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HEAL THE PAIN OF SEXUAL  
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# **EXPLOITING DAILY EVENTS TO HEAL THE PAIN OF SEXUAL ABUSE**

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Abstract: Research and clinical experience indicate that the effects of sexual abuse can be both profound and long-term, sometimes affecting the quality of life for the victim/survivor forever. While the therapeutic benefits of traditional clinical interventions are well documented, it is important that direct caregivers also recognize that they have much to offer child victims in terms of supportive and healing relationships and interventions. Using the Redl model of life-space interventions, the author details specific areas of trauma that can be positively influenced by conscious, intentional, therapeutic day-to-day interactions and interventions by adults in the child/youth's immediate environment. These potential healing agents include: child/youth care workers; support staff; foster parents; school personnel; volunteers; and family members.

There are a variety of interventions that can be provided by a variety of people in different helping positions that can be effective in providing comfort, soothing, new learning and eventual healing for the wounds of abuse. Therapists, direct service Child/Youth Care Workers, Recreational Workers, Foster Parents, Cooks, Maintenance Personnel, and Volunteers each have something significant to contribute to the successful adaptation to life for hurt and hurting children and youth. No contribution is to be seen as "better", or more useful. Working as a team, each member committed to the growth and healing of our wounded young people, can strive together to fill the gaps of love and care, reverse the trauma of betrayal, and teach effective coping skills which will enable a successful and fulfilling life as those we care for move from victim, to survivor, to victor.

Fritz Redl, a pioneer in the elevation of para-professional roles to that of critical importance in the therapeutic life of children, initially coined the

notion of “exploiting daily life events” for the restoration of wholeness to fractured, fragmented and vulnerable youngsters (Redl and Wineman, 1952; Redl, 1966; Garfat, 1987). Professional Child/Youth Care literature reveals a strong commitment to utilize the daily routines of group living, such as meals and food (Rose, 1988), chores (Editorial Board, 1992), bedtimes (Augustin, 1984), and the like for therapeutic goals. We would like to explore specific events and interactions that may occur during the course of a day that can be “exploited” for healing purposes in the lives of sexually traumatized children and youth.

First, let’s briefly review some of the traumatic aspects of sexual abuse which have the potential to cause perceptual distortions and deep wounds, and which pose a risk to successful life adjustment, left untreated.

### **Traumatic Sex**

Sexual abuse, of course, involves sex. It is a very specific form of abuse with very specific implications for harm. The discomfort of many with the very nature of this form of abuse is conveyed by the common substitution of non-sexual words, such as “molest” (which means “to bother”) to describe it. This word is never used to describe the rape of an adult woman, and can be thus seen to imply general discomfort with the notion of an adult having sex with a child. Even professionals commonly use the words molest, molester, molested, etc. which is unfortunate for those young people who desperately need us to understand exactly what

happened to them. The sexual relationship between an adult and a child is abuse because it is sex that is unwanted, not mutual in that it is forceful or coercive, and something for which young children are not physically, mentally, or emotionally prepared. The result of this aspect of the abuse is often referred to as "traumatic sexualization". Workers with sexually abused children/youth should never be surprised or dismayed when part of the abuse trauma is acted out sexually. Post-traumatic Stress Disorder symptoms are outlined as having both mental and behavioral components, both of which are "trauma specific" (DSM-IV). Trauma literature also indicates that when children are victimized by violence, there is a tendency to re-enact the violent situation in an attempt to master an event over which they were powerless (Cameron, 1994). Surviving victims and/or witnesses of school-yard shootings can be predicted to play "gunman" for a while after the event. And, of course, they insist that they take turns being the gunman. Using this knowledge, it can be reasonably predicted that victims of terrifying sexual abuse will sometimes attempt to gain mastery by engaging in various sexual behaviors and activities, including sexual activity with peers and seductive behavior with adults. It is not "treatment" to punish such activity. The therapeutic response will be to "exploit" such events to help the young person with their attempt at mastery. Shaming them, responding with harshness and negative consequences only reinforce the guilt they are already tormented by and certainly do not assist them in

their recovery from these inappropriate and disturbing feelings. Sexual abuse is, unfortunately, a crime where the guilt and shame is more often felt by the victim of the crime than by the perpetrator of the crime. It is our task to assist the child victim in understanding who is to blame for the crime, and it is most certainly not him or her. Punishing consequences further the pain, reinforce perceptual distortions about guilt, and interfere with healing.

### **Betrayal**

An additional trauma results from the very way kids are “set up” for abuse. Adults do not begin to abuse by grabbing a child’s genitals, but by offering initial physical contact that is experienced as affection. Before turning sexual, the interactions consist of benign touch: sitting on someone’s lap, a back rub, snuggling, an arm around the shoulder, or a pat on the thigh. As this contact graduates to sexual intrusiveness, the child becomes confused and is often not even clear about when things changed from “OK” to “not-OK”. They don’t know what they did to end up in this situation, and they don’t understand the motives of the offender, almost always someone they know, trust, and often love.

To be sexually abused is to be betrayed, and to be betrayed is to forever be unsure of who can be trusted. Typical children are taught by their parents to fear strangers: don’t open the door for people you don’t recognize; don’t get into a car if the person is a stranger. Things thus

become clear: If I know you, you're safe; if I don't know you and you approach me I become anxious and afraid. Young, and even older children, have a natural recoiling response when meeting new people; hanging onto daddy's hand, hiding behind mom, backing up and giving clear evidence of wanting out even when being perfectly polite in the greeting. But what if the person who hurt you is someone you not only knew, but were close to? What do you learn about safety if you, in the past, allowed yourself to relax with someone who was nice to you, loved you, offered you friendship and affection, and then gave you sex and terror? Who's to be trusted now? It is crucial that direct service caretakers learn to both expect and understand what may seem like a rejection from a child or adolescent, just when "things seemed to be going so well". Often, when adults are feeling good about how a relationship with a child/teen is going, a young person may run away, ask for a new worker, demand a new foster home, or just turn strange. This will most likely stem from a deep terror of trusting, of letting one's guard down, of becoming vulnerable, based on past experience. The young person will need patience and a stance of acceptance and an "open arms and open door" policy, allowing them to retreat when reacting to the anxiety or fear, and then come back to learn that this relationship will not exploit their trust. Too often we find individuals and programs closing the door on those who seem to reject us, rather than making the commitment to hang in with them. Not only is this sad, but terribly unfair. In addition, it's a waste of a

terrific opportunity to teach children that being a little leery of people is okay, but that not everyone who cozies up to you wants something from you. It would be nice if offenders wore distinctive marks on them that warned children, but unfortunately they look like the rest of us.

### **Powerlessness**

A traumatic component of all abuse is the “powerlessness” experienced by the child, as s/he experiences her/his complete inability to influence the behavior of the hurting adult. There is now an abundance of research and longitudinal study that illuminates the life-long effect of such experiences. When powerlessness is “introjected”, or made part of the child’s belief system, we have the frightening phenomenon of “learned helplessness” (Seligman, 1973; 1975). When there is a compensatory reaction to this powerlessness, we find the equally disturbing adaptation where the young person begins confusing “power” with “control”, and we find the victim becoming the victimizer; the hurt becoming the one who hurts, the scared frightened child now the scary child (Groth, 1979; Hunter, 1990).

### **Secrecy**

To be sexually abused is to be incredibly lonely. It is impossible to believe that this could be happening to you, and even more impossible to think that it is happening to anyone else. No other child could be caught up in something this awful with someone they know. It’s not like you’ve been kidnapped by an awful person, like on television. You are not only told not

to tell, but that awful things will happen to you if you do tell. This same person who is being intimate with you and usually accompanying the distressing behavior with kind words, is now the person who is putting the fear of God into you to make sure you protect the secret. Threats are made directly to you, and if not to you, to someone you care about – your mother, your sister, or your pet. You gradually learn to feel “safe” only when you are being deceitful; telling the truth will cause terrible things to happen to you or your family, or even to the abuser who is almost always someone you feel very ambivalent about. (While not usually ambivalent about wanting the sex to stop, many children have quite ambivalent feelings about the person who is abusing them.) Children learn that it is better for everyone if they just keep quiet, or lie. Truth begins to equal danger. The child develops a habit pattern of saying little; saying “okay” with no elaboration; saying “not much” when asked about what they may have been doing or why they are late. Sometimes these children develop a habit of using sounds, of making “noises” to answer questions, instead of using words – grunting in response to questions, using gestures. Some children learn to employ a technique of “empty talking” – lots of words with no substance or meaning, leaving the other person wondering what’s being said since it sounds like sharing but the child isn’t really saying anything. Deception becomes a way of life.

Lying, then, by outright deception or by omitting truth, becomes a primary survival mechanism: saying you had fun, lying about where you



went, what you did; keeping silent about your fear and guilt. The victim operates in a way designed to be careful not to give anything away, becoming very adept at covering up what's happening. "Good boy/girl" says the abuser. "Good boy/girl" implies the parent of the child who really doesn't want to know.

Ask yourself how long a time a child/youth in your care was sexually abused. A year? Two years? Longer? Count the days. Three years of keeping a secret equals more than a thousand days of practice in deception. A thousand days of profound loneliness. The secret becomes as painful as the sex. How cruel it is to "punish" such a child/youth for lying, when that is the only safety they've known until now.

There was a recent incident in a residential treatment center in the author's State where a resident successfully committed suicide *in the facility* by hanging himself. While investigating the death it was learned that while the young person did not share his intention with any adult staff, he did, in fact, confide in a number of his peers. Not one child said a word until it was too late. Why? Not for any malicious reasons, but because collections of abused children/youth are, unfortunately, entirely comfortable with secrets, and very fearful of the consequences of truth. Everyone working in residential facilities know that there is a huge "underground" of collusion and secrets. This occurs only because we group together those well practiced in secrets and deception. How urgent this understanding

becomes as we keep in mind the need to provide safety and protection for our vulnerable clients who have learned to protect themselves by keeping quiet about very important matters.

### **Lack of Protection**

It takes more than an “offender” for a child to be abused. Perhaps we have become overly focused on those who overtly hurt children. This focus on offenders often leaves us bewildered at the intense anger children often display toward their “non-offending” parent. If we can step into the experience of an abused child, we realize that abuse requires more than someone hurting you; it also requires an adult who is not protecting you. This may be intentional or out of ignorance of what is happening, but the reason is not important to the child’s experience. To a child, no one can hurt you if someone protects you, especially in your home. When you lie there or stand there, feeling intimidated or being forced to let someone touch you, being forced to touch sexual parts of an adult, bleeding from being penetrated, gagging from feeling suffocated in oral sex, you wonder not only why someone is doing this to you, but why someone isn’t stopping it! I know from talking to many children and teens that they have silently asked “how can s/he go on pretending it’s not happening? Why can’t s/he see behind my feeble lies? Why can’t they see my pain and fear? Why can’t they figure out why I use drugs/alcohol or stay out late?” Blame it on Hallmark cards, but children expect their parents to have “eyes in the back

of their heads”; to be everywhere and always available to comfort them, just like the cards say. When that doesn’t happen, children are left emotionally alone, with anger and resentment building for both of the people they count on to keep them safe.

### **Using daily life events to be “therapeutic”**

How can events and interactions in the daily “life space” of children and teens present opportunities to be helpful with these traumatic components of sexual abuse?

### **Traumatic sexualization**

As discussed earlier, research and daily observation of sexually abused children/youth in a variety of settings confirm a tendency to “re-enact” many of the painful aspects of the abuse. We must reinforce, again, that punishing a child for symptomatic behavior only further victimizes them and interferes in dramatic ways with healing.

There are a myriad of daily activities that can prompt a symptomatic response to real or perceived sexual stimuli for sexually abused children/youth: Sharing a bathroom, showering/bathing, dressing, gym class, contact playing, adult affection, bedtime, movies and television shows. Let’s hone our observation skills to see and hear what our youngsters are telling us (usually with behavior rather than words). Do we need to be

sensitive with regard to providing privacy for children for bathroom activities? Can we “read” the unnecessary ‘layers’ of clothing as a signal that the young person does not feel safe, and does not feel able to protect him/her self without clothing used as armor? Can we give them comfort and reassurance at night: a night light, a roommate, some music to listen to while falling asleep, awake staff who stay awake, permission to sleep in clothes for a while if too scared to put on pajamas?

Are we **talking** openly about sex? Sexually abused children have trouble with sex! Avoiding our own discomfort with ideas of sex and children does not help the children. We are now in a position to correct their distortions and misinformation, but only if we are willing to bring topics connected to sex into daily conversation. We can give them education and re-education. There is absolutely no need for discussions about sex to be confined to therapy rooms! It is more likely that symptoms will appear in living environments than in offices. Have we constructed the therapeutic environment in such a way that children/youth are aware that we have knowledge of the specifics of their harm and are prepared to help them heal? Are there books to read? Are they readily accessible without having to go to a specific place or person. Do they have to ask for them or can they initiate gathering information independently, without embarrassment? Do we have regular conversations about sex and how it is supposed to be, and about how hard it is to have it introduced into young lives before nature intended –

before bodies and minds were “ready” for such activity. When sexual remarks are made at the dinner table or some other “inappropriate” time, do we hush the child(ren), or do we openly note the remarks and postpone discussion until after dinner, scheduling a time to talk about what was brought up. Do we make believe that we were not supposed to hear the remarks, or acknowledge that they were said deliberately, knowing we would hear them, and thus have an opportunity to talk about something uncomfortable? Have staff told kids explicitly that they are open to questions about sex? It is not a requirement that we feel “comfortable” about these conversations. It is perfectly to sit down and talk about sex with children/teens, acknowledging that it is sometimes difficult to do so with finesse. It is also true that the more we are willing to talk with them about the difficult facts of their lives, the more comfortable we will become.

It is also important to monitor our responses to their sexual behavior (talk or activity) to be sure we are not causing shame about something the child had no control over. Sexual talk, no matter how or where it occurs, and sexual activity, even though it is “against the rules” provide wonderful opportunities for us to interact with kids about a part of their life that they cannot deal with alone. They have questions and wonder if anyone has answers. Of course we don’t always have good answers, but we can always be clear that we are not hiding anything from them, leaving them to imagine what might have happened to them from the abuse. We don’t want to leave

immature young minds on their own to figure out what's happened to them, and if we don't help, they will struggle with it alone, or with their similarly disturbed peers. Not a good option.

Based on work I've done with some agencies, I can assure you that there is an inverse relationship between sexual activity and verbalization: the less adults are willing to talk about sex, the more kids will sort out and act out their concerns behaviorally. (\*see footnote)

Staff and other helping adults are in a wonderful position to use their own experiences and interactions with youth to help them gain insight and sort through their confusion. We can use uncomfortable touch from clients to teach them exactly what makes it uncomfortable for us, and why, and to provide guidance about more acceptable physical interactions. We can use activity between peers to try to understanding the **meaning** of the activity for the children involved. If we can find out what they were trying to understand or solve with the sexual interaction, we can help them meet their needs more appropriately. Different children may have different "agendas" or motives for participating in sexual activity with others. Only open discussion can uncover what is going on for each young person, and what we can do to help them. Across the board interventions are **not** helpful in addressing individual needs.

Staff can use displays of affection between them, which invariably produce hoots of innuendo, to discuss differences between sexual and

affectionate touch. (This, of course, implies that we have done work on the treatment team to insure that they have developed positive enough feelings between each other that displays of affection – back rubs, hugs, etc. are likely!).

Another very challenging aspect of interventions with sexual behavior is the opportunity to join the struggle experienced by same-sex abused youth, or with youth who had such negative heterosexual experiences they now feel drawn to members of their own sex. In my work with organizations, I have found this probably the most “loaded” issue for staff to deal with. Literature on sexual abuse reveals that, as far as we know from reported cases, offenders are more often men, whether the child-victim is male or female. The evidence also seems to suggest that the offenders are not only men, but often or usually heterosexually identified men. This presents specific trauma for male victims abused by men, since many questions and fears arise with regard to the effects of same-sex abuse on sexual development. Specifically, boys (usually) must resolve two very complex–and controversial– issues: resolving their **sexual identity**, as well as their **sexual orientation**.

It is important to distinguish between these two processes, because they are quite separate, although many cultural stereotypes cause them to seem fused. In reality, gay men do not, because they are gay, feel and act like women. Lesbians do not, because they are gay, feel or act like men. At

the same time, there are people who struggle with their sexual identity and are also gay, which sometimes leads to the stereotypes and confusion between the two issues.

**Sexual identity** has to do with one's comfort with and acceptance of one's maleness or femaleness. Observation in many treatment facilities reveals that many abused girls have become uncomfortable with the inherent inequality of strength between the sexes. They often compensate by becoming overweight. Sometimes they cut their hair short and dress more like boys than girls. They sometimes adopt male mannerisms, such as walking and talking aggressively. These symptomatic behaviors do not give us clues that these girls are gay, but rather that they are uncomfortable being girls.

Because of many cultural roles and the realities of abuse (rape, domestic violence), some boys see victimization as a "girl" problem, and thus have difficulty feeling like boys/men and living with their former inability to control abusive situations, especially sexual ones, which are often not overtly forceful. This discomfort sometimes causes post-pubertal and adolescent boys to become estranged and alienated from their vulnerable small-boy past, and turning their anger inward on themselves rather than outward toward the aggressor. Unchecked, this alienation from the frightened, powerless boy who was them can ultimately cause them to



repress these unacceptable feelings and to thus risk losing empathy for others who are hurt.

Adults can be very helpful in re-framing the abuse as a crime of adults against children, which is a crime of opportunity against those who are vulnerable, and not sex-specific. We can also try to keep struggling boys in touch with the realistic reasons for their compliance: smallness in size, vulnerability because of the relationship, and conformity to the expectation of obedience to adults. A very simple, practical intervention with some boys is what I've referred to as "schoolyard therapy", that is, to simply take them to a school or play yard and **show** them small boys – to remind how small they were when taken advantage of, to give permission, as it were, for their past compliant behavior. It is crucial that our male victims not lose touch with their vulnerable self, for an unfortunate characteristic of many abusers is lack of "empathy" for their victims, which stems from lack of empathy for themselves.

**Sexual orientation** is a separate developmental process, and has to do with the development of emotional as well as sexual feelings for individuals of one's own sex. In truth, sexual orientation is a matter of the heart, not a matter of sex. One can be gay and have heterosexual sex, and one can be considered heterosexual and have gay longings. In our homophobic society sorting out one's orientation can be an incredibly lonely, and sometimes dangerous, journey for young people as they try to

understand themselves. This journey of discovery is challenging for many teens and becomes much more complicated for sexually abused youth. Perhaps a teen girls' only experience with intercourse was during abuse, which she hated: she then might wonder if she doesn't like men, because she didn't like the sex with the abuser. Perhaps a young boy had some sexual pleasure during the abuse, although the context was miserable, leading him to now wonder if he's gay. Some same-sex molested young men wonder if they've been "made" homosexual by having had sex with someone of their own gender. The fact that we don't really understand why some of the population come to have loving and sexual feelings toward others of their gender makes it easy for abused youth to pick up confusing and inaccurate information. If someone says that people are "born gay" they might wonder if they born a way that attracted the abuse. If they hear that being gay is "catching" (a silly but not uncommon fear, explaining fear of gay teachers) they may come to believe that someone has turned them gay. If a young female teen hears that lesbians "hate men" she may become confused by her positive feelings toward male friends and staff members.

It is the "job" of direct service staff, who have regular contact with young people confronted by such dilemmas to sit down with them and help them to sort things out. The rate of suicide for gay youth is frightening, and suicide is a result of loneliness and hopelessness, not a result of being gay.

We owe our abused young people relationships in which they can acknowledge their struggles and get help sorting through their experiences, questions and feelings without recrimination and condemnation. This may require some difficult work on the staff team as team members with judgmental feelings about homosexuality figure out how they can be accepting, even if disapproving, of a young teens' gay feelings or questions. Strong supervision might have to be provided for those with strong feelings based on their own values or upbringing. It is inevitable that exposing children to sex prematurely will cause them to require strong support as they put their early experiences into context as they face developmental challenges experienced by all young people.

Finally, because of the unnoticed "seduction" by the adult, and the gradual movement from comfortable to uncomfortable touch, many children and youth experience considerable confusion about what is sex and what is not. This confusion often manifests in touching interactions between sexually abused children/youth and other children or with adults. How many workers and foster parents have had a child hug them in a way that felt uncomfortable? How often has a child kissed us on the lips rather than the cheek? Sometimes we have become gradually uneasy as a benign touch from a child turned to touch that had sexual tones. Confusion between sex and affection also results in a variety of symptomatic interactions between children sharing a foster home or group home, as innocent touch or play

turns to sex play, or age-appropriate play and interactions (such as tickling) promotes sudden rage as memories are triggered. Responses from adults to these events have potential either for further confusion as a child/youth experiences either an unexpected "interest" from an adult or receives an unexpected harsh response. Or, adults can use these "inappropriate" touches as an opportunity to provide "re-education" in an area where faulty notions have been formed.

### **Working through Betrayal**

It is important for staff to be alert for signs of "panic" when a young person starts to feel comfortable. Betrayed children/youth often "blow" a placement, or a relationship, when they realize they are letting their guard down and relaxing too much. It reminds them of when they did this before, and as a result their trust was betrayed and misused, causing them to feel done in. We want to be careful not to reject a child when s/he rejects us. We want to examine our willingness to hang onto someone who's too scared to stick with us right now. Are we willing to wait for the runner to return, rather than just calling the police or social worker and giving their bed away? Can we use care and careful consideration before assigning a new worker? It is important to provide opportunities for betrayed young people to learn that getting close and feeling vulnerable does not always result in being "used" or getting hurt by someone. When a child/youth makes an overt sexual gesture, or offers an explicit sexual favor, we can show care to

respond not to the language or behavior, which is not the issue for the child/youth, but to the "real" (underlying) question: are you interested in having sex with me?; If I give you the opportunity, will you take advantage of me? The most reassuring response to a direct proposal or suggestion is not: "don't be silly", or "that's inappropriate", but, "I want you to know that I'm not interested in having sex with children".

Time for a little "psychobabble" here, but there is an interesting psychological concept that explains why the same underlying trauma can result in two extreme adjustment patterns. As we've just discussed, one response to betrayal is to fear closeness and become unduly anxious when feeling vulnerable. This anxiety is often relieved when the child/youth behaves in a way that causes adults to back off, leaving them feeling less vulnerable, although also lonely and longing. There is another reaction called a "counter-phobic" reaction where one deals with anxiety by overexposing oneself to the trauma. A person with a fear of heights becomes a pilot. A person terrified of sex becomes a prostitute. With this in mind, we want to look for signs that bewilderment over trust is causing youngsters to be careless with their personal safety. Many of our young people feel perfectly comfortable getting into a car full of strangers, letting someone they don't know hold them or take them by the hand. Having been "fooled" before, they sometimes give up on trying to figure out who is safe and who is not. Great patience is needed to give good information about

personal safety, while not discounting their previous experience. Simple “good touch/bad touch” or “stranger danger” instruction is insufficient for those already hurt by people they thought they could trust.

### **Feelings of Powerlessness**

We can study the daily behavior of children in our care to see how they are struggling with their anger about having been powerless to influence adult behavior. Are they showing us that they are becoming comfortable (i.e. used to) being victims? Do they turn to others to solve their problems? Are they allowing themselves to be “scapegoated”? Are they more compliant with staff demands than is normal for a child their age? Who are they dating and how do they allow themselves to be treated by their boyfriends? On the other hand, are they showing us that they are reacting to their victimization by identifying with the aggressor, believing that it is better to “give it” than to “get it”? Are they beginning to feel “powerful” when they are controlling others?

Although tempting, it is not helpful for staff to solve problems for children/youth, because it reinforces for those struggling with feelings of powerlessness that they are unable to solve problems for themselves. It is more important, although much more tedious and time consuming, that adults teach problem-solving skills; to coach but not interfere or take over. When peers are having trouble with each other, we want to work **with them**, but not on them; we want to help them solve problems without

solving problems for them. Taking over will leave them feeling helpless, even if we interact with good intentions.

Unhappily, it is often not a “good sign” of cooperation when children/youth do everything they are told to do, even when it gets them praise or points or privileges. Unhurt children living with their parents do not jump when they are told to, and do not take out the garbage or clean their rooms without complaining. The inability or unwillingness to say no is a sign of disturbance and needs to be treated as such if we are to enable our abused young people to learn to set limits for themselves, and to say no when someone intimidates them or asks for their cooperation with an unhealthy relationship. Working with “assertive” children is not as easy as working with children who are being compliant in order to gain rewards, but putting up with this form of healthy behavior that can also be annoying is the **only** way to work ethically toward teaching those skills that will be necessary for safe survival after leaving treatment.

### **Learning to Live with the Truth**

The longer a child/young person has had to live fearing the truth, i.e. the discovery of their “secret”, the more patient we must be with their inclination to avoid honesty. It is crucial that we not moralize this behavior; it has nothing to do with values or morality, it has to do with what they were told to do and how they perceived they had to behave to survive. Punishing these children for lying serves to reinforce the unfortunate notion that the

truth is dangerous. Opportunities must be provided for them to try saying scary things out loud, without retribution. Obviously, this complicates interactions in group settings! We don't want to compromise our belief that "honesty is the best policy"; but we also can't afford to be naïve. Sexually abused children/youth have been taught something quite different. Learning to hear the "sound" of reality can take a very long time. Professionals who interview sexually abused children often find that they don't want to use words, or that they whisper barely audibly about what happened. The sound of truth after long months and years of silence can be jarring.

One of our uncomfortable tasks with these children is to examine our own interactions: are they honest? Do staff say out loud what is really going on, or do we also compromise truth, rationalizing away our reasons for not confronting each other, for saying different things **to** people than we say **about** them, for giving children less than complete information. We are not told that the truth will make us happy; but we are told that the truth will "set us free". Our children and teens need us to help them adjust to a new world where the truth is welcome and reality is acknowledged.

**Lack of protection: "Wimps" need not apply**

Abused youngsters cannot heal or feel safe when in the care of those overwhelmed with the clients and the job! Stress junkies, step right up. The job of caring for hurt, troubled, and troubling children is not for everyone and will never get easy. Experience is helpful, but the challenges



never stop. Not everyone with a good heart is suited to work with abused/neglected children or teens. We need to hire, pay, and reward those who actually enjoy the challenges of working with “difficult”, frequently unrewarding, often provocative, usually non-compliant, angry and aggressive children/teens. Yes, those people are out there, but a rare find! We must beware of getting caught in the “bar at closing time” trap when there are staff shortages: remember that people look better to us when we’re desperate than they should!

Sexually abused children are either abused by women, or not protected by women, which places a strong burden, and opportunity, on female staff to demonstrate competence and protective skills. It is urgent, with this population (and most populations) that women not back off in favor of men during explosive situations. Sexually abused children have either been abused by men, or abandoned by men. Strong, nurturing, “present” staff men can teach new roles; they can correct cynical attributions toward men. They can correct the view of men as “not there”, as evidenced by many fathers who left their children’s mothers alone and were not there to protect their children when mother made dangerous choices in companions. Strong, nurturing, protective can compensate for those mothers who brought home abusing men and didn’t notice or didn’t intervene when these men were cruel to her children. It is crucial that **all** adults in the environment demonstrate protection skills, or we fail our mission and

release/emancipate young people who will go on to procreate and produce children with no understanding of how to protect them. We want to teach basic protection skills through our example: sticking around and not leaving when things get tough; knowing what's going on and not being afraid of the truth; not allowing others to hurt or get hurt. We need "clucking mother hens" of both sexes. What a great gift to abused kids. Find out what they're up to. Ask questions. Be nosy. Give and get lots of information. Let's find a way to hold on to our caring/nurturing male workers who often hang around just long enough to "move up" to leadership positions, and further away from the kids. Loving and caring for kids is not a "woman thing". Kids are **owed** – and their future kids are owed – strong and protective men and women who keep them safe now, and show how it's done; how it should have been done in their own homes; how it can be done when it's time for them to establish their own homes as adults.

### **Reasons for optimism**

Each day, in hundreds of ways, those who attempt to "help" those who need us are provided with a multitude of opportunities to do so. We may not know exactly what to say, and it doesn't matter. Kids will know if we have taken the trouble to understand their experience, why they are as they are and how it makes sense given the context of their abuse. This empathy can always be communicated, each person using their own "style" to do so. There is no one way to be "therapeutic" (healing), each of us can find a way

when we've found the will. If we are willing to take a step in their shoes (and those shoes do hurt!), we can walk with them into new ways of looking at the world, new ways of learning to carefully trust, new ways to face the truth unafraid, new ways to exercise personal power so they can be in charge of their own safety. What a wonderful way to spend a life. What a gift to replace their "glasses" – their way of looking at life – getting rid of the cynical, mistrusting, leery, fearful lenses, and giving them a view of others filled with discretion and the ability to find the good, the safe. What a daily opportunity we have to remind them that they are not the criminals, but the victims, and that we are going to try to give them what they deserve – what they have always deserved. Carry on: The mission is great; the stakes are high; the privilege is ours.

## Bibliography

Updated 12/09

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The editor and authors have produced a foundation resource document for therapists who labor to console and heal patients struggling with issues of trauma by bringing together thoughtful insight to the study of recollections of sexual traumatization and to the management of such memories in treatment. The book, an integration of perspectives and information, provides clinical discussion, relevant practice guidelines, and knowledge from state-of-the-art research in order to further the treatment of adult survivors of abuse. Issues addressed include: the encoding of memory under conditions of trauma, the question of patient suggestibility, the difficulty of therapeutic work in situations where the abuse may not be recalled but the patient's suffering points repeatedly in that direction, how therapists know what they know, the complexity of treatment with patients who are struggling to regain a belief in their own minds, and the legal and political issues at stake when working in this area.

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**\*Footnote (p.13):** Solicited reports from agencies the author has worked with, who reported a sometimes dramatic decrease in overt/covert sexual activity in response to changes in staff openness about sexuality. See also: Fox, Lorraine E. (1989). *Effects of a training program on the responses of direct service care workers to the sexual behavior of children in child care institutions*. Unpublished dissertation.