

Describe one specialist area of work with young people and evaluate the use of a variety of creative interventions in your working practice.

INTRODUCTION I have chosen to give details of child sexual abuse as my specialist area of work. Forcible rape of a minor is seen by many as the extent of childhood sexual abuse. However, children experiencing sexual abuse ...

have usually been subjected to two or more of the following five childhood traumas physical abuse; sexual abuse; parental substance abuse; extreme neglect or witnessing of domestic violence. (Sanford: 1991:pxiii)

The overwhelming destructiveness of these traumas originates precisely because the environment in which they are conducted is not the conventional caring or nurturing home experienced by the majority. (Sanford: 1991) (Mudaly Goddard: 2006) (Bear: 1998) In addition not all of the abuse is conducted by parents but may be perpetrated by siblings, relatives, baby sitters, teachers and others. (Sanford: 1991)

In writing this piece it has been difficult to avoid being overwhelmed by the enormity of the abusive reality of life for most of these children. (Sanford: 1991) (Mudaly Goddard: 2006) (Bear: 1998) Even when merely researching the nature of abuse with this subject group means those conducting the research must be ever mindful of the fact that intense investigation or questioning might result in re-traumatising the child. (Bear: 1998) Because of the distressing descriptions of abuse and the variety of conditions produced in the recipients I have tried to avoid becoming preoccupied with the symptoms and rather to focus on a 'salutogenic' (Sanford: 1991) outcome and not the pathological damage caused to sexually abused children. (ScienceDirect Internet site) The question then becomes how does recovery originate and how can it be strengthened rather than looking for the origin of the problem and how to prevent it. (AnthroMed Library Internet site)

CHILDHOOD SEXUAL ABUSE

Sexual activity is abusive when a child of any age is exploited by an older person for his own satisfaction while disregarding the child's own developmental maturity and inability to understand the sexual behaviour. (Steele: 1986:p283)

It is undoubtedly true that in the case of forcible, physically damaging rape a young child will be traumatised. Sexual abuse comprises any sexual contact, sexual act, watching or making others watch sexual material or / and sexual gratification. Yet children can survive intact emotionally if adults provide them with a sense of safety and well being in the aftermath of traumatic events. Realistic, protective and compassionate treatment by adults can be more meaningful than the trauma itself, thus lessening it's long term effects. (Sanford: 1991) However, when the source of the trouble is with in the family or has close family connections, realism, protection and compassion are usually in short supply. It is not so much what actually happened causing the trauma but what didn't happen afterwards that does the damage. (Bear: 1998) The damage caused by sexual abuse is mainly due to the psychological and emotional setting in which the maltreatment occurs. Children are born absolutely helpless and dependent on others. Their natural and healthy dependency is transformed into terror when a carer tolerates the dependency in return for sexual abuse. (Sanford: 1991). My Women's aid client Mel's childhood was trapped in an abusive cycle between her alcohol abusing mother who would physically abuse Mel when pressures became too great and the mother's own partner who sexually abused Mel. The lack of respite and failure to protect or even of just being heard and believed was palpable.

Child abuse victims and hostages demonstrate a range of common responses. Frozen fright or frozen watchfulness may be induced because of the overwhelming unpredictability of danger and fear with the possibility of being harmed at any time or

by extreme forms of deprivation ever present. The counselling always seemed really difficult with Mel she looked like a frightened animal caught in the car headlights, staring at me with huge unblinking eyes and at the time I failed to grasp the significance of her demeanour. For hostages and child abuse victims' resolution of the traumatic event involves integrating the experience this may result in the development of a different sense of self. Identifying with and developing a positive bond with the hostage taker is a common response. Similarly children trapped in abusive situations may identify with the abuser as a way of gaining power and control to alleviate their feelings of helplessness, or they may take on some of the characteristics of the abuser. (Mudaly Goddard: 2006)

It is dangerous to sex-role stereotype this powerful dynamic as it distorts our understanding, ascribing it almost exclusively to men and overlooking women who can become physically or sexually abusive. In addition we overlook both men and women who have never stopped identifying with the victim. They are aware of both the aggressor and victim within themselves. They struggle to accept both but do not necessarily identify with either. (Sanford: 1991)(Bear: 1998) It is a popularly held misconception that all those sexual abused will become sexual abusers in their turn. This is not the case. (Sanford: 1991)

In addition to being feared as potential perpetrators of sexual abuse, men abused as children suffer greatly because there is all too often an easy assumption from friends and family that child sexual abuse causes homosexuality; that abused boys must be 'gay'. There is no evidence at all that sexual abuse determines sexuality. What it does is produce immense confusion for all abused males whatever their sexuality. (Bear: 1998)

Over the last fifteen years there has been growing recognition that traumatic experiences leave their mark on affected individuals. Child sexual abuse is one such major trauma. It is comparable with other traumatic experiences that are prolonged and repeated such as hostages, prisoner of war, torture victims in totalitarian regimes, domestic violence and paedophile or cult organised abuse. (Bear: 1998) It is a complex posttraumatic stress disorder rather than the simple PTSD, which follows a single traumatic event because of the chronic and continuing nature of the abuse. Dissociation plays a central role in the development of PTSD and refers to the compartmentalisation of experience so that the elements of the experience are not integrated either together or in the individual's sense of self. (Sanford: 1991) (Mudaly Goddard: 2006) (Bear: 1998) Abused children abandon reality, dissociating mind from body so they won't be overwhelmed and their ability to cope won't be shattered. Later they may be better able to integrate the experience but *later* in the case of chronic abuse, particularly where the child has no support, may mean years later. (Sanford: 1991)

Dissociation following and during sexual abuse therefore leads to:

- *Fragmentation of experience into sensory, emotional and knowledge based information.*
- *Complete or partial amnesia of the experience*
- *Loss of memory of normal childhood events.*
- *Major effects on the developmental process of the child and may also be embedded in the developing child's personality and identity.*
- *Development of coping strategies to allow continuation of normal aspects of childhood without consciousness of the abuse.*
- *A habitual coping mechanism used for normal stressful events, which may result in mental health problems in later life.*
- *The emergence in adolescence and adulthood of these long-term mental health effects of the sexual abuse which the individual is unable to connect with the abuse. (Bear: 1998:P184)*

Any or all of the above symptoms of dissociation are relevant to the therapeutic process. They are also related to development, which can be delayed and distorted by traumatic events. (Staaus: 1999)

Child development is divided into several distinct areas. These do not progress uniformly for every child with the result that children may have reached maturity in some stages and considerably lag behind in others. The therapist however, needs to keep in mind the “normal range” in child development to avoid a skewed perspective of child development. (Straus: 1999)

Physical Development The connection between the work of psychotherapy and physical development is worth some contemplation: How old does the child or adolescent appear to be? For which developmental miles stones has he/she been late and why? Are the expectations of parents, teachers, therapists, and peers physically attainable? Since self-esteem depends so much on this how does the young person feel about their appearance? The physical maturity of children, their physical gifts or disabilities, the discrepancy between how old they are and seem, their attractiveness in the eyes of others, and their developmental history all have an impact on the quality of the therapeutic relationship. (Straus: 1999) I experienced sessions with Mel as a series of pipe dreams detailing events such as returning to England or rekindling the relationship with her daughter’s father. I would leave the session thinking well maybe she will find some resolution to her problems when she does that. On my return the next week this plan was abandoned for another. Mel was in her early twenties and a mother and as a result I failed to recognise that adolescent constructs (Geldard: 1999) were in play when she continually sought new alternative solutions for her plight.

Sexually abused children and young people have usually endured traumatic events too painful to talk about. They often have significant deficits in physiological regulation. Suffering hyperarousal, hypervigilance, anxiety, panic, startle response, tremors numbing, and the full range of PTSD symptoms. (Sanford: 1991) (Straus: 1999) A couple of days after the initial session with Mel she contacted me to ask if I would meet with her as she had seen 'the boyfriend' and he had been aggressive toward her. I recall telling her counselling was not conducted in response to emergency. Now this sounds so patronising and lacking in understanding of her plight but I did respond to her panic by seeing her and this would have long-term benefits for the therapeutic relationship.

Cognitive Development While children are maturing at physically younger ages than in the past there is ample evidence that their cognitive development is actually less rapid particularly for those with other kinds of problems. The implications of this for therapy are significant. Sexually abused adolescents rarely use formal operational thought and some have only early operational strategies. An ability to use and understand increasingly complex and abstract language is closely tied to the development of cognitive and social skills. (Davenport: 1994) (Straus: 1999) (Bear: 1998) SAC can have an assortment of cognitive deficits. Trauma, abuse, neglect and disruption in attachment will have a strong effect on Piaget's timeline. Typical cognitive problems include visual or auditory processing difficulties, thought inflexibility, delays in verbal skills, poor social reasoning, and other learning and attention difficulties. My client was bereft of words. After about seven sessions I received an initiation to attend a Child Protection Case Conference for Mel's daughter. I was mystified as to how social work had got my name and why I was

being invited to attend. I phoned Mel's social worker to ask about this and discovered Mel had asked for my inclusion. She had wanted me to speak for her, felt that I would be able to make them see her worth.

Emotional Development. Therapy aims to help children and adolescents identify and make sense of their internal states. Those struggling with their inner worlds through trauma invariably show significant delays in emotional development. Emotional development is made up a complex network of abilities. The first task is the recognition and identification of feelings. Children readily become capable of sorting out subtle differences in emotions this in turn is connected to the development of a sophisticated nuanced vocabulary for feelings. But the process is more difficult than merely labelling emotions; it also entails an ability to grasp the meaning of emotional experiences. Abused children in therapy may not recognise their feelings, may not be able to put them into words and they may not be able to understand the meaning of these emotions. This is typical of sexually abused children and may result in an inability to talk when in therapy. Having endured hard times producing many concurrent and conflicting emotions they may feel love fear rage and sadness with other potent emotions – often all at once. (Sanford: 1991) (Straus: 1999) Mel told me she had been 'bad' when she was living with her foster parents and had taken pills. I conjectured that people sometimes kick over the traces when they feel secure and supported. Mel patiently explained that she had tried to kill herself with the pills. I was so far off target I didn't grasp that she blamed herself and was so confused about the abuse that she wanted her life to end. She didn't feel sorry for her self or make justifiable excuses or try to explain what she was feeling. She thought she was responsible for the abuse. Another time she told me she was angry with herself for the sexual abuse perpetrated by her mother's partner because she was too young to

understand what was going on was wrong. Obviously she felt others blamed her for the abuse and perhaps this had been her experience. These emotions and misconceptions were so far removed from my counselling experience, in fact my life experience, it made the idea that she could believe anyone would think this of her horrifying.

The harmful effects of sexual abuse on emotional development include the traumatic states of disassociation, depersonalisation, self-blame, betrayal, erotization, helplessness, anxiety, depression, panic, rage, detachment, and destructiveness.

Social Development. Therapy is essentially a social activity. It has its foundation in developing a purposeful relationship. SAC have not experienced a smooth progression in their social development. They are often quite disengaged in conventional interaction. (Sanford: 1991) (Straus: 1999) (Bear: 1998)

The connection between trauma and difficulty talking in therapy has been clearly established. SAC who have been victimised and exposed to violence have many compound reasons making therapy frightening and hazardous for them (Straus: 1999)

The therapeutic relationship is uppermost in the necessary requirements for treating sexually abused children and young people. They have experienced disruption in their normal development leaving them feeling underpowered and disconnected which in turn has a dramatic interpersonal effect. Without a connection there is no treatment. Healing is therefore based on a realistic sense of self-control and the creation of new connections. (Straus: 1999) Erik Erickson describes the ego structures 'kids' must develop from infancy through adolescence. Included in these are the basic capacities for trust, initiative, competence and identity. These capabilities are stunted by destructive relationships and must be literally reformed

through supportive relationships. Resilient survivors of traumatic experiences during childhood almost always have some one person to whom they were especially close.

This involved adult does not have to spend a great deal of time with the child or adolescent but the relationship has to be maintained over an extended period.

(Sanford: 1991)

Our research on resilient children has shown us that they had at least one person in their lives who accepted them unconditionally regardless of their temperamental idiosyncrasies, physical attractiveness, or intelligence. (Werner: 1988:p5)

CREATIVE THERAPY.

Art When working with young people it is unrealistic to expect them to be able to put their inner conflicts into words. (McLeod 2004) Visual arts are non-threatening and can provide a way to externalise thoughts and feelings whilst maintaining a distance and observing the art as separate from them selves. Owning painful thoughts and feelings directly is a daunting task and art can be used in counselling to

- Understand current issues and problems. This can be done by using free drawing. The counsellor can ask for descriptions or meanings for certain parts of art work allowing a free flow of ideas and interpretation. Also some adolescents are able to talk and focus when busily engaged in artwork..
- Explore feelings. Drawing a picture of how they feel now or perhaps drawing part of themselves can reveal current emotions and may help the client talk about things which affect or contribute these. There may even be a cathartic effect. Parts of the self may be felt in conflict with one another and by drawing these the associated confusion and troubling feelings may make sense of their world.
- Develop insight. By drawing a self-portrait or a symbolic representation of the self like a fruit tree allows representation in a metaphorical format. The

use of metaphor is particularly suited and favoured by the adolescent providing personal insight and allowing constructs, beliefs, feelings and issues to be disclosed.

When using artwork care should be taken to receive the tacit consent of the young client. If they do not have an artistic aptitude such involvement may feel negative and might be thought as conveying criticism. The young person themselves should interpret any work produced as this assigns control to them over disclosure. (Geldard: 1999)

Miniature Animals This work is done with a variety of small toy animals and other creatures. Its probably best if they vary in size some having benign appearance, some aggressive and others seeming friendly. The main goal is to enable the child to tell their story including their perceptions of their personal relationships and those with in the family. Other relationships in systems and situations involving the child may also be relevant. The child is asked to select the animal, which most represents himself. The child is asked to describe the animal. Other animals are chosen to represent others in the group being discussed. And again descriptions are sought from the child. The counsellor never touches the animals and only refers to them by name i.e. Bear. This is to allow the child to project freely on to the animals from his family or other grouping. Suppressed ideas and beliefs may be released from the unconscious where they had been assigned because of fears regarding the consequence of recognition of these fears. The placing of the animals would also be discussed and feelings brought about by proximity or other wise. (Geldard: 2008)

Poetry Specific literature based techniques can be very effective with adolescents.(McLeod 2004) Many adolescents enjoy writing. They like writing diaries, lyrics and poetry. It is interesting, familiar and satisfying for them. (Geldard:

2008) Having recorded where different choices could have been made or identifying the possible use of different behaviours the achievement of different outcomes may present as a possibility. In addition poetry writing can be very freeing and revealing. (Straus: 1999)

Music Adolescents can be allowed to explore many facets of their existence through exposure to music. The sensation of somatic stimulation can be gained through listening to rock and pop music. It seems to transport them from their daily routine pressures. The lyrics of popular teenage music can also hook into their current emotional frustration and experience. It can act as a universal connector. To make music, listen to music, drum, sing, dance, hum the list is endless.

There are contraindications against using these techniques viz: it is important if the counsellor, feels, the young person suffers PTSD that caution is used in practice to avoid triggering flash backs and other symptoms. Mel had a child accidentally break a window in her flat and she suffered weeks of flash backs and anxiety. Also if creative therapy necessitated e.g. sitting or lying on the floor or touching in any way a sexually abused young person would need to be warned of this before the exercise began and asked if they were easy with this. There is a certain amount of controversy surrounding allowing an abused young person to attach during therapy (Bowlby: 1961). It is seen to be undesirable causing long term problems for the young person and should be avoided by the counsellor. (Smith: 1995) However, if attachment takes place in a conventional manner the detachment will happen naturally at the appropriate time. (Bowlby: 1961).

CONCLUSION

In order to counsel young people with a history of child sexual abuse one is reminded of the American adage 'less is more'. Being present with the client and forming a

relationship which is durable and consistent appears to be enough. The temptation to do 'real work' with the young person such as using counselling techniques or investigating the nature of the abuse should be resisted by the counsellor. By using creative therapy the counsellor may bring emotional literacy and an understanding of feelings into the awareness of the young client. It is not important for this awareness to be understood by the counsellor. (Sanford: 1991) (Straus: 1999) (Bear: 1998)

Likening the adolescent transition to adulthood as the progress of an aeroplane (Straus: 1999) on a runway all the various problems and pit falls which could befall that plane highlights the difficulty involved in a successful 'take off' in the life flight. The development cargo might be badly distributed in the hold making take off frightening and hesitant. If, in addition, that cargo has been sabotaged by a person who would normally be thought of as trustworthy could cause unseen and unaccountable technical problems. (Bear: 1998) Realisation of these difficulties is the concern of the young pilot / client who is in control of the plane and not of the ground-controlling counsellor. Triggered PTSD can be looked at as electrical storm inhibiting flight. The ground controller has a clear role to assist take off, boost confidence and ensure the runway is clear but the pilot is the final arbiter for take off. (Sanford: 1991) Although this metaphor works really well it feels flippant to liken abuse to aerial flight but then I'm reminded of the invocations in the literature (Straus: 1999) (Bear: 1998) that having fun with the young you counsel is good for every one. And Mal? When our counselling came to end she was so in control and ready to engage with life. Now I see we got there by default. And I do see the salutogenic (Sanford: 1991) balance of what she has going for her out weighs the enormity of the abuse against.

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