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## REPORTED CHILD SEXUAL ABUSE: SUBJECTIVE REALITIES

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On occasion, a particular case is illustrative of a number of principles somewhat distinct from the core problem or presenting difficulty of the case itself. Studying the winding path of case development can prove to be a fruitful way to gather techniques, cautions, and hypotheses. This is our purpose here. While this article is not actually an in-depth case study, nor true research following experimental design, we trust you will find something of use or at least some stimulation from our journey.

We have chosen the particular case in question because of the category in which it falls, i.e., alleged sexual abuse. Arguably, this is the hottest topic currently in the therapy world, certainly in the media. This case, reviewed here in a step-by-step fashion, highlights some cautions that are often in danger of being overlooked in dealing with such cases, particularly during a near hysteria period of public attention.

### Presenting Problem

Melody, about five and one-half years old, was brought to our office by a very concerned mother who had had an introductory contact with us via telephone. She is a product of the mother's first marriage, which ended in a divorce when Melody was two years old. The mother, Joanne, was given custody of the girl. Melody lives with her mother and Joanne's second husband Harry, of about three and one-half years, and their daughter (Dixie, about two years old). On a rather regular schedule Melody visited

her natural father, Bill, two weekends per month. The natural father's household consisted of himself, his second wife (Sally, a young woman in her early 20's for whom this is her first marriage), and their daughter (Susie, aged nine months). All members of both families are LDS.

Joanne reported to us that Melody's 1st grade teacher had seen her "fondling" female members of her class in the school's bathroom. According to Joanne, Melody possessed sexual knowledge "beyond her years" and had demonstrated in neighborhood play situations, as well as at school, behaviors such as fondling of erotic body zones, open-mouth kissing, and oral stimulation of the genital area of other children of similar age.

Further, the mother was quite confident as to what had caused the behaviors. She explained that her marriage to the child's father had ended largely because of his demands for sexual activity—the amount and nature of which she found "disgusting." He had repeatedly wanted Joanne to engage in what she referred to as "oral sex" and often attempted to persuade Joanne to pose in the nude for photographs he wished to take of her.

Subsequently, he had allegedly been unfaithful to her, shortly after which they were divorced. The mother had strong suspicions that Melody's natural father had sexually abused her in the interval between the divorce and his remarriage. During this period he had roomed with several other men. From the mother's report, the father had repeatedly ignored requests that Melody not be taken to see "R"-rated movies with him and his new wife. Melody claimed, upon her mother's questioning, that she could watch anything she wanted on cable TV while visiting her father and that she had learned what she called her "techniques" from movies and TV. Similar requests for Melody's TV

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watching to be more closely monitored had, in the mother's view, been likewise denied. Joanne expressed fear that her daughter had inherited her father's "preoccupation with sex" and felt that something must be done to curb this tendency. The implication was clear—Melody had been "tainted" by her father's "perverted" nature.

Joanne was also concerned about her daughter's poor conduct grades at school. At her school and grade level it was usual to provide conduct grades as well as academic grades. While Melody's mother claimed that she did not expect top academic grades from her daughter (stating that Melody was not as bright as she herself had been in school), she wished to see Melody exhibit a little more self-control. Academic grades tended toward a D, while conduct grades were somewhat lower. From the mother's perspective, Melody was rebellious. She seemed unwilling to obey household rules such as getting ready for school in a timely fashion and putting her toys away. On some occasions Melody pinched or scratched herself (leaving visible marks and bruises) after being reprimanded by her mother and sent to her room.

Lastly, because of observed incidents of Melody's inappropriate sexual behaviors, Joanne had told family members and parents of children that Melody might come into contact with to "keep an eye out" and thus help prevent recurrences of a like nature.

### **Alternative Generation**

One of the essential skills of a proficient therapist is the ability to manipulate diverse pieces of information to generate significant questions for proceeding with treatment. Without any attempt to be exhaustive in our analysis, we have formulated a number of questions. Is sexual abuse currently occurring? Does Melody really engage regularly in the behaviors reported? If so, what do they mean to her? What is her natural father actually like? Was she, in fact, sexually abused? Are the spouses of Melody's parents nonentities, only bystanders, or do they have a role in this portrait of current circumstances?

Is there more than one client here? Is sexual abuse even the central issue of the case?

### **Assessment of Melody**

The course of action chosen was to attempt a clinical investigation and assessment of Melody with regard to personality, and sexual knowledge and behavior. We treated the case as possibly one of sexual abuse and handled it accordingly. We made efforts to learn about her alleged fondling of others, just what sexual knowledge she possessed, and how likely it was that she had ever experienced sexual abuse. Asking such questions meant that the mother's perceptions were also under investigation as to their accuracy and validity. We employed several techniques.

Administration and scoring of a Peabody Picture Vocabulary Test revealed Melody to be significantly above average in intellectual functioning. Allowing for the Peabody's weakness in discriminating actual performance differences among children scoring over one standard deviation above the mean, Melody clearly was at least in the upper 10 to 15% of her age group on this measure of responses to visually encoded material. In interviews she exhibited a high level of curiosity, activity, quickness and flexibility; in sum, she is quite a bright child. Second, she was indeed strong-willed and persistent and a challenge for even a well-prepared and schooled parent. Melody did not take the agenda for socialization submissively. She could readily perceive the flagging energy and loss of patience in an adult working with her and use it to her own advantage. Rewards often came to her from seeing the impact she could have on the environment, irrespective of it being labeled as a negative impact.

Melody's self-esteem was poor and likely getting worse. She labeled herself as "bad" in a self-evaluation and exhibited considerable anger turned toward herself in her projective drawings (House-Tree-Person and Family Circle); she had been clearly spotlighted as a probable problem at school, church, and in the neighborhood by her mother's alerting of

significant people. It appeared to us that repetitive negative feedback from the environment was serving to reinforce a sagging view of self. Positive attention, praise and successful approval of accomplishment seemed to her virtually unattainable.

Using a variation of the House-Tree-Person suggested for use in sexual abuse cases (Holder, 1980), it was determined that Melody was strongly bonded to both her mother and father. While no evidence was found for sexual abuse having occurred, her feelings of closeness or alienation to others was significant information. Her most interesting and enlightening drawing was of herself within a circle surrounded by a refrigerator, chair, and pictures on the wall. She was set apart from her family consisting of Joanne, Harry, and Dixie, who were linked arm in arm on the same page indicating that she felt alienated from the family with whom she lived.

Three other methods were chosen to assess sexual knowledge and abuse: a play period with dolls, an indirect interview technique, and a play period with anatomically correct dolls. This latter technique is used frequently in child protective settings throughout the country and is accepted in numerous court proceedings. Evidence gained through this approach is asserted by its proponents to reduce to a minimum the doubt surrounding what kind of sexual abuse, if any, has been perpetrated upon the child and some of its effects. However, in our reviewing this intention with Child Protective Services personnel in Harris County, Texas, they expressed reticence regarding the appropriateness of its use with Melody. Apparently, the use of this technique has proved to be overstimulating sexually to some children with resultant negative effects upon subsequent therapy contact with the same practitioner. Accordingly, it is most effectively utilized as a quick measure of the extent of sexual abuse, when follow-up therapy is to be done by a different practitioner. For these reasons, play with anatomically correct dolls was abandoned in favor of play with family member dolls less anatomically correct.

Again, these results indicated age appropriate sexual behavior and curiosity, but no overt signs of sexual exploitation.

An indirect interview technique was used as a second tool in ferreting out sexual knowledge and experiences. This device yields information about the subject's emotions toward parents and is often used in determining attachment in legal proceedings where child custody is being disputed (Lockwood and Roll, 1983). A series of eight guessing questions is used demonstrating four major aspects of attachment: responsiveness, confidence, hostility, and security. Although results indicated Melody held an equal sense of security toward both natural parents, stronger indications of responsiveness, confidence, and hostility were demonstrated toward the mother, Joanne.

Bonding with all four adults in Melody's life was tapped by a third approach, including a tongue depressor game developed by Jewett (1984). The child draws the features and clothing of family members (as she perceives them) onto tongue depressors. The child is then observed in her play with the figures. The manner in which the child has the figures communicate, the topics of discussion among the family members as well as the inclusion or exclusion of family members and/or topics of conversation can give clues to the feelings that the child has for the members of her family.

As a final step in assessing Melody, she and her mother were seen together in two successive counseling sessions with a view toward encouraging interaction between the two during these sessions and observing carefully the nature and processes prominent in that interaction. It is material to mention Ms. Taylor carried out this next step separate from any previous clinical contact between either the mother or Melody and with minimal knowledge of any conclusions and impressions resulting from the contacts.

It became clear during these sessions that Melody was an extremely "bright" child, probably more creative and inquisitive than the mother, and could be manipulative in getting what she wanted.

She was acutely aware of what to do to "trigger" her mother's negative response, and as we met it became obvious that Joanne's major area of vulnerability was in the area of sexual activity, based on her own fears and personal view, which appeared to us as overly rigid and negative. Melody had arrived at her own version of this perception and was using sexual misbehavior at least partly as an attention-getting device.

At this point, we drew a number of tentative conclusions from the assessment; we had assembled evidential support for explanations of the current behavior. Two consultations with Melody's natural father and his second wife provided clinical impressions of them as individuals and of the nature of their marital interaction and confirmed some factual matters related to Melody's exposure to sexual material, including "R"-rated movies and sexually explicit scenes on cable TV. That exposure combined with her brightness and curiosity had contributed in a major way to her "sexual" behavior with other children, both schoolmates and cousins. We think it unlikely that Melody had ever been sexually abused. Of great concern to Joanne, the continued visits with her father were judged to be "safe." Continued provocative behavior had brought substantial attention—very agitated responses from her mother—and hence considerable payoff to Melody. Melody's motives as she interacted with her mother might even be termed a form of retaliation or subtle hostility directed at the mother in response to Joanne's personal disapproval and the girl's inability to get things right in her mother's eyes. It is not an exaggeration to say that Joanne often simply did not like her own daughter.

### Generating Alternatives

Who now should be treated first, mother or daughter? What were the characteristics of the natural father? Would he be willing to aid in restructuring his home environment to aid in Melody's behavior changes? What was the depth of Melody's hostile feelings for her mother? What was the depth of Joanne's feelings

for Melody? What was the best intervention to use with Melody? What parenting skills would best serve Joanne?

### Intervention

In this instance, a luxury sometimes not available was possible. We were able to implement therapy with both mother and daughter in weekly separate sessions. In our view, Melody needed individual counseling to modify the sexual behavior that had now become a habit and to help her deal with her feelings of low self-worth. Secondly, Joanne needed improved parenting skills to more effectively parent Melody and to decrease the payoff Melody received for inappropriate behavior. For the next four months, we held weekly sessions individually with Melody and Joanne.

Melody was open and frank but relatively ill-informed during the discussions about general sexual topics. She expressed considerable remorse and guilt concerning her fondling of other children. Particularly disconcerting to her was the possibility that she might not be able to stop this behavior, and this would prevent her baptism into the LDS church scheduled in eight months. Joanne had emphasized this point repeatedly and had Melody discuss her "transgressions" with their bishop prior to our meeting.

Several sessions were reserved for discussion about the mechanics of sexual intercourse (with Joanne's permission) as well as the process of birth, which was of particular interest to Melody. We emphasized the pleasurable feelings associated with manipulation of the genital area and the part that this played in the procreation process. She appeared greatly relieved to discuss the facts openly without moralizing. She was able to verbalize her fears and concerns as well as clear up many inconsistencies and falsehoods.

By talking with Melody we found that she could anticipate the episodes of sexual fondling of other children. The antecedent behavior included sexual fantasies about a female cousin, Margie (eight years old), who she said had introduced her to the sexual behavior. Indeed, she

reported that her fondling of other children always was accompanied by her fantasies of sexual activity with Margie. In order to extinguish this behavior, we replaced the sexual fantasies with fantasies that were pleasing and more appropriate. We devised a technique that included her favorite times of year: Christmas, Easter, her birthday, and Valentines Day. She decided that when she became aware of a sexual thought about Margie and the fantasies began (whether Margie were present or not) she would substitute these more appropriate fantasies in a very specific pattern; i.e., if she looked to the left, she thought about Christmas; if she looked to the right, she thought about Easter, etc.

We also spent a large part of a session role-playing [practicing] the application of this technique. We pretended that the therapist's notebook on a table was a "bad" thought that she wanted to get rid of, and with her coloring book (in which she had just colored a picture) she practiced knocking the notebook off the table, thus replacing the antecedent behavior that in the past led to the fondling of other children. Melody has had great success with this behavior modification technique and has not had an episode of sexual fondling for 10 months. Of importance to note is that she had had several social contacts with Margie which in the past would have triggered the inappropriate response. Meanwhile in individual sessions with Joanne, evidence quickly accumulated showing that she had an acquired negative view of all sexual matters. This attitude appeared to stem from parental attempts to teach, in perhaps overly rigid ways, LDS moral standards in relation to the nature of sexual experience with its joys and dangers. Joanne's personal perception about such matters were acquired subtly as she grew up. Attempts at explaining to her the scope of Melody's sexual fantasies or the effect of Joanne's parenting skills on Melody's behavior appeared to fall on deaf or ignorant ears. Joanne's preoccupation with the "moral" aspects of Melody's sexual encounters with both her cousin Margie and school playmates obscured

Joanne's ability to understand the impact of this behavior on Melody's present functioning in her own family and at school.

Indeed, sex, as a topic of discussion, was a somewhat "taboo" subject both in her parental home as well as her present home. If sexual matters were discussed, they were spoken of in hushed tones with a heavy degree of moralizing thrown in. Humor was never associated with sexual topics. This presented an obstacle in our therapeutic sessions since Joanne could not or would not discuss sexual aspects of behavior without accompanying it with a heavy dose of moral imperatives.

### **Alternative Generation**

This was clearly a crossroads in therapy since it was imperative for Joanne to understand how Melody viewed sexual matters and how she was using her superior intelligence and Joanne's aversion to sexual topics to manipulate her mother. How was the therapist to provide insight to Joanne so that she could parent adequately? Could Harry play a role here?

In a somewhat desperate move to enlist aid, we decided to add her husband, Harry, to the sessions with Joanne in hopes of getting his help in the use of proposed parenting skills. Interestingly, the introduction of Harry into a joint session with Joanne proved to be the turning point with Joanne, but for entirely different reasons than we had thought. It soon became obvious that Harry had a sort of catalytic effect on the whole therapeutic process. Often, it seemed, he was able to reframe or reinterpret the content of our sessions for Joanne at home after the sessions. After that, progress was more consistent and incremental. One of the factors that made this development such a surprise was the initial clinical impressions of Harry, indicating that he had less power and authority than Joanne in their relationship, with no indications that she would ever seek or yield to his counsel. It was through Harry that Joanne was finally able to perceive the depth of the turmoil her daughter was experiencing. She began to understand that Melody's fantasies which preceded her fondling behavior were rather

similar to those that precede masturbation in adolescents. Once that was clearly understood through Harry, she became an ally in Melody's attempts to modify her behavior. She could now appropriately encourage and express confidence. This opened up the communication between mother and daughter, and Melody was able to start discussing sexual topics with her mother. At about this time Joanne became pregnant after several years of unsuccessful attempts, and mother and daughter soon had ample opportunity to discuss the pregnancy and birth process.

Attention was then turned to more effective parenting skills that would build Melody's self-esteem. Joanne was encouraged to determine what areas of behavior were of utmost concern and to concentrate her efforts in these one or two areas. She was, up to this point, at a disadvantage in dealing with a child as bright, verbal, and manipulative as Melody. Joanne had functioned primarily as "reactor," outwitted by Melody's intelligence. Joanne complained that she was "simply unable" to control Melody's other [nonsexual] behavior.

Through a series of suggested readings about parenting processes and developmental phases of childhood, Joanne gleaned new insight into her daughter's state of developmental growth and some appropriate techniques for parenting her. We discussed Melody's lack of self-esteem and her outbursts of anger. We suggested substitute methods for Melody's displays of anger, and Melody practiced them: e.g., instead of throwing toys at the walls, she was instructed to jump rope a given number of times. This use of substitute behaviors intrigued Melody and served to extinguish over a few months the scratching and biting of herself that she had been doing when she first came to visit with us. One possibility is that the substitute procedures were more intriguing, more rewarding in and of themselves, and the procedures may have appealed to her intellectually.

On a second front of the battle, to increase self-esteem, we pointed out to Joanne that Melody had little or no con-

fidence in expressing her desires or preferences. For example, when choosing pictures to color in a coloring book, Melody wanted either Joanne or the therapist to pick out the picture for her to color, as well as the crayons to use. Joanne was instructed to devise opportunities to encourage Melody to make choices. She was instructed to pre-plan an opportunity, such as picking out vegetables for dinner or a particular dress to wear to church. Joanne was told to narrow the array to two choices that she herself could be comfortable with and then allow Melody to choose between these two. It was explained to Joanne that she must be able to accept either of the two alternatives since to subsequently persuade her to form a different opinion once Melody made the decision would undermine the entire process.

Joanne was simultaneously instructed to set aside some time each day for her and Melody to have private time together. Joanne worked both of these together nicely by encouraging Melody to help cook dinner when her other daughter was napping and Harry had not yet returned home from work. Melody was at first given the choice between two kinds of vegetables to accompany dinner and gradually increased her choosing to encompass the entire dinner menu within a few months. This evening ritual probably contributed more to a feeling of closeness between the two than any other single event. It was also during this dinner preparation time that mother and daughter began to share their feelings on a whole range of topics, including biology. Post-hoc observations suggest that Joanne had seen Melody as either competition or viewed her through an impersonal screen—never having learned to relate personally to a child. Perhaps there existed a similar formalism or lack of personal warmth as she herself was raised. With a close mother-daughter bond under construction and an increase in each party's self-confidence, the need for strong discipline decreased significantly. The adversary relationship and the games it spawned began to fade.

A final issue dealt with was fostering a more appropriate environment for Melody in her father's home, especially as it pertained to cable television and attendance at movies. Joanne was encouraged to discuss with Bill Melody's need to be restricted from watching "R"-rated movies. She was encouraged to use a minimum of moralizing, since this might trigger old memories for Bill and cut off communication. This action was delayed for two months because Joanne feared that her requests would be ignored. To the contrary, Bill's reaction was immediately positive and Melody's TV watching was restricted to more appropriate children's viewing. As an example of Bill's conscientious approach to his responsibility, Melody related an incident in which Bill walked out with her during a movie that had been rated "PG" because he felt it was too sexually stimulating for her to see.

Melody terminated therapy one month prior to her baptism and reported that her substitute fantasies were working very well. She had also made a number of new friends. Frequent opportunities had arisen for her to be alone with Margie in an extended family setting, and Melody had not experienced discomfort in those situations.

At school, the reports of Melody's sexual fondling of classmates have ceased for the past six months and her conduct grades as well as her academic grades have improved from D's and F's to B's and C's. She is now allowed to play with children in the neighborhood without excessive parental supervision. Melody has joined the ranks of the "normal" in her mother's eyes.

The case of Melody has provided an interesting opportunity for therapist creativity and flexibility. We see the possible outcomes as quite different from those anticipated when Joanne first contacted our office. Perhaps the greatest strides for these clients have come in a revision in the family's attitudes toward sex, increase in self-confidence for both mother and daughter, and enhanced communication between husband and wife. At least two of these outcomes had not been originally expected. Whatever the positive effects were, over the course of therapy they were partly the result of simply taking time to step back and generate alternative solutions and possible interventions. It was a matter of trying to assess what was known and juggle the several hypotheses that were present and to determine what approach to take and allow ourselves revision of the plan for treatment, rather than making arbitrary limitations as to client or problem.

*Trish Taylor is a graduate student in Social Work at the University of Houston and Dennis Nelson is a psychologist in private practice in Houston, Texas.*

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