

Work with young people who have been Sexually Abused and evaluating the use of a variety of creative interventions in my working practice.

Creative interventions within counselling have grown considerably in number as counselling has grown as a profession. The appropriateness and success of such interventions is dependent on various factors which include the presenting issue for the client, the individual client themselves and the congruence and skills of the counsellor. It is helpful when working with children to utilise creative interventions especially when the developmental stage of the child dictates that more traditional forms of verbal communication are ineffective. For the purposes of this essay child sexual abuse will be considered as the presenting issue and then several creative interventions will be evaluated to ascertain the appropriateness of their use.

In the last twenty years there has been greater focus on the rights of children, also the difficult issue of child sexual abuse and the associated damaging effects have become more public. Common coping strategies such as eating disorders, cutting and a variety of other destructive and self-harming behaviours have also been more openly discussed and addressed in attempts to highlight the plight of sufferers. Since the introduction of Childline and more open communication with children about inappropriate touch and attention, it has become easier for children to speak out. However, the trauma perpetrated and the levels of power and control exerted as part of the manipulation of victims remain potent tools in maintaining silence.

Child sexual abuse is a major societal problem because of its high prevalence and devastating impact on the victimised child. Children who have been sexually abused often exhibit elevated anxiety, depressive symptoms, social withdrawal, inappropriate sexual behaviour, nightmares, difficulty with sleep, anger, shame, guilt and behavioural problems both at school and within the family. Physiological symptoms, such as headaches and stomach aches may also be in evidence. For most

	<p>child victims, these emotional and behavioural symptoms also continue to manifest themselves for many years. In other words, trauma-related disturbance should not be dismissed as something that is short-lived and clinically unimportant (King et al, 2000, Scaer 2001). The shame and guilt felt by victims of abuse is also a destructive legacy that ensures the continued isolation of victims and is a consequence of the social stigma associated with abuse that helps the monster to thrive.</p> <p>Briere (1996:155) also highlights,</p> <p>3        “By conveying to the child that he or she is bad worthless, such maltreatment increases the victim’s sense of having deserved the molestation and of not having warranted any better form of treatment. These and similar messages increase the victim’s sense of shame and guilt at having been abused and underlie her perception of maltreatment as an appropriate response to her ‘badness’ – conclusions that may motivate reduced conscious contact with such molestation experiences.”</p> <p>This also explains a child’s desire to avoid of and hence reluctance to disclose the experience.</p> <p>4        When working with victims of abuse the aim of therapy is to enable the client to work through the abuse and have a full understanding of the impact in order to be able to view life from a new perspective and heal. There are many issues and concerns that can impact on the quality of the outcome. Establishing trust is a major concern for counsellors as victims usually have been manipulated and betrayed, often by significant others, or else felt abandoned and unprotected to a frightening fate by those they loved and trusted (Mearns &amp; Thorne 2001, Schiraldi 2000 , Bryant-Jefferies 2003).</p> <p>Also, in many circumstances, the experience of the abuse itself will have traumatised the victim and left many wounds that continue to thrive or else be re-opened by a multitude of triggers. The impact of the trauma can lead to a multitude of symptoms associated with post traumatic stress disorder and the counsellor must be mindful of</p>
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such symptoms and adopt appropriate responses to promote healthy development.

Strong (2003:65) captures the essence of abuse when stating,

“Re-current sexual trauma, especially at the hands of a parent or other trusted loved one, is emotional terrorism of the highest order – so psychologically annihilating it has been called ‘soul murder’.”

Destructive coping strategies are often adopted by victims as a means of managing pain, supporting their survival and allowing them to function in a society that defines ‘normal’ behaviour and condemns behaviours that deviate from this ‘norm’. Probably as high as ninety percent of my own clients have displayed self-harming behaviours at some stage of their lives.

Destructive behaviours can often result from a sense of powerlessness and are extremely complex to understand, yet testament to the internal power struggle that defines self-harming behaviours as, in fact, survival strategies. A personal battle to re-assert control over one’s life and gain acknowledgement of their experience from others. Similarly, Potier (1993) acknowledged the ‘power games’ that can be prevalent in the relationships of self-harmers in their struggle to take control. This is significant in the counselling arena as it is imperative that the counsellor understands the abusive origins of the self-harm, is not judgemental, and is mindful and respectful of the power and control issues undulating within the client; most importantly their right to be heard and respected!

A major hardship of the aftermath of sexual abuse, or secondary trauma, is the inappropriate blame, shame and guilt felt by the victim. Parks (2002:43) explains this as,

“the aggressor projects blame and guilt on to the child and the child accepts that projection as truth.”

This in itself is a major reason for victims remaining silent and subsequently isolating themselves emotionally from the healthy process of social integration. The fear of being judged, labelled as ‘bad’, seen as a ‘willing participant’ or viewed as a

<p>4b 1a</p>	<p>‘freak’ because of unconventional behaviours is usually sufficient for victims to distrust their experience to others.</p> <p>Van der Kolk, Perry &amp; Herman (1991:1665) elaborate that,  “childhood trauma contributes to the initiation of self-destructive behaviour, but lack of secure attachments helps to maintain it”.</p> <p>This identifies that a poor support network can be influential in perpetuating the damage, it could also be argued that it leads to damage escalation! So counsellors must also be mindful of the family system when working with children and young people.</p> <p>Secondary trauma can also be a potential consequence of the experience becoming public. Separation from the perpetrator in the event of the abuse being revealed could also be significant in terms of the loss of a perceived secure protector if the victim is still within the control of the perpetrator’s manipulation.</p> <p>Also the victim is still exposed to the dichotomy of feelings; the love versus the betrayal which is very confusing and hugely traumatic for victims. Victims often want to understand their true value to the perpetrator in order to clarify the feelings with which they have been left. This betrayal is perhaps the one issue that remains with victims and contaminates their sense of security and their ability to trust, which is vital to their self worth, their social and emotional development and ability to secure healthy relationships. Curtois (cited in Draucker 2002:42) stated that,  “Much therapeutic time must be spent identifying and unlearning the ‘relational rules of abuse and victimisation’ and replacing them with skills and attitudes necessary for healthy, interdependent connections with supportive others.”</p> <p>In my own work with adolescents I have found that the person-centred model within which I practice is very effective in the initial stages of the counselling relationship in terms of building and connection and trust (Mearns &amp; Thorne 2006). I believe</p>
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1b	<p>that this is incredibly important to young people whose developmental stage is sufficient to be able to process cognitive thought and communicate their emotional experience. However, it is often necessary to adopt other techniques or aspects of other models once trust has been established and this is dependent on the specific need of the young person as re-iterated by Geldard &amp; Geldard ( 2004:46),</p> <p>“the process of joining must be tailored to meet the individual needs of each child.”</p> <p>Kim was referred for counselling at the age of fifteen, several months after the disclosure that she had been abused over several years, from the age of nine, by her brother. She was wounded by the injustice that he wasn't being punished and this reinforced her feelings of anger towards him. We spent an incredibly graphic session in which she fantasised his castration. Her feelings flowed effortlessly yet forcefully. It was scary to hear such a gruesome fantasy yet it was testament to the depth of her trust. She felt safe within our person-centred relationship and this had helped her to deal successfully with her feelings and relieve her sense of powerlessness.</p> <p>For younger children I believe that conventional counselling models alone are insufficient. Creative interventions are complimentary and essential and are also effective for older children as Geldard &amp; Geldard (2007:145) described,</p> <p>“creative strategies are particularly appealing to adolescents because they involve activities which are interesting and dynamic”.</p> <p>Using stones, pebbles or animal toys is a means of allowing clients to communicate the perceived significant relationships within their lives. The client is asked to choose a shape that represents them and to place it on the floor whilst the counsellor observes. This allows the counsellor insight into the clients processing. Then the client is requested to choose a shape for each important person in their life and to place the shape on the floor so that the distance from the clients shape represents how close the client feels to that person. The counsellor can either facilitate the process by asking pertinent questions during the process (which works well with</p>
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	<p>adolescents) or else the counsellor can facilitate the process by observing the client until the all the shapes are in position (more appropriate with younger clients) and then asking pertinent questions relating to the choices in terms of shapes selected and the distances between the shapes.</p>
1b	<p>This exercise can be incredibly powerful to a client's appreciation of their own valued others. However, it does require a level of cognitive processing that makes it useful for adolescents but not as effective for children under twelve. It is still a useful way to connect with children and glean information about their perceived place within the family on perhaps a more superficial level.</p>
2	<p>I feel that ethically it is only appropriate to perform this exercise once a trusting relationship has been established as young people are likely to provide a more insightful picture but also the trust will provide the safety to manage any painful feelings that may emerge.</p>
	<p>After several weeks of working with fifteen year old Claire, I felt sufficient trust had been established to introduce this exercise. She had previously disclosed a lot of detail about her family and the abuse that had occurred. During the exercise, and after placing all the pebbles that represented her family members, she asked me if she was able to select a pebble that represented a pet to which I agreed. She called the pebble by the name of her dog which she had had for several years but which had been sold.</p>
	<p>She placed the pebble so that it touched 'her' pebble and I was immediately struck by the fact that the dog was her 'closest person'. She then began to cry and described that for the years that the abuse continued she would spend each night disclosing her feelings to her dog. When the dog had been sold she had been unable to communicate the significance of the loss. I feel that this highlights the depth of the feelings that such an exercise can evoke that the counsellor must be mindful to manage these emotions ethically and prioritise client safety.</p>

On completion of the exercise, removal of pebbles should also be done with sensitivity to acknowledge what they have represented. It is also worth considering that some adolescents can view such an exercise as 'childish' and be unwilling to participate so it is important to consider individual personalities.

Drawing is an activity that lots of children enjoy and it is an effective means of gaining insight into their thoughts and feelings when they are too young to express them verbally. Geldard & Geldard (2008:168) explained,

“Drawing allows the child to get in touch not only with their projected thoughts but also with their emotional feelings.” It is superb for creative clients who are able to express themselves through art but is always useful in defining experience and exploring meaning.

I have usually used drawing in terms of helping clients to visualise their 'safe place' or even a "comforting person" (Rothschild, 2003:137). I feel that this is invaluable when working with sexual abuse where clients may require the security of a 'safe place' after exploring the trauma of the abuse. Levine (1997:250) highlights,

“this is of particular importance if you notice signs of shock or dazedness (glazed eyes, pale complexion, rapid or shallow breathing, trembling, disorientation, a sense of being somewhere else).”

I ask the client to relax, close their eyes and image a place where they feel completely safe and happy. I then request that they draw it using a variety colours and pens. The purpose is to attend to aspects of their drawing and explore why this is their safe place; thus cementing the meaning of and feelings within the 'safe place' in their psyche.

Very young children may not understand the true value of the safe place but it is still useful and can be adapted to a 'favourite place' Also it is important to appreciate that some clients may be self conscious about their lack of ability to draw which can impact on their processing and distract their focus. There are also those clients who

do not enjoy working creatively but I have never felt that the exercise was unproductive. It also offers great insight into a client's perspective of their world which is always significant when working with abuse. One sixteen year old boy drew a picture of his 'safe place' in his local woods which would normally have been viewed as unsafe. Yet it reflected his sense of danger in his home and family environment.

The other issue to consider when working with artwork is the confidentiality of the material and whether or not it is safe for clients to take the drawings away. It is useful to have a safe place within the counselling setting where artwork can be stored until the client has completed their process. This is extremely important for young people where exposure of their work to others could be detrimental.

Writing is also a potent method of channelling feelings and enabling contained, appropriate release. Using written skills is very dependent on the individual's literacy skills and is therefore not usually appropriate for young children who are still in the early stages of learning. With young children all interventions benefit from an attentive counsellor. Ryan & Wilson conclude that (1996:54),

“part of the therapist's skill in communication lies in accurately and acutely perceiving sometimes even small gestures and changes in orientation by a child which are indicative of his choices and wishes.”

Their ability for cognitive thought is not sufficiently developed to process feelings effectively though it can still be helpful if children enjoy writing. However it is effective with adolescents especially those feeling isolated because of their traumatic experiences and feel disconnected from their peers. If clients are willing to share their written work is it very effective within the counselling session to explore their thoughts and feelings around their written work.

I often find clients who keep diaries are willing to share the content once a trusting relationship has been established. Also one particular thirteen year old client who was gifted in writing poetry would come to sessions with poems that she had written

between sessions which captured her feelings more powerfully than she was ever able to verbalise. Deblinger & Heflin (1996:40) re-iterate that,

“the ability to communicate feelings and emotions is a vital piece of the abused child’s recovery and an essential skill in becoming a survivor.”

Again this highlights that written work is very dependent on the confidence of the client to participate. Written work is the property of the client and, importantly, for them to control. It is valuable to explore with the client how they will keep material confidential. My client who wrote poetry chose to leave her poems with me and to this day they remain in my possession with the proviso that I would not destroy them but always keep them safe.

Similarly music can help some clients to express their feelings and emotions more effectively than any other media. However, I almost never choose to play music in sessions unless clients have particularly requested this to help them relax. If clients are having difficulty expressing how they feel I may explore various creative ways, as discussed, in an attempt to aid their process. Music impacts hugely on youth culture and I find that adolescents have often absorbed themselves in songs or groups that have meaning to them in their search for their identity.

Three of my adolescent clients in the past year have used the phrase ‘this is my song’. I always ask permission from the client to play ‘their song’ within a counselling session and usually they are particularly keen and proud to share a piece of music that carries so much meaning for them. I always find it moving and insightful to listen to music in this way as it always delivers a powerful and significant message about how a client sees their world. It also feels safe as the client is totally in control of the choice of music and it is the property of someone else. Clients often do not feel as exposed when the words are not their own and it also helps to reduce the isolation they experience when it is clear to them that someone else understands how they are feeling.

The disadvantage is that it is not necessarily effective with younger children who

have not developed sufficiently for music and lyrics to have the same dramatic impact on their thoughts and feelings. It is also very client led and may only be appropriate with very few clients who have an interest in music. It is also important to maintain boundaries and ensure that the music is a tool to facilitate exploration and does not overshadow the processing work within the session.

In conclusion it can be noted that there are many creative interventions that will be beneficial in terms of facilitating children and young people through their process and towards emotional health and growth. The experience of sexual abuse will have introduced trauma, issues of power and control, self esteem and isolation, shame and guilt, loss and trust into a young, innocent life. Counselling children and young people has to redress the balance and restore a positive sense of self and well being.

Creative interventions can be useful when exploring ways to build a relationship and find a connection, especially with very young children. The control issues associated with abuse suggest it is probably always important to allow clients choice when using interventions and never enforce an exercise that may render them powerless or humiliated through lack of skill or understanding.

Creativity is dependent on the individual concerned and the skills and capabilities they have developed as they grow and follow their interests. Creative interventions are effective if they fit comfortably with the client's own interests and preferences so they are more willing to engage.

However, it is important to consider the counsellor too! The interventions will not be effective if the counsellor is not comfortable participating or facilitating. It is vital that counsellor's can explore their own preferences through personal development and decide on ways of working that compliment their own models and do not compromise ethical practice (Bond 2002). Being congruent remains a major factor in building trust so a counsellor forced into a state of incongruence by taking the client's lead in an intervention is as susceptible to being rendered impotent as the

5	<p>client in the same predicament.</p> <p>However, creative interventions remain valuable tools for counsellors to utilise and, with young children, can be the safest and most effective way to practice so I can only look forward to expanding my skills further in the future.</p>
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