



Helping the traumatised child

A training course for counsellors

MOLO SONGOLOLO

2nd Edition

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A training course for counsellors

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BASIC COUNSELLING SKILLS

1. OUTCOMES FOR THE SESSION:

- To have knowledge of effective counselling skills
- To practise the counselling skills in order to internalise them
- To develop the correct counselling attitude and non-verbal skills.

2. WHAT IS COUNSELLING:

(Gills 1994)

"**Counselling** is a **facilitative process** in which the counsellor, working within the framework of a **special helping relationship**, uses specific **skills** to assist the person to **help themselves** more effectively."

This involves the following:

- Counselling is a process – thus counselling is not about telling another what to do with their problem, but rather through a non-judgemental caring interaction with the other, to promote and encourage growth.
- Special helping relationship – the relationship for the person seeking help needs to be warm, caring and non-judgemental.
- Specific helping skills – this implies that the helper has specific skills that they employ to institute change within the person.
- Assist people to help themselves – the most long lasting growth is that which the person institutes for themselves and is actively involved with.

3. WHAT MAKES A GOOD COUNSELLOR?

(Lazarus and Sterling 1995)

People that are natural helpers usually have qualities of good counsellors. The helpful ways of working with people includes:

- Listening
- Checking that you are understanding the person correctly
- Asking (not too many) questions
- Suggesting other ways of dealing with the problem
- Giving information

- Giving feedback on what the other person has done or said
- Teaching new skills or helping the person practise using existing skills
- Actively helping the person carry out some action

There are many ways in communicating with others that we may block building a helping relationship with that person.

4. ROADBLOCKS TO GOOD COMMUNICATION:

Source: BIG BROTHER BIG SISTERS OF SOUTH AFRICA

1. Directing, ordering and commanding:

These messages produce fright, resentment and instigate rebellion e.g. "you must", "stop crying", "Try harder". Such communication does not acknowledge and respect other people's feelings.

2. Threatening, warning and punishing:

This communication invites people to do exactly the opposite of what is being said, and evokes anger and resistance. E.g. "If you don't stop crying then I'll give you something to cry about", "you had better do that or I'll tell your mom".

3. Moralising, preaching and obliging:

This type of communication invites guilt feelings as well as reducing self esteem and developing resistance to authority. E.g. "You should", "It is your duty to go to school and do your best. When I was young I never got opportunities like you. Now stop being ungrateful"

4. Persuading with logic, arguing, instructing and lecturing:

This invites an argument, and also implies that you are right and the listener is wrong. E.g. "This is why you are wrong...", "The fact is...", "That is not right".

5. Advising, recommending, providing answers or solutions:

This type of communication implies that you are superior and that you have all the answers. It deprives the other to find solutions for their own difficulties, and thereby improve their self esteem. It further also encourages dependency.

6. Criticising, name calling, blaming, evaluating, judging negatively and disapproving:

These build barriers between people. Any of these would reduce the self worth of the other. E.g. "You are lazy", "You are not thinking straight" "You are really messed up".

7. Kidding, teasing, making light of, joking and using sarcasm:

These make the other feel rejected and resentful. E.g. "You think you know it all", "When did you last read a newspaper?", "Well then why don't you just burn down the school!".

8. Diagnosing, psychoanalysing, interpreting:

This invades people's privacy and makes them feel that their opinions or perceptions are incorrect. This may cause insecurity or anger. E.g. "What's wrong with you is...", "You're just trying to get attention" and "You don't really mean that."

9. Withdrawing, diverting, avoiding, and digressing:

This way of communicating shows a lack of respect for what the other is saying, and judges it to be unimportant. It may also show anxiety on the part of the communicator. E.g. "Let's not talk about it now", "Forget it", "Not at the dinner table", "That remind me..".

10. Cross examining, interrogating, questioning, probing and prying: the listener may feel like they have done something wrong, or that they are not communicating effectively. It may feel like distrust if being communicated. E.g. "Why did you do that?", "Where were you?".

11. Praising, judging positively and approving:

These messages are usually well intended when they are not manipulative. However, when they are misused they imply that the speaker is in a position to judge the other person's performance. E.g. "You've done a good job on that model", "You are a good boy today", "That is a very good drawing".

12. Reassuring, consoling, excusing and sympathising:

Though usually intended to reduce the other's pain, these types of messages neglect the expression of understanding and empathy for the very pain they are intended to reduce. E.g. "You'll feel better tomorrow", "don't worry", "It's not so bad".

5. THE FOUR BASIC COUNSELLING SKILLS:

Lazarus and Sterling (1995)

5.1 ACTIVE LISTENING

Listening is a critical component to counselling. It provides the basis for making sense of the client's problem. Listening is not passive; it involves active attention by the counsellor. Listening is not a simple process. It involves listening to what words the person says, to the feelings behind the words, to body language and very importantly, to your own feelings.

5.1.1 How to listen - positive qualities

- Make time, later if necessary
- Arrange privacy
- Sit or stand quietly looking alert
- Look interested
- Wait for the person to start
- Let the person tell their story in their own way
- Don't interrupt
- Show non-verbally that you are listening
- Allow silence
- Encourage the person to continue

- Ask few questions and only to clarify
- Check whether understanding is correct
- Reflect feelings
- Be aware of own feelings and response.

5.1.2 Mmmm...

Another way of showing that you are actively listening to the client is to make reassuring or interested 'sounds' while the client is talking. The best one of these is to add a thoughtful "mmm" every now and then. This should show genuine interest.

5.1.3 Non-verbal attending:

SOLER

S – Sit squarely – sit facing one another, at a slight angle. Make sure that you are close enough to the client to be able to touch them if necessary. Ensure that there are no obstacles between you e.g. a desk.

O – Open posture – this involves sit comfortably with arms and legs uncrossed

L – Lean forward – this should indicate a relaxed interest. It should also be comfortable and relaxed.

E – Make eye contact – eye contact should be show a natural way of being interested in the client. Do not stare.

R – Relax and give them your full attention – if though your non-verbal communication show you anxiety or lack of interest to the client, they will not be able to discuss their concerns with you effectively.

Another important point to note in non-verbal communication is the clothing of the counsellor. This should be comfortable, and in particular when working with children, should be such that the counsellor can move about easily. Further, in particular when working with sexually abused children, clothing should not be revealing or sexy in any way as this is not appropriate.

5.1.4 Paraphrasing: (BBBSSA)

The listener, in his own words, states the basic message of what the client has conveyed. It gives the indication that you are listening very carefully, to the point of being able to repeat word for word what the client has said. It is important to use this technique every now and again, do not use it all the time otherwise you may begin to sound like a parrot!

e.g. Client: Everything seemed to go wrong today.

Counsellor: Today was not your best day.

Client: I can't decide whether to finish school this year, or get a job.

Counsellor: You are unsure about what to do next year.

5.2 CLARIFYING:

Although the client is encouraged to tell their story in their own way, from time to time it is important for the counsellor to ask questions to make sure he has understood the client correctly, and to get further information.

It is better to ask a few well chosen questions than to ask too many questions. Therefore the kinds of questions one asks is very important.

5.2.1 Types of questions:

One gets a variety of questions, of which some elicit more response and interaction on behalf of the client.

- Open-ended questions: this type of question encourages the client to give more information in their own words. No direction is given with regards to the detail of what should be said e.g. what happened then, tell me about what happened etc.
- Closed / specific questions: this is much more directive, and asks for specific information e.g. tell me what did you do then, where did you go.
- Yes / No questions: here the interviewer provides the client with some alternatives to choose from e.g. did you go to the movies or the ice rink?

When working with people within a counselling relationship, the best questions to use are open-ended. Only when you need specific information in order to really understand a situation would one use a closed question. Try never to use yes-no questions as they are leading and do not encourage good communication.

5.2.2 How not to clarify:

Following are some examples of how not to ask questions when wanting to clarify information:

- Have you got a problem?
- Is it your husband?
- Does he drink?
- Do you drink?
- Are you on family planning?

5.2.3 How to clarify:

Some useful questions to ask when clarifying may be:

- How long has it been a problem?
- What stressors happened just before the problem started?
- What has made the problem worse or better?
- What solutions have you already tried?
- What do you think I could help you with?

5.2.4 The five "W's"

The five "w" questions help to ensure that information on all aspects of the situation have been discussed.

- Who
- When
- What
- Where
- Why

I have found when working with children in particular, that a WHY question is never helpful to ask. All the other "W" questions are helpful. Why seems to implicate some blame or responsibility for the problem. Rather than using a why question, try to phrase it differently e.g. "why did you go back to his house?" compared to "what happened that you ended up going back to his house?" or "How did it come about that you went back to his house?".

5.3 REFLECTING:

"Reflecting involves the counsellor being like a mirror for the client: the counsellor reflects to the client what she is saying and feeling. Reflections show that the counsellor understands the client's point of view: not only the content of what the client has said, but also the feelings about it.

Reflecting also serves other purposes. It allows the counsellor to check whether she has understood the client correctly, And it show that the counsellor has been listening, in this way prompting the person to continue.

Reflecting does not mean merely repeating what the client has said. Rather, it means getting are what lies behind the words – at the things which are not easily said.

In reflecting feelings the counsellor needs to try to describe the feelings that he perceives as accurately as possible. To do this, the counsellor needs to use empathy, drawing on how she may have felt in the client's position, It is important to remember, however, that not everyone will feel the same way about a particular situation."

It is important for the counsellor to set aside their own feelings in order to properly empathise with their client. The counsellor must hold back any thoughts on what she would have done or what she would have thought. The way to reflect and empathise is to do so tentatively e.g. you could be feeling, you might be feeling .

It is important for the client to build up a good "feeling words" vocabulary. This allows the counsellor to really find the right word for the specific feeling of the client. When working with children, it is important to ensure that the child understands the words used.

5.4 SUMARISING:

This is the process of selecting the major themes which have been discussed, and bringing them together in your own words. This highlights that you have understood the most important issues, and that the client is able to get a picture of the total situation. Summarising also means encouraging the client to move onto a new topic, or to indicate that an interview is coming to a close. The counsellors should accept that their summary may not always be accepted by the client – either because it did not clearly bring together the relevant points, or that the client may not yet be ready to hear it.

THERAPEUTIC SKILLS WHEN WORKING WITH CHILDREN

Some of this work was developed while working at RAPCAN.

1. TENNETS FOR RELATING TO CHILDREN:

Gary Landreth (1991) suggests some basic concepts in relating to children that will ensure that you are able to build an effective relationship with them.

- *Children are not miniature adults* and the therapist does not respond to them as if they were.
- *Children are people.* They are capable of experiencing deep emotional pain and joy.
- *Children are unique and worthy of respect.* The therapist prizes the uniqueness of each child and respects the person they are.
- *Children are resilient.* Children possess tremendous capacity to overcome obstacles and circumstances in their lives. (However they need to be given the opportunity to do so).
- *Children have an inherent tendency toward growth and maturity.* They possess an inner intuitive wisdom.
- *Children are capable of positive self-direction.* They are capable of dealing with their world in creative ways.
- *Children's natural language is play* and this is the medium of self-expression with which they are most comfortable.
- *Children have the right to remain silent.* The therapist respects the child's decision not to talk.
- *Children will take the therapeutic experience to where they need it to be.* The therapist does not attempt to determine when or how the child should play.
- *Children's growth cannot be speeded up.* The therapist recognizes this and is patient with the child's developmental process.

These tennets provide useful guidelines and are always helpful to keep at hand.

2. PRINCIPLES FOR RELATIONSHIPS WITH CHILDREN

Landreth (1991) suggests the following principles as the basis of building relationships with children. I have found these to be useful in underpinning all relationship with children, although sometimes difficult to adhere to in entirety, as one often wants to prevent children from as much pain as possible.

- *I am not all knowing.* Therefore, I shall not even attempt to be.
- *I need to be loved.* Therefore I shall be open to loving children.
- *I want to be more accepting of the child in me.* Therefore, I shall with wonder and awe allow children to illuminate my world.
- *I know so little about the complex intricacies of childhood.* Therefore, I shall allow children to teach me.
- *I learn best from and am impacted most by my personal struggles.* Therefore, I shall join with children in their struggles.
- *I sometimes need a refuge.* Therefore, I will provide a refuge for children.
- *I like it too when I am fully accepted as the person I am.* Therefore, I will strive to experience and appreciate the person of the child.
- *I make mistakes. They are a declaration of the way I am - human and fallible.* Therefore, I will tolerate the humanness of children.
- *I react with emotional internalization and expression to my world of reality.* Therefore, I will relinquish the grasp I have on reality and will try to enter the world as experienced by the child.
- *It feels good to be an authority and to provide answers.* Therefore, I shall work hard to protect children from me.
- *I am more fully me when I am safe.* Therefore, I will be consistent in my interactions with children.
- *I am the only person who can live my life.* Therefore, I shall not attempt to rule a child's life.
- *I have learned most of what I know by experiencing.* Therefore, I will allow children to experience.

- *The hope I experience, and the will to live, come from within me. Therefore, I will recognize and affirm the child's will and selfhood.*
- *I cannot make children's hurts and fears and frustrations and disappointments go away. Therefore, I will soften the blow.*
- *I experience fear when I am vulnerable. Therefore, I will with kindness, gentleness and tenderness touch the inner world of the vulnerable child.*

It is a challenge for every therapist to work towards these relationship goals with children.

3. DIFFERENCES DUE TO DEVELOPMENTAL LEVELS

Garbino and Scott (1989) in Muller and Hollely (2000, 167) make the following comment: "The better the knowledge one has of child development, the better prepared one is to identify effective ways of communicating with children". It is clear also through personal experience that a thorough understanding of child development is a critical element in understanding and helping children.

It is important for therapists working with children to have a thorough understanding of developmental tasks and obstacles that children deal with in particular developmental phases. Schoeman and Van de Merwe (1996) identify the following pointers:

- Children are still developing, and are thus immature.
- There is an inability for abstract thinking, (things they cannot touch), especially concerning time and space.
- A child's attention span is short.
- The use of fantasy is common.
- The child's ego is still developing thus his ability to handle internal impulses and external demand is limited. This is one reason why one needs to set limits for children.
- Children perceive their external world to be able to control them in a mysterious way.

- The child may act impulsively seeking attention and self-satisfaction.
- Biological and somatic factors, such as thirst and hunger, influence children's emotions. Thus they may have a low frustration tolerance when they are hungry.
- His knowledge about himself and his goals for himself are not well formed.
- A young child cannot feel empathy.

4. DIFFERENCES IN COMMUNICATION:

It is clear that children are different from adults. What then are the differences in communication patterns and abilities between children and adults? Schoeman et al (1996) suggest the following:

- The child does not have well-developed sense of verbal language. They communicate non-verbally through play. Thus it is important to have props available in order to work with children.
- The child does not usually respond well to questions and does not understand statements.
- The child's ability to identify and verbalize feelings is difficult.
- The use of language may shift between simple childlike language, and sophisticated words or language, which are picked up from adults.

The characteristics of children create challenges for the therapist, particularly in work with sexually abused children where the consequences of disclosure impacts on many more than just one individual.

5. COMMUNICATION WITH THE CHILD

"Children's play can be more fully appreciated when recognized as their natural medium of communication. Children express themselves more fully and more directly through self-initiated spontaneous play than they do verbally because they are more comfortable with play" (Landreth 1991:10).

Children are sometimes more difficult to interview than adults because they have limitations in language comprehension, language expression, conceptual abilities and memory. They may not know the words to describe their symptoms, particularly the subjective experience associated with their feelings". (Sattler 1998, 97)

Communicating effectively with children is challenging. As adults we tend to talk about children, with them present, however, assume that they do not understand. It is the therapist's responsibility to behave as a different adult and to communicate at the child's level with a medium with which they are comfortable.

Following are some ideas on how to improve communication (Schoeman and Van de Merwe 1996):

- Active listening and observation of the child's non-verbal communication are the essence of communicating and mutual understanding.
- Be open to the messages children are trying to convey. If you are not clear, clarify it. Ask the child to help you understand.
- Periods of silence are normal, and must be allowed.
- Show respect to the child, and do not adopt a paternalistic, adults-know-better attitude (particularly in sexual abuse work, one tends to think that as an adult we automatically know what is in the best interest of the child. Sometimes we need to pause and put ourselves in the shoes of the child).
- It is good to laugh with the child, but not at him.
- Use language that the child understands.

- Think of interesting ways to initiate conversations with children, e.g. "Can you whistle?", "Hello, I am glad that you came to visit me with your red shoes on".
- Ensure that you are practically on the same level as the child.
- Physical distance between the therapist and child should be comfortable for both.
Follow the child's lead if you are unsure.
- Spontaneous, timely and sincere physical contact is a very special form of communication. This conveys to the child that he is a worthwhile human being, while also carrying a strong message of comfort and consolation. (However, especially sexually abused children need to have appropriate body boundaries remodelled for them, which previously have been violated without consent from the child.)

6. SETTING LIMITS

Setting limits when working with children should focus on enhancing the relationship and purpose of the session (Schoeman, 1996). Limits must be logical, consistent, reasonable and unconditionally accepting. Limits should also be used only when necessary, be realistic, and neutral. The use of limits provides an environment for the child that is advantageous to his/her healing for the following reasons:

- They give structure to the play.
- They build the child's self control
- They offer security and emotional safety for the child
- Ensure the child is able to play safely and freely.

A range of limits are relevant to working with children. The ones specifically relevant to our work include (Ginott 1958):

- Time limits – "we have an hour together"
- Toys may not be taken from the room
- Toys and other property may not be destroyed

- Limits on aggressive behaviour, especially toward the supporter, other children or to the child him/herself,
- Limits on affection, and appropriate affection.

The manner in which the limits are set is extremely important. Ravat (1998) suggests the following technique of setting limits:

- Recognize the child's feelings or wishes and help the child to express these.
- State clearly the limit on a specific act.
- Point out other ways in which the feeling can be expressed.
- Help the child bring out resentful feelings that come from the limit.

Sometimes it is difficult to enforce limits when children do not respond to them effectively. When children break limits implement the following;

- Remain accepting
- Stay firm but kind
- Reflect on behaviour/ feelings
- Don not enter into discussion.

Children have unique ways of communicating. As the court supporter, one needs to be aware of this and take up the challenge of how to effectively connect with the child.

7. CHILD DEVELOPMENT:

(BBBSSA)

7.1 FIVE TO SEVEN YEAR OLDS:

General Characteristics:

- Eager to learn, tires quickly, short period of interest
- Learn best when they are active while learning
- Self assertive, boastful, less co-operative, more competitive

Physical Characteristics:

- Are very active and need frequent breaks from tasks to do things that are fun for them and involve the use of energy.
- Need rest periods.
- Large muscles are well developed. Activities involving small muscles are difficult.
- May tend to be accident prone.

Social Characteristics:

- Like organised games and are concerned about following the rules.
- Can be very competitive. May cheat at games.
- Are very imaginative and involved in fantasy play.
- Self assertive, aggressive, want to be first, less co-operative than at five, and boastful.
- Learn best through active participation.

Emotional characteristics:

- Are alert to feeling of others, but are unaware of how their own actions affect others.
- Are very sensitive to praise and recognition.
- Feelings are easily hurt.
- Inconsistent in level of maturity evidenced, regresses when tired, often less mature at home than with outsiders.

Mental Characteristics:

- Are very eager to learn
- Like to talk
- Their idea of fairness becomes a big issue.

- Have difficulty making decisions

Developmental tasks:

- Sex role identification
- Early moral development
- Concrete operations – the child begins to experience the predictability of physical events.
- Group play.

7.2 EIGHT TO TEN YEAR OLDS:

General characteristics:

- Interested in people, aware of differences, willing to give more to others, but expect more
- Busy, active, full of enthusiasm, may try too much, accident prone, interested in money and its value
- Sensitive to criticism, recognise failure, capacity for self evaluation
- Capable of prolonged interest, may make plans of their own
- Decisive, dependable, reasonable, strong sense of right and wrong
- Spend a great deal of time in talk and discussion, often outspoken and critical of adults, although still dependant on adult approval.

Physical characteristics:

- Are very active and need frequent breaks from tasks to do things that are fun for them and involve use of energy.
- Bone growth is not yet complete.
- Early matures may be upset with their size.
- May tend to be accident prone.

Social Characteristics:

- Can be very competitive
- Are choosy about their friends
- Being accepted by fiends becomes quite important
- Team games become popular
- Worshipping heroes, TV stars and sport figures is common

Emotional Characteristics:

- Are very sensitive to praise and recognition. Feelings are easily hurt.
- Because friends are so important during this time there can be conflict between adults' rules and friends' rules.

Mental characteristics:

- Their idea of fairness becomes a big issues
- Are very eager to answer questions
- Are very curious, and are collectors of everything. Want more independence, but know they need guidance and support.
- Wide discrepancies in reading ability.

Developmental Tasks:

- Social co-operation
- Self evaluation
- Skill learning
- Team play

7.3 ELEVEN TO THIRTEEN YEAR OLDS:***General Characteristics:***

- Testing limits, know-it-all attitude
- Vulnerable, emotionally insecure, fear of rejection, mood swings
- Identification with admired adult
- Bodies are going through physical changes that affect personal appearance.

Physical Characteristics:

- Small muscle co-ordination is good, and interests in art, crafts, models and music are popular.
- Bone growth is not yet complete.
- Are very concerned with their appearance, and very self-conscious about growth.
- Diet and sleep habits can be bad, which may result in low energy levels.
- Girls begin with menstruation.

Social Characteristics:

- Being accepted by friends becomes quite important
- Cliques start to develop outside of school
- Team games become popular.
- Crushes on members of the opposite sex are common.
- Friends set the general rules of behaviour
- Feel a need to conform.
- Are very concerned about what others think and say of them.
- Have a tendency to manipulate others.
- Interested in earning own money.

Emotional Characteristics:

- Are very sensitive to praise and recognition. Feelings are easily hurt.
- Because friends are so important during this time there can be conflict between adults and friends' rules.
- Are caught between being a child and adult.
- Loud behaviour hides their lack of confidence.
- Look at the world more objectively, adults subjectively, critical.

Mental Characteristics:

- Tend to be perfectionists.
- Want more independence, but know they need guidance and support
- Attention span can be lengthy.

Developmental Tasks:

- Social co-operation
- Self evaluation
- Skill learning
- Team play.

7.4 FOURTEEN TO SIXTEEN YEAR OLDS:

General characteristics:

- Testing limits, know-it-all attitude
- Vulnerable, emotionally insecure, fear of rejection, mood swings
- Identification with admired adult
- Bodies are going through physical changes that affect personal appearance.

Physical Characteristics:

- Are very concerned with their appearance, and very self-conscious about growth.
- Diet and sleep habits can be bad, which may result in low energy levels.
- Rapid weight gain at beginning of adolescence. Enormous appetite.

Social Characteristics:

- Friends set the general rules of behaviour
- Feel a need to conform.
- Are very concerned about what others think and say of them.
- Have a tendency to manipulate others.
- Going to extreme, emotional instability with know-it-all attitude.
- Fear of ridicule and being an adult
- Strong identification with admired adult.
- Interested in earning own money.

Emotional Characteristics:

- Are very sensitive to praise and recognition. Feelings are easily hurt.
- Are caught between being a child and adult.
- Loud behaviour hides their lack of confidence.
- Look at the world more objectively, adults subjectively, critical.

Mental Characteristics:

- Can better understand moral principles
- Attention span can be lengthy

Developmental Tasks:

- Physical maturation
- Formal operations
- Membership in the peer group
- Heterosexual relationships

UNDERSTANDING THE CHILD WHO HAS BEEN SEXUALLY ABUSED

1. INTRODUCTION:

"There is an abundance of energy and strength hidden in children. Children are not as fragile as is often thought. Nonetheless it is important to help hurt and traumatised children to use their limited energy constructively to work through their feelings, where after they should be helped to focus their energy on normal development" (Schoeman and Van de Merwe, 1996).

It is this abundance of energy and potential for healing in children that inspires passion in the therapist to persevere in their work with children. It is this and children's strength and vulnerability that has inspired me to continue to work in a particularly difficult, complex and emotionally taxing field. In my work with children I have to respect these little people for their ability to survive the most horrendous experiences and to still have a smile left for the person who cares.

This workshop is dedicated to every little person who has taken the time to teach me a little about the world of a child, for which I will always be grateful.

2. THE CHILD IN DANGER:

The child-in-danger, in particular the sexually abused child, has particular needs over and above those of other childhood difficulties. Karp and Butler (1996), describe the thinking that abused children often experience which is helpful in understanding these children's thoughts, feelings and actions.

- Children have been taught by parents that parents and other adults are always right, and always do things for your own good. When they occasionally hurt you, it is for your own good, because you have been bad. This is called punishment.
- Therefore, it must be my fault that I am being hurt, just as my parent says. This must be punishment. I must deserve this.
- Therefore, I am as bad as whatever is being done to me. I am bad because I have been hurt. I have been hurt because I am bad.
- I am hurt quite often or quite deeply, therefore I must be very bad.
- I am being hurt, emotionally or physically by a parent or another trusted adult.
- Based on how I think about the world thus far, this injury can only be due to one of two things: either I am bad or my parent is.

This abuse dichotomy experienced by children is profoundly destructive and damaging to their view of themselves, parenting and the world they grow up in.

3. CATEGORIES OF CHILD ABUSE

In order to have thorough understanding of the nature of child abuse it is useful to know the definitions of the six categories of abuse and neglect. The following categories are set out as conceptualised by RAPCAN.

3.1 Sexual Abuse

- having sex with a child
- deliberately having sex in front of a child
- exposing a child to pornography
- using a child for sexual and pornographic photos or activities
- touching a child to stimulate the child or the adult sexually
- seductive behaviour with children
- flashing/masturbating/sexual innuendo/jealousy of the child's physical development

3.2 Physical Abuse

- Violent shaking
- Hitting
- Biting
- Burning
- Pulling hair
- Pinching
- Excessive, Unwanted Tickling

3.3 Emotional Abuse

- Ignoring a child
- Favouring one child over others
- Not seeing to a child's developmental needs
- Shouting/Swearing at a child
- Breaking down the self-esteem of a child
- Manipulating children or making them take sides

3.4 Neglect

Withholding physical and emotional needs like;

- love/affection/loving touch
- medical care
- keeping children from school
- access to information
- opportunities to play and socialise
- abandonment

4. SIGNS AND SYMPTOMS

In order to have a through understanding of the above definitions it is imperative to look at indicators in children that may present when one of these forms of abuse or neglect are present. It is important to remember that often one form of abuse will be accompanied by another. Following is a detailed list of indicators for sexual abuse obtained from Sattler (1999).

4.1 Behavioural indicators of sexual abuse

1. Anxiety	31. Altered body image
2. Concentration difficulties	32. Guilt feelings
3. Memory difficulties	33. Feelings of inferiority and poor self esteem
4. Drop in school performance	34. Overly compliant or passive
5. Depression	35. Extremely dependant behaviour
6. Sense of unhappiness	36. Indiscriminately friendly behaviour
7. Anger	37. Sense of loss
8. Loss of trust	38. Suspiciousness
9. Fear of separation	39. Self blame
10. Intense dislike of being left somewhere or with someone	40. Secretive behaviour
11 Flashbacks	41. Feelings of helplessness
12 Eating problems	42. Excessive self-control
13 Fear of the dark	43. Disturbed sleep patterns
14 Regression	44. Hyperactivity
15 Fear of parents or going home	45. Fatigue
16 Wariness of physical contact	46. Psychosomatic symptoms
17 Protective tendencies towards younger siblings	47. Dissociation
18 Role reversal in the family	48. Suicide attempts
19 Clinging behaviour	49. Substance abuse
20 Newly manifested changes in behaviour	50. Sexualised behaviour and play
21 Constant hyper-vigilance	51. Compulsive talk about sexual matters
22 Fear of a place	52. Masturbation
23 Withdrawal;	53. Age-inappropriate sexual knowledge
24 Flat affect	54. Provocative or seductive behaviour
25 Reduced responsiveness	55. Compulsions about cleanliness
26 Detachment	56. Refusal to undress in front of others
27 Running away	
28 Cruelty to animals	
29 Frequent absences or truancy	
30 Poor interpersonal relationships	

4.2 Physical indicators of sexual abuse

Torn or stained clothing Vaginal or anal bleeding Pain with urination nor bowel movements Genital itching Swollen genitals Injury to lips Vaginal discharge or infections Penile swelling or discharge Urinary tract infections Unexplained genital injuries	Pregnancy Sexually transmitted infections Bruising or lovebites in the face, neck, genitals or inner thighs.
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Although a thorough understanding of the indicators for sexual abuse are imperative when working with a sexually abused child, further information regarding the other forms of abuse and neglect are also useful to keep in mind. Following is a list compiled by RAPCAN focussing on sexual, physical and emotional abuse and neglect.

5. MYTHS OF CHILD SEXUAL ABUSE:

Myths 1-10 were obtained from the Childline website and the myths 10-20 Hollely and Muller (2000:148-153). The last one is a relatively recent occurrence in our country, and is my personal point of view.

Children often lie about being sexually abused	Children are unable to fantasise about something of which they have no knowledge or experience. Further, Potgieter (1999) suggests that a fantasy would contain the child in a position of power, and not in the role of victim.
Children are usually abused by dirty old men	The majority of children (suggested statistics are 80% - 90%) of children are abused by persons whom they know, often within the family context.
If there is no medical evidence, there is no legal evidence for a case of child	There may not be any medical evidence of penetration even though it has taken place,

sexual abuse	and often the time between the event and the medical examination is enough for healing to have taken place.
Children will tell someone immediately after they have been abused	Children are often threatened by perpetrators, and coupled with the intimate nature of sexual abuse, children rarely disclose immediately or purposefully
After the child has been abused, the child will dislike the perpetrator and try to avoid any contact with him	The perpetrator is often someone who has become a significant or special adult in the child's life through the grooming process. The child may enjoy being with him, even though she may not like the sexual abuse
Child abuse victims will scream or try to run away	Children are taught that adults have their best interests at heart, and that they must be obeyed. (refer to the Child Abuse Accommodation Syndrome)
Children seduce adults into sexual abuse	Sexual appeal is not the reason why perpetrators commit sexual abuse. It has other dynamics that override this. Using the child's sexuality as a reason for the abuse is usually a powerful rationalisation on the part of the offender.
A child who has been sexually abused will be able to give a coherent, chronological statement and testimony in court.	Fragments of information over time are usually how disclosure takes place. Trauma has tremendous impact on any persons effective functioning.
Incest is not really harmful, as the child receives nurturing and attention.	The psychological impacts of such abuse are often far worse than non-familial abuse.
Most cases of sexual abuse are reported	Estimations are that only 20-50% of cases are reported to the relevant authorities.
Having sexual with a virgin can cure one of HIV/Aids	This is a rationalisation on the part of the offender which lowers his inhibitions and enables him to actually go through with the abuse.

6. THE CHILD ABUSE ACCOMODATION SYNDROME

The Child Abuse Accommodation Syndrome was conceptualised by Roland Summit (1985) and provides a useful understanding of how the process of abuse occurs.

The syndrome includes five categories, two of which need to be present in order for the sexual abuse to occur. The last three categories are aspects which occur due to the abuse and vary in complexity. Each category is a reality for the child, and presents a contradiction for adults in their thinking. The five categories are:

- Secrecy
- Helplessness
- Entrapment and accommodation
- Delayed, conflicted and unconvincing disclosure
- Retraction

7. TRAUMAGENIC STATES

When trying to understand the impact of abuse, the complex nature of abuse, and the dynamics involved make it difficult to conceptualise in a workable format. I found the following traumagenic states to be extremely useful, particularly when compiling reports.

Traumagenic states are emotional conditions that have their origins in traumatic experiences. Finkelhor and Browne (1986) developed four categories of traumagenic states related to sexually abused children, and these have been set out in the tables below. However, James (1989) has developed an additional five categories that relate to any form of trauma experienced by a child. Further, Viola Brody identified some ways in which sexually abused children relate within each of the first four states, while in play therapy

The traumagenic states include (the first four are from Finkelhor and Browne 1986) and the last five from James (1989):

7.1 TRAUMAGENIC SEXUALISATION:

Children who have learned that they are of special value as sexual objects, who have experienced control over adult's sexual behaviours, who have been taught to behave in ways that are provocative to those who sexually exploit children, and those who have experienced intense excitements in the process of being sexually abuse often become eroticized (James 1989). Heightened eroticization occurs whether there has been coercion and whether or not the child initially perceives the experience as frightening or painful.

7.2 STIGMATIZATION

Traumatized children experience a deep sense of shame and feel alienated from others because of their experiences, regardless of the nature of the trauma. Many of these children believe that anyone can look at their faces and know what has happened to them, they frequently avoid eye contact and stay hidden in a variety of ways.

Other stigmatized children try to compensate for their perceived status of not being good enough with a driven need to achieve. Usually however, no amount of achievement compensates for the feelings of shame and diminished self-worth. (James 1989)

7.3 LOSS AND BETRAYAL

The losses sustained by traumatized children are enormous. Often people tend to focus only on the dramatic aspects of the trauma and the loss and sense of betrayal are overlooked. The losses sexually abused children experience are: loss of the only attention she knew, of a loved parent, of a home with friends, a school, an identity and everything familiar.

Betrayal and the child's subsequent loss of trust disturbs the very foundation of her development. She has the feeling that there is no-one that she can

trust. Her energy is spent trying to hide from the world and she has very little energy left for growing.

7.4 POWERLESSNESS

Many children maintain that feeling of powerlessness from the actual traumatic event to the everyday functioning. They feel that they have no choices and remain victims (James 1989).

7.5 SELF-BLAME

It is important for the child to believe that the traumatic event is not his fault – if indeed it is not. Children blame themselves for almost everything that happens to them.

7.6 FRAGMENTATION OF BODILY EXPERIENCE:

People who have been physically traumatised appear to have encoded the event through sensory and muscular memory as well as affective memory. With specific stimuli such as odour, or a certain touch to the body, they relive the event and again experience the original trauma, with its attendant feelings.

Real healing can only take place when a child has mastered cognitive understanding of the event, expressed their feelings as well as completed body-work in order to reclaim ownership of her body.

7.7 DESTRUCTIVENESS

Destructive children quietly or outrageously engage in behaviours that result in other disliking or punishing them. The loss of impulse control in some leads to frightening displays of their own rage.

7.8 DISSOCIATIVE / MULTIPLE PERSONALITY DISORDER

Child abuse has been identified as a predisposing factor for multiple personality disorder. Dissociative disorders can provide an efficient way for children to cope with their difficulties. Dissociation is described by Shirar

- **Recantation** of the allegations – this refers to the child withdrawing or denying previously made statements
- **Reaffirmation** of the allegations – where the child once again maintains that her initial statement was valid.

Why children do not tell about abuse:

- They are afraid they won't be believed.
- They are afraid of getting into trouble themselves – they feel it is their fault
- They fear threats by the offender
- They try to protect the offender
- Children may not know how to tell
- Children may not know that sexual activity is wrong
- They may fear family or peer rejection – stigmatisation
- They may fear being labelled homosexual if the offender is of the same sex
- It may be embarrassing for children to talk about sexual issues
- Some children do not know whom to tell
- They may feel that there was no appropriate time or opportunity
- They may have been told that "nice boys or girls" do not talk like that.

Why children do finally tell someone:

- The abuse escalates in frequency or is becoming more intrusive.
- The child receives some sexual prevention information
- A younger sibling is now at an age where they may be vulnerable to that particular offender.
- The child reaches adolescence and may fear pregnancy or resents the offender's attempts to rule her life.
- The child encounters a caring adult.
- The child develops a medical complication.

The disclosure process requires patience and perseverance on the part of the therapist. A child may never get to the point of disclosing the details of the

abuse, and on some level the therapist needs to respect this decision that the child has made.

9. THE DYNAMICS WITHIN ABUSIVE FAMILIES:

When working with children who have been sexually abused, one must always keep in mind the dynamics that are evident within their families and communities. It is with a thorough understanding of these dynamics that one really get an understanding of the real issues that the children is experiencing.

9.1 SOCIETAL VALUES THAT CONDONE ABUSE:

Firstly, one needs to consider the societal values evident that condone abuse. Particularly within the South African context, with our extremely high rate of violence against women and children, this is a critical factors.

- Patriarchal attitudes are entrenched within our values
- There are weak criminal sanctions
- Children are seen as objects of adults and belong to the adults – they are not seen as individuals in their own right.
- Inability to recognise children's needs, and in particular to prioritise these
- Sexuality is a taboo in many of our cultures – it is not spoken about
- Breakdown of families, both the nuclear and extended family structure has fallen apart.

9.2 CHARACTERISTICS OF ABUSIVE FAMILIES:

Secondly, one needs to think about the characteristics of abusive families.

- Every race, colour, creed, socio-economic group is involved in the sexual abuse of children
- Economic or emotional stress placed on the family increases the risk of abuse e.g. unemployment, marital problems

- Social isolation and little support increases the risk of all forms of abuse and neglect
- Lack of knowledge on child development and adequate parenting skills is also a common factor related to abuse, in particular physical abuse.
- Sole responsibility for the child also leads to increased risk for abuse
- Mental illness, handicap, or pathology e.g. addiction are contributing factors to abuse
- History of domestic violence
- High levels of anger and hostility toward the child

9.3 CHARACTERISTICS OF CHILDREN WHO ARE VULNERABLE TO ABUSE:

Thirdly, some characteristics of children make them more vulnerable to all forms of abuse than others. These characteristics include:

- Low self esteem
- Irritable and difficult
- Feeding problems
- The child cries all the time
- Difficult, bad or selfish
- Disabled
- Mannerisms that irritate parents
- Hyperactive

9.4 MOTHERS OF SEXUALLY ABUSED CHILDREN:

Mothers of children who are sexually abused play a critical role in the life of the children – both in the collusion of the abuse or the healing thereafter. Kruger in the RAU Training manual for Assessing sexually abused children 2003, highlights some critique of mothers in incestuous situations as discussed by Humphreys(1992).

- The way in which mothers are involved in the abuse: Mothers are either seen as an active contributor to the abuse or as a passive contributor, and not taking action to prevent the abuse. Research is inconclusive as to the percentage of mothers who are aware of abuse taking place.

- The mother's personality characteristics: Mothers are often described as being physically or emotionally absent, who have poor emotional bonds which is present in low levels of attention giving, lack of communication and a general lack of interest. These women may present with depression, feeling tired and weak, low self esteem, transferring responsibilities to someone else in the family, avoid sexual relationships with their husbands and having sibling type relationships with their children,
- The mother's non-fulfilment of her role as mother and wife: Mother's are often criticised for their non-fulfilment of their responsibilities as a wife and mother on a physical and emotional level. Mothers may report feeling guilty for being unable to be the centre of the emotional stability of the family.
- The mother's reaction to the abuse: Mother's reactions to abuse is characterised by ambivalence about believing that the abuse took place. Thus the mother's attitudes fluctuate between belief of the child and that of the perpetrator. The mother often feels pulled apart and is expected to believe something that she does not want to acknowledge and which threatens her own social, emotional and economic support. The mother's ambivalence is influenced by the following:
 - The cultural attitude of disbelief and minimisation
 - The role of the abuser and his level of power.
 - The age of the child
 - Medical and physical evidence of the abuse
 - Police statements
 - Mother's past knowledge of the abusers sexual deviance
 - If the mother herself was sexually abused
 - Professional and social support

9.5 THE SEXUAL OFFENDER:

In order to work effectively with sexually abused children, one needs to have a basic understanding of the offender, and the issues with which he is faced.

Finkelhor (1982) discusses four pre-conditions that need to be present in order for the abuse to occur. The pre-conditions will be discussed briefly:

- A potential offender needs to have some **motivation** to abuse a child sexually - the motivation to abuse involves three components, although not each one needs to be present for abuse to occur:
 - emotional congruence, in that the offender relates emotionally to the child on some level
 - sexual arousal - the child comes to be the source of sexual gratification for the offender
 - blockage - alternative sources of sexual gratification are not available or are less satisfying
- The potential offender has to **overcome internal inhibitions** against acting on that motivation - in order for the offender to go over into actually abusing a child, he must be able to overcome his inhibitions. This involves both individual and societal inhibitions
- The potential offender has to **overcome external impediments** to committing sexual abuse - the most important factor is the supervision the child receives from other persons. If the child receives good supervision it becomes more difficult for the offender to commit the abuse. However, if an offender is determined, he would find ways around the good supervision.
- The potential offender or some other factor has to undermine or **overcome a child's possible resistance** to the sexual abuse - behaviour and personality characteristics safeguard some children from becoming the victims of sexual abuse. One often sees that some form of emotional neediness and poor self esteem on the child's part makes them vulnerable to the abuse.

The "four preconditions" model describes a funnelling effect from where there may be many people motivated to sexually abuse children, however this is not enough. The other factors must also be fulfilled in order for the abuse to be operationalised.

10. SEXUAL DEVELOPMENT AND EXPERIMENTATION: WHEN IS THIS ABUSIVE?

In order to have a thorough understanding of sexual abuse one will also need to know about the stages of sexual development that children experience.

10.1 NORMAL VERSUS ABNORMAL SEXUAL DEVELOPMENT OR BEHAVIOUR:

Following are some guidelines set out by (1996) regarding normal and "abnormal" signs of sexual development.

Preschool Children (0-4 years):

Normal signs

- Intense curiosity about their bodies
- Masturbation begins in early infancy and continues through the pre-school years. This is a self-soothing behaviour and is generally not very discreet.
- Interested in looking at others' bodies and their bathroom activities
- Pre-schoolers will touch others' genitals if permitted to do so.
- Respond positively to re-direction or limit-setting.
- Touching is of an exploratory nature and is mostly in imitation of others.

Abnormal signs:

- When curiosity becomes an obsessive preoccupation
- When exploration becomes a re-enactment of specific adult activity
- When the child's behaviour involves coercion toward others or injury to themselves.

Young School Age (5-7 years)

Normal Signs:

- Continue to touch and fondle own genitals
- Become more secretive about their self-touching
- Discover creative ways of masturbating
- Interest in seeing others bodies continues, but changes in to the form of game playing
- Will ask questions such as "where did I come from"
- May giggle when they see people for example kissing.
- Needing privacy begins to emerge
- Touching others genitals usually takes place within games and involves rubbing or stroking.

Abnormal Signs

- Sexual penetration
- Genital kissing or oral copulation
- Simulated intercourse
- Coercive sex play

Latency aged children (7-12 years)

Normal Signs:

- Masturbation continues as a sexual behaviour
- They may have alternating periods of inhibition and disinhibition
- Become more interested in information of sex, particularly in the later parts of this phase.
- Children begin puberty. Boys begin to develop pubic hair and can masturbate to ejaculation. Girls may develop pubic hair, breasts, and begin their periods
- Swearing and dirty jokes

- Pre-adolescents may fall in love and engage in sexual activity with peers which may include open-mouth kissing, sexual fondling, simulated intercourse, and sexual penetration.
- Most experiences are heterosexual; however they may also have same gender sexual experiences.
- There may be interest in viewing others bodies, especially of the opposite sex.

Abnormal Signs:

- It is highly unusual for 7-10 year olds to engage in sexual penetration, genital kissing or oral copulation.
- It is highly unusual for pre-adolescents to become involved in sexual play with younger children
- Coercive, exploitative or aggressive sexual behaviour is considered abnormal for all age groups.

10.2 WHEN SEXUAL EXPERIMENTATION BECOMES EXPLOITATION:

Gil (1993) proposes the following list to be used for children up to the age of 12 in order to assess the level of abusiveness involved in sexual behaviours among children.

- **Age difference** – more than three years' difference should give cause for concern.
- **Developmental age difference** – children will vary greatly, with some having developmental delays or severe immaturity. These children may become targets of abuse.
- **Size difference** – if children are the same age but there is a substantial difference in height, weight or strength, this should be seen as a variable which may cause problems.
- **Difference in status** – when a child has the status, e.g. of a babysitter, this gives a special position which involves authority or power, which potentially can be used to coerce other children.

- **Type of sexual activity** – one way of judging the appropriateness of the behaviour is to see it on the basis of a developmental continuum, which is why data on normative sexual behaviour in children is required.
- **Affected/dynamics** – Gil thinks that the dynamics of age-appropriate sex play are completely different to those of “problematic behaviours”. Sex play tends to be spontaneous and involve joy, laughter, embarrassment and varying levels of inhibition and uninhibitedness or openness. Problematic sexual behaviour, on the other hand, involves dominance, force, threats and violence. Children who take part in this type of behaviour show anxiety, hostility, anger or tension. They display higher levels of arousal. Their sexual behaviour can be habitual and become compulsive in nature. Nor are they receptive to guidance from parents or other adults, or attempts to distract the child.

11. GOLDEN RULES FOR CHILD SEXUAL ABUSE WORK

- **Trust your gut** – although the gut has never proven to be the most scientific technique, our gut sense about issues helps us to think about what should be the next step, and to persevere.
- Child sexual abuse work involves many **complex dynamics**. Make sure that you have covered the case from every angle, and leave nothing to chance.
- Know that you will **never know it all** – allow yourself to be surprised and be open to letting other, in particular children, teach you.
- No matter how many cases you have on your caseload, in some way you need to **show children that you are affected by their pain and trauma**. When it is that you are no longer affected in any way by the children whom you work with, you need to seriously consider your continued involvement in the work. Children need to know that their pain has some impact.
- In our work with children we often make decisions on their behalf, thinking we always know what is in the best interests of children. It is

useful to stop on occasion, **put yourself in the child's shoes** and really think about what it is that they need. Never hesitate to ask a child.

- Know that when you are involved in this work it takes **passion, perseverance and patience**.
- Remember to **listen with your eyes and your ears** when you work with sexually abused children – your ears are never enough.
- It is imperative that in order to heal a child from the trauma they have experienced, we need to focus on positives and negatives, **strengths and weaknesses**.
- **Never make a promise to a child that you cannot keep** – if you do you have betrayed the child once again and should her that adults are not to be trusted.
- **Always be honest** with children in an age appropriate way.
- Lastly, and most importantly, in order to do this work you need to **take good care of yourself**. This may mean therapy, supervision, or talking to colleagues about the depth of the pain that children bring to you. Know that you cannot and never should tackle this work on your own. Children need real people to take care of their pain, not superheroes.

THERAPEUTIC SKILLS WHEN WORKING WITH THE CHILD WHO HAS BEEN SEXUALLY ABUSED

1. PHASES OF THE RECOVERY PROCESS:

Butler and Karp (1996) suggest that the recovery process is four pronged:

Phase 1 – in this phase the counsellor must build a positive therapeutic relationship with the child. This is accomplished by providing a safe and nurturing environment that is to encourage a sense of trust. The activities must be less threatening, build rapport and do not specifically focus on the trauma.

Phase two – this is to explore various aspects of the trauma. This phase can be extremely difficult for the child and may be very time consuming. The child may regress and the therapeutic relationship will be brought back to phase one issues.

Phase three – This involves processing various aspects associated with guilt and shame stemming from the trauma, working through stuck feelings and developing appropriate skills to cope with ongoing feelings.

Phase four – Assisting the child to become more future orientated. Here one would spend time focussing on all they have accomplished in therapy, as well as looking toward the future successes and obstacles.

2. GETTING TO KNOW THE CHILD

My three wishes

Objective: to have a sense of how the child sees their environment and the amount of magical thinking that could possibly help to make it better / safer.

Instruction: if you could make magic happen, and you could make three magic wishes, what would you wish for?

Processing: ask the child which of the wishes is the most important. Further, go on a fantasy exploration of each of the wishes.

My trip to the moon / deserted island:

Objective: to have a sense from the child as to whom they would like to spend time with, and feel safe with.

Instruction: if you could take a trip to the moon, and your rocket ship had only space for you, and one more person, who would you take with for this trip?

Processing: get a sense of whether it was difficult to decide on the person they chose, and why. Further, explore what would feel good about taking with the person that they did choose?

Pieces of me

Objective: to have a child express their view of themselves in a fun way

Instruction: ask the child to make a collage (explain the concept) of what they think and feel about themselves, using words, phrases or pictures from the materials available.

Processing: Ask the child to tell you more about the details of the collage. Ask also what they liked most and least about their collage.

I like me because....

Objective: to begin to understand if the child sees herself as having good qualities, and what these could be.

Instruction: ask the child to write five things that she likes about herself (one could also use the polarity of this and ask that they write five things that they don't like about themselves).

Processing: what did it feel like doing this activity, were there parts that were more difficult than others? Explore the statements that the child wrote. It may be that the child is not able to think of anything positive about themselves. If this is the case it may be useful to ask them that if someone else in their lives e.g. their teacher, best friend, favourite sister; were asked about the child's positive attributes, what would they say?

3. FEELINGS:

It is important that we assist children in developing ways to express their feeling, as often abused children have learn to suppress their feelings a lot. Although this is an assessment phase, one needs to give children they necessary tools so that we can begin to understand whatever their experiences have been.

Feelings chart:

Objective: to help the child to identify various different feelings e.g. happy, sad, mad/angry, scared, proud and confused.

Instruction: present the child with a picture/ chart of various different feeling faces, and discuss the feelings with the child.

Processing: when all the feelings have been discussed, ask the child when they had feeling as represented in the picture. Try and get them to think of d\several examples of each.

Feeling pictures:

Objectives: to explore in more depth when the children have experienced each of the basic feelings.

Instruction: draw a picture of one time when you felt happy/sad/cared etc.

Processing: tell me about the picture that makes you feel happy/mad/scared etc. How did it feel when you were drawing the picture? Which picture was the easiest/hardest to draw, and why?

Feeling faces and the people around us (variety of techniques incorporated)

Objective: to help the child identify how various people in their environment make them feel.

Instruction: make clay balls to represent all the people in the child's environment (relevant ones). Then ask them to place each of the people with an appropriate feeling face of how they make the child feel.

Processing: discuss each of the people with the child, and what they have done to make the child associate them with the specific feeling that the child has chosen for them.

Ginger Bread Man:

Objective: To understand and help the child develop awareness of the various different feelings, and the experience within the body.

Instruction: together with the child draw a picture of a body shape (i.e. like a gingerbread man). Let the child various different feelings that she experiences, and begin mapping where in the child's body she experiences these.

Processing: discuss each of the feelings that have been identified, where the child feels them in her body, how often does she experience these feelings, ask her to give examples of when she experienced those feelings in her body.

4. BOUNDARIES:

If a child has been sexually abused, their boundaries have been violated on a physical and emotional level. Through the discussion of boundaries, we can begin to learn if something has happened to the child that has been abusive. It is also important (NB) that we model respectful boundaries to children. One important issue for discussion with the child at the beginning of the assessment, are the boundaries regarding the confidentiality of the sessions and information discussed. Children need to know what the potential consequences of disclosure may be.

Using the right words:

Objective: to understand the words that the child uses for different body parts. Further, with the younger child, to check that the child would understand the use of a picture as a symbol of herself.

Instruction: Draw a basic gingerbread picture of a child with the same features as the one being interviewed e.g. the child has blonde hair – draw this on your picture. NB: Draw a belly button on the picture to indicate that the picture is naked. However, it is important to leave out certain pieces of the picture on your drawing e.g. the foot, the nose or mouth, the arm. Then ask the child to complete the picture.

Processing: This picture provides a vehicle to begin discussing the different body parts. Ask the child about all the body parts, including the private part (the part between your legs, or the part that is covered with your underpants/panties, and point to that part on the picture). As the child tells you the name – write it on the picture. Once the names for body parts have been established, the same picture can be used for the dot-to-dot or personal space exercises.

Dot to dot:

Objective: To begin the discussion regarding personal space / boundaries.

Instruction: provide the child with a picture of a child with a dotted line around their body. Ask the child to join the dots around the body on the picture.

Processing: ask the child what they think these body boundaries are? Does everyone have boundaries? Can you choose whether people respect these boundaries? Has someone ever violated their boundaries?

Personal space:

Objective: to help the child gain an understanding of personal space, and where people in their lives are positioned in relation to the boundary

Instruction: draw a picture for the child of a child (add characteristics of the child into the picture e.g. same colour eyes, hair etc). Discuss the concept of personal space with the child, and then ask them to draw a space around their picture of how they think their personal space looks i.e. how big or small is this space.

Processing: tell me about how big or small your personal space is? Is this personal space the same or different in different places e.g. at home, at school, with your friends, at church etc. If you had control over the people in your life, which would you let into your personal space, and for what reason. What about now, who goes beyond the boundary of your personal space?

5. EXPLORATION OF THE TRAUMA:

The next phase of work with children in assessment is to begin to get the details of any traumas that they have experienced, and the impact that these have had on the child's life. It is important to remember that this may be extremely difficult for the child, and to be respectful of the amount of trauma that disclosing entails for the child. Disclosing the secret may feel like relief on the one hand and a betrayal of a loved one on another.

My safe places / unsafe places:

Objective: to help the child to identify places where she feels safe and unsafe.

Instruction: ask the child to make a list/or draw pictures of places where she feels safe and secure. Then ask the child to do the same for places where she feels unsafe.

Processing: ask the child to tell about the places she listed. What makes these feel safe/unsafe. How did you feel when you were drawing this picture. It is useful to think about how much information the particular child will be able to cope with in one session, and that it may be useful to spread this activity over two sessions.

People I trust / people I do not trust

Objective: to begin to explore with whom the child feels safe and unsafe. This activity is also useful in treatment planning for the child i.e., to try to engage people in the process with whom the child feels safe.

Instruction: ask the child to draw a picture of people that she trusts, and another of people whom she does not trust.

Processing: ask the child to tell you about each of the people whom she drew. Ask her to tell you more about each persona, and why they chose to trust or not trust them. Remember that children are most often abused by someone that they trust, and thus this activity may be a confusing or difficult for the child. If this is your sense, discuss what the difficulties may be about.

Secrets make me feel

Objective: to work on expressing feelings associated with secrets.

Instruction: ask the child to think for a while about any secrets that she may have. Ask her to then draw a picture of how these secrets make her feel (i.e. she draws the feelings associated with the secret, not the actual secret).

Some children may feel very overwhelmed by this activity and say they have no secrets, and it may then be useful to ask them to draw what they think they would feel if they had any secrets, or how someone else who had secrets may feel. This may be the safer route for children.

Processing: ask the child to tell you a little more about the picture she drew, how it felt while drawing the picture, was the secret the child thought of a safe or unsafe secret, and could she share the secret about which she drew the picture with you.

Two types of secrets

Objective: to begin to explore different types of secrets with children

Instruction: firstly discuss the concept of secrets with children, and that there are two types of secrets – safe and unsafe / surprise and yucky / or happy and difficult secrets. Ask the child to think of as many examples of each of the two types of secrets. Ask her to draw a picture of each type of secret.

Processing: ask the child to share with you the type of secrets that she thought of for each category. Discuss the feelings associated with each category, and how it may be helpful or not helpful to talk about them.. Ask the child if there may be any other secrets that she would like to share with you.

My friend's secret

Objective: To explore secrets through storytelling

Instruction: ask the child to think of a story about a child who had a difficult secret. Ask her to write the story, or dictate it to you.

Processing: ask the child how it felt to write the story, how the child whom the story was about felt, whether the child was able to tell someone about her secret, how it felt to tell. Further, ask the child if there is anything about the story that is similar to her.

My happy and my scary dream

Objective: to understand the nature of the child's dreams and the feelings associated with them.

Instruction: ask the child to think about the dreams she has. Ask her then to draw a picture of a happy dream she had. Once this is complete, ask her to draw a picture of a scary dream.

Processing: ask the child to tell you how they felt while drawing each picture, what happens in each dream, who are the people in each dream, and whether they have experienced other dreams that made them feel happy or scared.

Journal

This exercise is both cathartic for the child, as well as being a useful collateral source of information for the interviewer. If it is to be used for assessment purposes, it is imperative that the child know this, and that it may be utilised for evidence in court.

