need.

Our contribution to the development of a multi-disciplinary service is ongoing, through training days, awareness raising, information gathering, and trying to ascertain the numbers of children being identified as well as those being missed. It involves liaising with workers from social services, police, probation, education, child psychology and indeed the area child protection committee since any proposals, guidelines and protocol need to be owned jointly by all the agencies involved in the provision of child care and child protection.

In addition to the multi-agency initiative, some project workers have been involved in direct work with sexually aggressive children, while one worker specifically focuses on therapeutic/treatment issues for adolescents who have sexually offended. Working with such children and young people in a therapeutic sense requires a combination of knowledge and skills. A person-centred approach combined with skills from counselling, play, drama and art therapies may be adapted to this client group. Also necessary is a knowledge of adult offending models based on the work of Finkelhor (1986) and Ryan and Lane (1991), as well as developmental issues relating to childhood and adolescence. The jigsaw has other pieces in it too. There are the cognitive behavioural components, working with fantasy, family and systemic issues.

This complex mix of skill, knowledge and approach does not fit together easily. It is held together largely by the belief that children and adolescents can be in charge of their actions and be responsible for them. Furthermore, we believe that with the right support from professionals in agencies such as NCH, social services, health trusts, education and police, combined with good carer support, these children can grow up to be responsible, happy adults.

An aspect of working with these children which is worthy of mention is that of the emotional impact on the worker. Sometimes one hears disturbing information about how one child went about abusing another, and the struggles the child had with himself and with others on the path to abusing. The worker has to decide to some extent whether what is being heard is normal and acceptable, or abusive and likely to be repeated. Theoretical knowledge and definitions of sexually abusive behaviour help. However, workers in

this field also need to be clear about their own values, beliefs and sexuality. It is crucial that they have regular opportunities to explore the personal impact of the work in supervision or in personal counselling.

Despite its complexity, working with young persons who commit sexual offences does seem to work. A longer-term evaluation would be needed before firm conclusions could be drawn, but the suggestion is that doing this work reduces the risks of these children becoming adult offenders and thereby reduces the numbers of children who are sexually abused.

In order to illustrate the process of therapeutic work with a sexually aggressive child, we should like to present the following case study. In this case study, the worker adopts a dramatherapy approach to engage the child and subsequently to address his problematic behaviour.

David

David was 12 years old when he was referred to the project. He is the oldest child in the family and his mother is a lone parent. David has learning difficulties but is maintained in mainstream schooling with learning support. While in primary school David had been accused of inappropriate sexual touching of a girl. More recently there had been a further incident; he had touched a girl in his new secondary school. The school described David as impulsive, sensitive and aggressive. Teachers found him difficult to work with because he seemed to live in a fantasy world. The constant subject of taunting and bullying by the other schoolchildren, he typically reacted aggressively. He was being considered for exclusion from school. David and his family denied the sexually aggressive behaviour, stressing that he was a victim of teasing and bullying. Despite this denial David was able to acknowledge that he was experiencing some difficulties in his life. A little reluctantly, he accepted the opportunity to come to the project and try to sort out the problems with his worker.

In the first session, David introduced his invisible friend, Kit the car. It soon became clear that Kit was strong, powerful and clever and that he accompanied David everywhere to protect him.

In practice, David engaged quite quickly with his worker, seeming to enjoy the safe space in which to play with an attentive adult. His early play was characterised by monsters, enemies and bullies, whom he would fight and kill. At this stage any attempt to talk about the sexualised behaviour was met with denials and minimisation. David would only talk about the fact that he was a victim, accused of things he had not done. As David continued to be unwilling to take part in cognitive exercises to look at the reality of his situation, the worker adopted a new approach.

In one session, David built a town on the floor mat. Characters in the town were represented by cars. He was Kit, although sometimes he would speak to Kit as David. The worker interacted with the play by coming into town in various disguises, using different cars and trying to outwit David/Kit. However, David/Kit could not be defeated because of magical powers, such as mind reading and coming back from the dead. In this world David/Kit was a heroic figure, essential for the protection of others – a very different picture from the reality of his life. Periodically, the worker would de-role David and check out how he would feel without Kit.

Worker: If Kit weren't here, how would you feel?

David: Upset…Scared.

It was clear that as Kit he could feel powerful, but as David he felt powerless and frightened.

Over time, the worker encouraged the fantasy to become closer to reality. The town became David's home town. The cars represented real people – family, teachers, the children who bullied him, the girl whom he had sexually touched. David gradually separated out from Kit, while maintaining him as a wise guide. Within the safety of the town–mat play, David began to explore his problems and difficulties, including touching girls. He also began to explore his dream of having a normal relationship with a girl of his own age. As the sessions progressed, the worker encouraged him to rely less on Kit and to generate his own 'non-magical' solutions to the challenges he faced.

The worker also introduced into the dramatic play, the notion of 'Stop and Think'. Traffic lights were used symbolically. Going on red resulted in mayhem, accidents and trouble with the police. Amber, however, allowed thinking time to consider the consequences of actions. With his

worker, David experimented with different solutions to problems. If one was unsuccessful, the scene was replayed to look at alternatives.

Work continued with David for two years. Despite occasional setbacks there was a gradual and sustained improvement in his behaviour, both at home and at school. David's school counsellor and education welfare officer, and also his mother, were involved in his six-weekly reviews and were supportive of his sessions at the project. As David's behaviour in school improved he was praised for not reacting impulsively to taunting and for seeking support from staff when he had a problem. His mother reported a number of positive changes – 'It's like having a different child'. In the second year of work, there were no further incidents of sexually aggressive behaviour. By the end of the second year, David's self-esteem seemed greatly improved. He was taking a pride in his appearance and had developed a small circle of friends.

The work with David seems to have been effective because, through dramatic play, he was able to distance himself from his initial shame, embarrassment and denial. Within the safe, holding structure of the town-mat play, David felt able to express his darker side and gain insight into his behaviour. In this medium, the worker could then address the precursors of his deviant fantasies and behaviour – the powerlessness, anger, shame and guilt which fed the motivation. She was also able to challenge his attitudes to females and sexuality. Finally, the dramatic distance afforded the worker the opportunity to address his initial denial and minimisation of the sexually aggressive behaviour. Thus, the therapeutic space offered David a safe and creative medium for exploration and change.

While David clearly derived personal benefit from his time at the project, we are also hopeful that the potential risk of his later becoming an adult abuser has been greatly reduced.

Further Reading

Adams. J. and Gifford, V. (1991) *The Puppet Gang: A Package for the prevention and treatment of child abuse.* North East Warwickshire and West Birmingham Health Authorities.

Elliot, M. (1990) *Teenscape: A Personal Safety Programme.* London: Health Education Authority.

Freeman, L. (1993) *It's My Body: A Book to Teach Young Children How to Resist Uncomfortable Touch*. Seattle: Parenting Press.

Hindman, J. (1983) *A Very Touching Book…For Little People and Big People.* Ontario: Alexandria Association.

LDA (1994) *The Protection Pack*. Wisbech.

Peake, A. and Fletcher, M. (1997) *Strong Mothers: A Resource for Mothers and Carers of Children Who Have been Sexually Assaulted.* Dorset: Russell House Publishing.

Smith, G. (1995) *The Protectors Handbook: Reducing the Risk of Child Sexual Abuse and Helping Children Recover*. London: The Women's Press Handbook Series.

Postscript

Child sexual abuse is a difficult area in which to work. On a daily basis we are involved with distressing and disturbing material. However, alongside the demands and difficulties lie rich rewards and satisfaction. At times we are privileged to witness some of the best aspects of humanity; the resilience of the human spirit; the quiet bravery that normally goes unnoticed; the potential to love against all odds; the innate creativity in us all. Most satisfying of all is to observe a child recapturing his or her childhood, or to watch adults growing in strength and confidence and then regaining control over their lives.

While we believe the effects of child sexual abuse can be extremely damaging, we are equally certain that these effects can be overcome or at least mitigated. Many of the children and adults who use our service may re-experience a sense of vulnerability at different stages in their lives. However, we believe their increased self-awareness and understanding can enable them to cope more effectively with such experiences.

We should like to conclude by paying tribute to all the children, young people and adults, who have attended our project and from whom we have learned so much. We hope we have been able to shed light on the subject of child sexual abuse. Most of all we trust we have been successful in offering hope to other victims of child sexual abuse and their families.

> Now I have a life. So there is hope out there. There are people to help. So don't take abuse. Speak out and tell someone. Speak up for others and don't suffer. (A parent)

There was a time

There was a time
When all I felt was pain, fear, guilt and hate.
There was a time
When I believed I was worthless,
My life unimportant.
There was a time
When my only comfort was knowing
That tomorrow was another day.
There was a time when I was just another statistic,
Single parent family and a victim of abuse,
A victim of society.

Only now I feel relief, joy and happiness,
I know I'm not worthless,
That my life is important.
Only now, my comfort is knowing
That I'm safe and loved.
I am another statistic
But I'm a statistic who has moved on,
And lives for the future;
Only I know all this
Because he's gone
And now I'm me.

(A young person)

APPENDIX 1

Looking After Ourselves

Child sexual abuse is a highly stressful field in which to work. On a daily basis we confront uncomfortable and disturbing material. Sometimes we encounter the aftermath of the worst extremes of human behaviour. Our work involves more than listening – for a while we enter an individual's inner world of pain, outrage and distress and share that experience.

The demands are great. We need to be very aware of ourselves, our own sexuality and our own limitations. We also need to be clear about our own moral beliefs. Most importantly, we need to be able to work as a team and to know how to look after ourselves and each other.

The work of our project administrators is crucial to the service we provide, and they too experience the emotional impact. The administrator is usually the first person a client will meet and is responsible for welcoming the client and helping to put him or her at ease. On occasions the administrators may have to deal directly with distress and anger, when clients call unexpectedly. The administrator is also the voice on the telephone when someone rings up. They need to be friendly and reassuring and prepared to listen to distress. The administrators type difficult material in the form of reports and session notes. As they witness the same distress and hear the same stories as the therapeutic staff, it is vital that they are fully involved in the measures we take to look after ourselves. These measures include:

- having at least two workers in the building at all times
- regular supervision, including peer supervision
- regular team reviews, away from the project
- regular external supervision and consultation
- commitment to ongoing training
- availability of personal counselling

- regular team-building events
- restricted caseloads
- involvement in work outside of the project, e.g. the domestic violence forum, foster panel, drama groups in schools.

APPENDIX 2

Tensions between Therapeutic Work and the Legal and Child Protection Systems

In some parts of the country, therapeutic work with a child cannot take place until a final court hearing has been held. This means that a child may have to wait many months for a service.

In our locality, we are fortunate in that therapeutic work can commence after investigation of the allegation, providing the investigating officers and the Crown Prosecution Service are in agreement. In practice we have worked with many children and families under these circumstances.

A more difficult problem to resolve has been the tension between confidentiality and the child protection system. There are several strands to this tension. In the introduction we referred to our policy of only working with cases of abuse which have been reported and investigated. This policy was adopted in order to avoid the possibility of jeopardising any future court proceedings; as a specialist child abuse service we believed we might be vulnerable to accusations of having coaxed children. This policy is now generally understood and accepted, and cases of suspected child sexual abuse are routinely referred elsewhere.

However, on occasions the policy has proved more problematic with adults. Mothers have sometimes disclosed to us that they have been sexually abused as children but also that the matter has never previously been reported. They may still feel unable to report their abuse and yet request a service. If the abuser is still alive, we are faced with a dilemma. Our knowledge of sexual offenders would suggest that the abusers may present a continuing risk to children.

In the early days of the project we may well have refused a service under these circumstances. However, this gave rise to a certain discomfort. We then began to consider offering the opportunity of a limited number of sessions focusing on the consequences of reporting or not reporting their own childhood sexual abuse. A small

number of women have accepted this offer and have subsequently made the decision to notify the police. Some have declined the offer as the fear of an investigation and its aftermath has proved too overwhelming.

There exists a further tension between confidentiality and therapeutic work. Our conditions of confidentiality were outlined in Chapter 1. In brief, we guarantee confidentiality, except for occasions when we are given information about a child being at risk of harm. Our policy of confidentiality is outlined to clients at the introductory meeting. We explain that on those occasions when confidentiality has to be breached, we will discuss the matter with them prior to taking any action. Again, this policy is generally understood and accepted.

There are, however, certain grey areas. A teenager may describe taking part in risky behaviour. A mother may describe feelings of anger towards one of her children and fears she may one day lose control. Teenagers or adults may talk of having had suicidal thoughts. In this field of work we may frequently be presented with such dilemmas and there are no easy solutions.

As a general rule, we encourage the individual to take positive action themselves. For example, we might suggest a teenager tries to talk to her parents or carers about the behaviour, or that he or she seeks further advice from an appropriate organisation. On some occasions we may judge the risk to be so great that we may feel we have to report the matter ourselves. On other occasions we may feel able to tolerate and hold the risk, at least in the short term. Supervision, and especially peer supervision, has proved invaluable at such times. Supervision can help to assess the degree of risk and it also serves to support the individual worker.

APPENDIX 3

The Risk of Dependency

The fact that we offer a long-term service increases the possibility of some clients becoming dependent on the service.

Adopting a client-centred approach to our work in part serves to minimise this risk as our aim is to develop the individual's personal resources and insight. However, this approach also relies on the development of a safe, trusting relationship between the worker and the client. Sometimes an individual may find it difficult to relinquish this, especially if it is their first experience of such a relationship.

When working towards endings, offering fortnightly and then monthly sessions has proved helpful. It allows the child or adult to test out newly acquired skills and feelings of well-being, while maintaining the relationship with the worker and with the project as a safety net. For most clients, this approach, combined with the assurance that they can re-establish contact in the future if necessary, is sufficient.

However, for a small number of people this appears to be inadequate. In those cases where there seems to be a degree of dependency, the common feature is a total lack of support outside of the project. Young people leaving the care system are especially vulnerable. Some appear to need regular contact with the project in order to receive the emotional and practical support that is unavailable to them elsewhere.

APPENDIX 4

Gender Issues

There is one male project worker in our staff team. All clients are offered the choice of a male or female worker. In practice the majority of our clients are female and many of these female clients request a female worker. In the early life of the project we received very few requests for service for males. The numbers have since gradually risen. Between April 1997 and March 1998, 26 per cent of our service users were male. However, most of these males were in the younger age group; only 12.5 per cent were aged between 16 and 21 years. In the same period we worked with only one adult male carer. However, once again the number of adult males using our service is currently on the increase.

Statistics regarding the exact incidence of the sexual abuse of boys are themselves problematic. However, many professionals working in the field believe that boys are almost as much at risk as girls, but that they are less likely to report an incident of abuse and also that they are less likely to seek support. There are a number of possible reasons for the under-identification of male sexual abuse victims. These may include the following:

- males do not like to see themselves as victims
- the myth that male victims always become adult offenders
- sexual abuse by adult women may be more difficult to identify, as it can be masked by physical and emotional care of the child
- the myth that females do not sexually abuse children
- the fear of being homosexual or of being perceived as homosexual, if the abuser was a male
- the belief that all sexual activity is good for males.

In view of the above general factors, it would seem that society as a whole needs to consider ways of encouraging males to report incidences of sexual abuse. At the same time, as a project we need to explore ways of creating a climate that may be more attractive to males.

APPENDIX 5

Evaluation

First, we should like to make a general assertion that offering a service to victims of child sexual abuse and their families is an effective use of scarce resources. Without such a service victims may experience long-term effects which persist into adulthood.

In Chapter 1 we referred to the Child Sexual Abuse National Research, in which the Children and Families Project is involved. We are currently awaiting the outcome of this research. However, evaluation forms completed by the users of our service have proved very positive and encouraging. From this written feedback we can make the observations that:

- the service is perceived as being welcoming, friendly and informal, and these qualities are highly valued
- the core conditions outlined in Chapter 3 are much appreciated, especially the non-judgemental attitudes of the workers
- the service has enabled children and adults to effect positive changes in their lives, and many of the adverse effects of child sexual abuse have been reduced or overcome
- the long-term nature of the service is valued.

Our own evaluation of the service we offer children suggests that it is most effective when the child:

- has experienced reasonable parenting at some time in his or her life
- has been believed and is supported in attending by parents or carers
- is living in a safe place
- feels in control of the decision whether or not to attend.

With regard to adults, the service seems to be most effective when:

- there is a degree of safety and stability in the adult's living arrangements
- the adult is supported outside of the project by friends or family
- the adult feels in control of the decision to attend and the timing feels right for him or her.

APPENDIX 6

Working Agreement

Planning meeting held on

between:

Service offered:

Name of project worker:

The sessions will take place on:

If project staff are unable to keep an appointment, e.g. due to illness, you will be contacted by the project. If you are unable to keep an appointment please make every effort to contact a member of staff at the project.

Each session will last one hour.

Date of review:

The review will be attended by:

Any special arrangements/needs:

Details of transport arrangements:

The Children and Families Project provides a therapeutic service. This service is confidential. Information given in sessions will not be shared outside the project without your permission unless we consider that a child may be at risk. This is because the project works within the local Child Protection Guidelines.

As a therapeutic service we do not undertake to provide assessment reports for outside agencies.

Written records are kept of all work undertaken by the project. We have an open access so you can ask to see your records. These records are confidential to the project unless we are required to produce them by a court of law.

If you are dissatisfied with the service provided, your rights are protected by a complaints procedure. Please ask for details.

If, for whatever reason, you wish to discuss the service being provided by the project, then please do not hesitate to contact either the project worker or project manager.

Signed: Young person
(when appropriate) . . . . . .

Parent/Carer
(when appropriate) . . . . . .

Project Worker . . . . . .

Other . . . . . .

Project Manager . . . . . Date . . . . . .

APPENDIX 7

Information for Parents or Carers whose Child Attends the Children and Families Project

The Children and Families Project provides a long-term support service for children who have been sexually abused and their families. We believe that non-abusing parents and carers play a vital role in helping the child to recover from sexual abuse. We would therefore like you to be as involved as possible in the process.

Following a request for a service, you and your child will be invited to an Introductory Meeting at the Project. If everyone feels that the service will be helpful, your child will normally be offered weekly sessions. Where possible, we would like you to accompany the child to and from sessions. You are welcome to wait in the reception room whilst the session is in progress. If you are not able to bring your child, we will try to arrange transport. After six sessions a review is held. We encourage children to invite their parents to reviews. Reviews provide an opportunity to think about what progress has been made and what problems remain. Reviews are also about planning for future sessions. Parents and carers can contact the Project at any time between the reviews to discuss any worries or concerns.

About therapeutic work

The Project offers children who have been sexually abused a safe place in which to work through their experiences. We use a child-centred model which means that the child's wishes and feelings are at the heart of the process. We use play therapy and counselling skills and techniques to enable the child to tell his or her story, to make sense of what has happened and to work through any consequences. Where appropriate, we will also help the child to develop self-protection skills to reduce the possibility of further abuse.

In order to help the child or young person feel safe, we offer a confidential service. What is said and done in sessions will not be discussed without the child's permission, unless it is to do with a child being at risk of harm. On occasions we may be directed by the courts to share the information.

Some children like to talk to their parents or carers about the sessions; others do not. You will need to be sensitive to your child's wishes and respect the child's right to privacy. This means not asking your child a lot of questions about the sessions if he or she is clearly reluctant to talk about them. This may feel quite difficult. However, we are always happy to talk to you about the process of therapeutic work and to discuss your worries or concerns. If a child tells us something that we feel you ought to know, we would always encourage and help the child to share this information with you.

Therapeutic work is a healing process and children are helped to express deep-rooted feelings. It is not unusual for children using the process to become upset, angry, sad, etc. Sometimes their behaviours can seem to become worse before they get better. You will need to be aware and understanding of this. Sometimes children need a quiet time following the session; they may not be ready to attend school immediately after the session. You will need to be sensitive to your child's needs at this time.

Once sessions have started it is important that continuity is maintained. Please try to ensure that your child attends each session at the agreed times. If the child is unable to attend we would appreciate it if you could let us know.

We hope this information is useful in helping you to understand how best to help your child. Your support is a vital part of the process. You may feel that you also need space and time for yourself in order to explore your experience and support your child. We are happy to arrange this for you or other family members. We believe that child sexual abuse affects the whole family.

If you have any worries, concerns or queries, please contact your child's worker or Penny Dodsworth, the Project Manager.

NCH
Children and Families Project

References

Adams, J. and Gifford, V. (1991) *The Puppet Gang: A Package for the Prevention and Treatment of Child Abuse.* North East Warwickshire and West Birmingham Health Authorities.

Ainscough, C. and Toon, K. (1993) *Breaking Free, Help for Suvivors of Child Sexual Abuse.* London: Sheldon Press.

Brennan, A. (1998) *Mothers of Sexually Abused Children: The Forgotten Victims/Survivors.* Unpublished MSc dissertation, University of Liverpool.

Cattanach, A. (1993) *Play Therapy with Abused Children.* London: Jessica Kingsley Publishers.

Darlington, C. and Sumner, M. (1998) *Child Protection: Finding the Parts that make Children feel more Safe.* Unpublished.

Davis, N. (1990) *Once Upon a Time… Therapeutic Stories to Heal Abused Children.* Maryland: Psychological Associates of Oxon Hill.

Elliot, M., Browne, K. and Kilcoyne, J. (1995) *Child Sexual Abuse Prevention: What Offenders Tell Us.* Research sponsored by the Nuffield Foundation.

Erikson, E. H. (1968) *Identity, Youth and Crisis.* New York: Norton and Co.

Finkelhor, D. (1986) *A Sourcebook on Child Sexual Abuse.* California: Sage Publications.

Finkelhor, D. and Browne, A. (1985) 'The Traumatic Impact of Child Sexual Abuse: A Conceptualisation.' *American Journal of Orthopsychiatry,* 55(4) 530–541.

Heller, S. and Steele, T. (1986) *There's no such thing as Hypnosis.* Phoenix: Falcon Press.

Ironside, V. (1996) *The Huge Bag of Worries.* Hove: Macdonald Young Books.

Jones, D. and Ramchandani, P. (1999) *Child Sexual Abuse: Informing Practice from Research.* Abingdon: Radcliffe Medical Press.

Mills, J. C. and Crowley, R. J. (1986) *Therapeutic Metaphors for Children and the Child Within.* New York: Brunner/Mazel Inc.

NCH (1996) *Hearing the Truth: The Importance of Listening to Children who Disclose Sexual Abuse.* London: NCH.

Rogers, C. (1991) *Client Centred Counselling.* London: Constable and Co Ltd.

Rowan, J. (1983) *The Reality Game: A Guide to Humanistic Counselling and Therapy.* London: Routledge.

Ryan, G. D. and Lane, L. S. (1991) *Juvenile Sexual Offending, Causes, Consequences and Correction.* Massachusetts: Lexington Books.

Smith, G. (1994) 'Reassessing Protectiveness.' In D. Batty and D. Cullen (ed) (1996) *Child Protection, The Therapeutic Option.* London: BAAF.

Smith, G. (1995) *The Protectors Handbook: Reducing the Risk of Child Sexual Abuse and Helping Children Recover.* London: The Women's Press Series.

Winnicott, C. (1984) *Face to Face with Children – In Touch with Children.* London: BAAF.

Winnicott, D. (1991) *Playing and Reality.* London: Routledge.

Subject Index

'Abuse' 9
abusers *see* offenders
addictive behaviour 36
adolescents
    abused 22–23
    as offenders 22, 146–50
adults, working with 113–26
affection, confusion over 32, 44
aggression, of abused children 35
alcoholism 35
anger 123, 124–25
animals, in symbolic expression 84–86, 104–7
autonomy, developing 35

baby-sitting, risks of 143
behaviour, thinking and feelings, dynamic balance between 64–66
believed, being 40, 43, 56, 142
bereavement, feelings of 52, 54
betrayal 33, 49
    see also trust
blackmail, of abuser 40–41
body awareness, encouraging 143
body image, distortion of 32, 144
boundaries, setting appropriate 61, 69, 96–97
boys *see* male referrals
'Breaking Free' 43
bullying 98, 148
    by abused children 35

'Child / Fun' 30
child-centred approach
    play 69–71, 80
    reviews 28
    see also person-centred approach
child protection
    children with learning difficulties 145–46
    responsibility of adults 140–43
    risks 26–27
    self-protection 139, 144–45, 165
    tensions with therapeutic work 23, 27, 156–57
Child Protection Guidelines 26, 76, 164
child sexual abuse
    effects on child 31–45
    effects on family 47–55
Child Sexual Abuse National Research 29, 161
childcare arrangements, risks of 143
Children and Families Project
    aim and objectives 19–20, 139
    assessment process 24–26, 27, 164
    background 19–20
    consultation 20–21, 154
    evaluation of 29, 161–62
    family, working with 23–24
    funding 19
    information for parents and carers 76, 165–66
    introductory meetings 73–77
    length of service 28
    multi-agency initiative 147
    multi-disciplinary working 20, 146–47
    referrals 21–22, 44
    reviews 27–28
    service criteria 22–23
    supervision 21, 147–48, 154, 157
    team ethos 20, 155
    therapeutic model 15–16, 20
    working agreements 26–27, 77, 118, 163–64
Cinderella story 96

clients
Amy (adult) 42, 43, 116–26
Amy (child) 84–85
Annie 86–87
Catherine 42
Christine 48–49, 97
Clare 90
Craig 88
David 148–50
Deirdre 34
Fay 48–49
Frances 98–99
Gemma 94
Geraldine 88–89
Marilyn 132–36
Melanie 96–97
Nathan 99
Pauline 82–83
Peter 85–86
Ruth 33
Sandra 81–82
Sharon 62, 67, 71, 103–10
Sophie 94
Susan 87
Wendy 49
Yvonne 48–49
Zoe 49
complaints procedure 27
confidentiality 71
and child protection system 156–57, 164, 166
conditions of 26–27, 76
confusion, over sexual contact 32
congruence, core counselling condition 67
consultation 20–21, 154
containment
artwork 89
images for 107
model making 84
continuity of sessions, maintaining 166
conviction rates, low 11, 43–44
counselling
core beliefs and principles 59
metaphor for 113
person-centred approach 60–62
for professional helpers 21, 154
creative media, using
with adults 115–16
visual expressive 79–90
words and action 93–100
creativity, reconnecting with 12, 66–67, 115

'Dad' 72
defences, respecting client's 61
denial 11
female abusers 44
of sexually aggressive behaviour 149, 150
dependency, risk of 28, 61, 158
disbelief, following disclosure 130, 132–33
disclosure
difficulties following 52–54, 60, 130, 132–33
responding to 142
disruption, caused by sexual abuse 129–30
domestic violence 54
drama 96–97, 148–50
'Dreams' 46

eating disorders 35, 43, 64
emotivity, of child abuse 11, 12
empathy, core counselling condition 68
endings 28, 158
equality, therapeutic relationship 61, 67, 71
evidence, lack of 11

Faithfull Foundation 20–21, 38, 39
'Families' 77
families, of abused children
    forgotten victims 47–48
    talking about abuse 120–21, 122–23, 125–26
    working with 23–24, 129–36, 166
family schisms 50, 60
fantasy, using in healing 66–67
feelings
    behaviour and thinking, dynamic balance between 64–66
    detachment from 32, 64, 84
    expressing for self-protection 145
    overwhelming 64
'Feelings' 34
female abusers 8, 11, 36, 44, 50, 97, 159

gender issues
    female abusers 8, 11, 36, 44, 50, 97, 159
    male referrals 21–22, 159–60
grooming 37–38, 39, 41, 42, 52, 118, 121, 124–25, 144
groupwork, mothers of sexually abused children 55, 135, 136
guilt
    child's feelings of 37, 41, 107, 121, 123
    mother's sense of 52, 133

health problems, from abuse 35
helpers *see* professional helpers
heroes, in expressive play 99–100
homosexuality, fear of in abused males 159
hope 12, 109, 125, 152
Huge Bag of Worries, The 94

imagination
    reconnecting with 12, 66–67, 115
    for survival 93
independence 28
Independent Committee of Enquiry (1990) 19
indications, of sexual abuse 43, 141, 142
information, sharing 100, 116, 121, 124, 133, 134, 135
innocence, loss of 32
introductory meeting 74–77, 117, 165
isolation 41, 52, 54, 55
'It's All Right' 108–9
It's My Body: A Book to Teach Young Children how to resist Uncomfortable Touch 143

Kidscape 143, 144

language, for describing abuse 42
learning difficulties, protection of children with 145–46
listening, to children 143
Little Red Riding Hood story 96
long-term counselling, of adults 114, 126
'Look' 110
loss, sense of 32–33
'Lost Childhood' 18

male referrals 21–22, 159–60
media coverage 11
metaphor
    developing therapeutic 94, 105–7
    presenting problems and symptoms as 93
model making 83–87, 103–4
monster figures, in symbolic play 99
'Monsters' 99

'Mother' 18
mothers, of sexually abused children 47, 48–49, 51–55, 52, 54–55
as abusers 44, 97, 103, 107
blaming 51–52
offenders' disempowering of 38, 51
themselves abused 52, 156–57
working with 129, 130–31
mystery, surrounding child sexual abuse 11
myths, about sexual abuse 142, 159

NCH 19, 29, 35, 57
non-judgmental attitude, in counselling 68–69, 161

offenders
adolescent 146–50
child's resistance, overcoming 38–39
conviction rates, low 11, 43–44
focussing on 11
inhibitions, overcoming external and internal 36–38
motivation to offend 36
not getting found out 39–41
prevention of abuse 139–40
seductive grooming 42, 118, 121, 124–25, 144
targeting victims 41–42, 124
understanding how they operate 20–21, 31, 100, 134, 135
Once Upon a Time . . . Therapeutic Stories to Heal Abused Children 93
outside agencies 27, 164

parents, of sexually abused children
themselves abused 23, 35, 48, 54
partners, coping with as abusers 131, 132, 133–34
person-centred approach 12, 60–64, 165
with adults 114–15
boundaries, setting appropriate 61, 69
core counselling conditions 67–69, 71, 161
minimising risk of dependency 158
with sexually aggressive children and young people 147
physical contact, fear of 32
play
child-centred play therapy 59, 61, 69–71
dramatic play 96–97, 148–50
meaning and value of 79–80
symbolic play 70–71, 80–83, 97–100
poetry 95–96, 107–10
post traumatic stress disorder 31–32, 44
power
of adults, underestimating 146
motivation in child sexual abuse 36
powerlessness 34–35, 42
being trapped with the secret 34–35, 39–41, 56, 121
families 34–35, 39–41
therapeutic relationship 61
prevention
families, working with 23
sexually aggressive behaviour, tackling 22
working towards 139–50
privacy, child's right to 166
professional helpers
counselling for 21, 154
emotional impact on 147–48

encountering clients' experiences 15–16, 154
looking after themselves 154–55
supervision of 21, 147–48, 154, 157
project administrators 20, 74, 75, 154
project assistants 20, 26, 74
project manager 20, 166
project workers 20, 21, 74, 75–76
male 21, 159
protection, of children *see* child-protection
Protection Pack, The 145
Protectors Handbook, The 140
Puppet Gang, The 96–97, 145
puppets 97–100

qualities of human spirit, in overcoming abuse 152

rape victim, artwork of 88–89
records, access to 27, 164
reflection *versus* interpretation 61
relationship problems 33, 33?, 35, 56, 119, 123
resources, inadequacy of 19
respect, for clients 61
reviews 27–28, 154, 165
'Road of Life, The' 91

sadism 39
safe carer, importance of for therapy 24–26
safe place
creating 15, 59–71, 76–77
drawing 89–90
helpers' need for 15
importance of 59–60, 161, 162
mothers of abused children 54–55
policy, as service criterion 22, 23, 24
revisiting 28
story telling 94
for therapeutic encounter 60–64
therapeutic metaphor for 105–7
sand tray 80–83
secret, of child abuse 11, 116, 117, 142
exploding 42–44, 117–18, 125
offenders' measures to keep 34, 39–41, 42
seductive grooming 42, 118, 121, 124–25, 144
self-destructive behaviour 34, 43, 64
self-doubt, of mothers of sexually abused children 131
self-esteem 34, 35, 63, 144, 146
self-protection 139, 144–45, 165
see also child-protection
self-worth, importance of in self-protection 144
sessions 26, 74–75, 165
sex education 144
sexualisation, traumatic 32–33, 48–49, 120, 122
sexually aggressive behaviour, of young people 22, 146–50
shame, feelings of 49, 69, 121, 122
siblings 131
abuse by 50–51
signs, of sexual abuse 43, 141, 142
'Stella's Story' 137
stigmatisation 34, 49, 52, 55, 69, 121–22
story telling 93–95
stress, of working with sexually abused victims 154
supervision, of professional helpers 21, 147–48, 154, 157
'Survivor's Story, A'

suspected abuse, risks of working with 23, 156
symbolic expression
artwork 87–90
model making 83–87
play 70–71, 80–83, 97–100, 148–50
sand tray 80–81
Sharon's story case study 103–10

Tavistock and Portman NHS trust 29
Teenscape: A Personal Safety Programme for Teenagers 145
therapeutic metaphor, developing 94, 105–7
therapeutic relationship, person-centred 12, 59, 60–64, 67–69, 71, 114–15, 147, 158, 161, 165
There was a time 153
thinking, feelings and behaviour, dynamic balance between 64–66
threats, of abuser 40–41
timing, of help 114
touching, good and bad 143
training, for adult protectors of children 142
transitional space 63–64
transport 26, 74–75, 165
'Trapped' 34–35
traumatic sexualisation 32–33, 120, 122
children 32–33, 120, 122
trust 35, 47, 108
and betrayal 33, 59, 121
betraying child's and Society's 11
mothers of sexually abused children 62–63
problems with 123
therapeutic relationship 61, 62–64, 67–19, 71, 158
'Trust' 56–57, 62
'Turning Back Time' 101

unconditional positive regard 68–69

Very Touching Book, A . . . For Little People and Big People 143

'Why me?' 41–42
'Witness' 127
workers *see* professional helpers

young people, extending definition to age 21 22

Author Index

Adams, J. 96, 145, 150
Ainscough, C. 43, 45

Bain, O. 45
Brennan, A. 52
Browne, A. 32, 44, 48, 121, 122, 124, 139
Browne, K. 143, 144

Cattanach, A. 63–64
Crowley, R.J. 79, 83

Darlington, C. 145
Davis, N. 93
Dodsworth, P. 166

Elliot, M. 143, 144, 145, 150
Engel, B. 45
Erikson E.H. 62

Finkelhor, D. 32, 36, 44, 45, 48, 121, 122, 124, 139, 147
Fletcher, M. 55, 136, 151
Freeman, L. 143, 151

Gifford, V. 96, 145, 150
Glass, D. 93

Heller, S. 93
Hindman, J. 143, 151

Ironside, V. 94

Jones, D. 54

Kendrick, P 71
Kilcoyne, J. 143, 144

Lahad, M. 66–67
Lane, L.S. 147

Mearns, D. 71
Mills, J.C. 79, 83

Orr, T. 55, 136

Peake, A. 55, 136, 151

Ramchandani, P. 54
Rogers, C. 60, 67
Rowan, J. 76
Ryan, G.D. 147
Ryan, V. 71

Saunders, M. 45
Smith, G. 140, 142, 151
Steele, T. 93
Sumner, M. 145

Thorne, B. 71
Toon, K. 43, 45

Winnicott, C. 63
Winnicott, D. 79