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MILD TO WILD:
ASSESSMENT AND TREATMENT OF
SEXUALLY ABUSED CHILDREN

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Mild to Wild” refers to the spectrum of behaviors sexually abused children may demonstrate in response to their experience: six-year-olds may appear extremely dependent, withdrawn, and tearful, while 16-year-olds may be promiscuous, aggressive, and may “act out” their feelings. Anyone who treats child sexual abuse in any type of setting has to operate from some very basic assumptions. As Mormon counselors and psychotherapists, I think that the first essential assumption is that any child is a potential victim. That seems very elementary; but until you fully accept it, you cannot believe that a child whose father is a stake president, whose mother is involved in a leadership role in an auxiliary, whose family is upper middle-income, upper-education level, is actually telling the truth: that sexual abuse is a reality for the child. Notions about who sexual abusers are must then be reexamined. They do not come only from lower-income families. They are not one race, class, or ethnic group. These people do not have a deviant profile or physical demeanor that signals “abusers.” The offender could be anyone.

The second assumption is that children don’t lie. The press has recently presented arguments to the contrary. While there may be exceptions to any rule, we as therapists must operate from a position of child advocacy that represents the vast majority of children who truthfully present their stories. Josephine Buckley, director of the American Bar Association’s child-abuse project, responded regarding the recent concern over the credibility of children, “What worries me is that we may go back to the belief that kids can’t be believed. And that would be an abuse therapists couldn’t cure.”

The third assumption is that children are not responsible for the abuse or the disorganization that follows. I think we’d all automatically agree until we start to get persuasive examples to the contrary. For instance, my agency had an adult male offender who came in and described a stressful home situation complicated by an adolescent stepdaughter who walked through the house in negligees. He was “just overcome by it.” Well, if you accept that philosophy then you have to also believe that four-year-olds have their way with 35-year-old men. That just isn’t the case. Every child has the right to be protected. It is the responsibility of parents to draw limits. I can’t turn to a 13-year-old and say, “You should have known his boundaries. Walking around in that little nightgown was more than your father could handle.”

The best example I’ve heard regarding this comes from Nicholas Goth, a pioneer in sex offender treatment. He tells of a perpetrator who explained how a child had approached him while he was asleep on the couch and had masturbated him and that had led to other activity. The child was nine. Nick adds, “The only difficulty I have with your story is, that if she had reached in and touched your wallet, would you have taught her to steal?” The other half of this assumption is that the child is not responsible for the disorganization.
which follows disclosing the abuse. Families often get angry at the child. “If she’d only put up with it longer, then she could have been out of the house.” “Why didn’t she say no? Now everything is blown to pieces.” Or, “That’s all right. It’s good you told. But we’ll have to sell the house to raise enough money for a lawyer.”

Fourth, it is important not to impose your emotions regarding the experience on the child. When my agency opened two years ago, we as therapists experienced a sense of outrage about what happens to children and a lot of sympathy for how difficult it must be for them. But all children did not interpret the abuse experience as we did. Some children found it to be the most pleasant aspect of a relationship with parents who were disturbed. In a family where a mother might be very cold and rejecting while the father is very nurturing and warm—even if it takes the form of sexually abusive behavior—such an experience may not be traumatic or terribly painful emotionally. A lot of the guilt comes not from the fact that “I was engaging in it,” but from the fact that “somehow I liked it.”

One day, a child came into my office. Her family—an LDS family—consisted of her mother, her father, two adolescent stepsisters, and herself, an eight-year-old who was the child of her mother and second husband. The father was exceptionally disturbed and very violent. With her stepsisters, not only did he engage in full intercourse, but he was very abusive. He tied pillowcases around their heads, gagged them with nylons, and threatened to strangle them all if anyone told. With her, his own child, he was sexually abusive but also very nurturing and gentle.

During one therapy session with all of the girls, the older ones described his behavior and their traumatic experiences. I took the little girl out of the room and we talked about her feelings about what was being said. I tried to give her permission to feel differently about her father if she chose to. Later, I found a paper heart in my office that said, “Nobody before ever said I could still love him.”

Children have such tremendous investment in a parent. Don’t underestimate that investment or the affection, or make assumptions of how they feel. This little girl loved her father. She loved him, and she didn’t care who he threw pillowcases over. That was somebody else’s problem. She loved him.

These then, briefly, represent some basic treatment assumptions. Accepting them requires letting go of a lot of misconceptions. One is that men who abuse children in their own families don’t abuse children outside of the home. It was a terribly rude awakening when it became apparent that many of the incestuous fathers we had in treatment had also abused children in their neighborhoods. Another misconception is that the oldest child is the only child in jeopardy. Not true. We’ve treated many middle children. It often depends on the perpetrator’s perception of the child’s ability to keep a secret. If you have a very assertive nine-year-old and a complacent 11-year-old, he might choose to abuse the 11-year-old; but if the 11-year-old was assertive, he would likely pick the one that he felt he could most easily intimidate into cooperating with the incest.

Another misconception is that reporting stops the abuse. This misconception is one of the most dangerous of all. Reporting doesn’t stop abuse. In the church context, this means that reporting abuse to a bishop or other church authority is not sufficient. The police and child protective services must be notified with the perpetrator then being removed from the home. Sex abuse is sex addiction.

Another misconception is that the younger the child, the less damage from abuse. Other factors, like relationships, seem to be more important. A three-year-old can be traumatized as much as a 14-year-old. It depends on the circumstances.

How do we identify the victims? A lot of the literature lists emotional disturbances, bed-wetting, crying, de-
pendency, and such as symptoms. These symptoms, however, are reactions to such a variety of circumstances that they are not always helpful. For therapists, the most valid and reliable index of abuse is simply child self-report. Although I look for other supporting evidence, I always ask the child directly. All of us in child-care agencies, social services, juvenile court, substance abuse programs, as well as adult-oriented agencies, should ask clients about a history of sexual abuse. Adult women often report being in treatment with a psychiatrist for years without mentioning this issue. We should always ask, "Has anyone ever touched you in a way that made you uncomfortable? Has anyone ever said things to you in a sexual tone that might have made you feel bad?" It floors me how many times children nod yes. And they’re often talking about additional incidents I don’t even have a record of. I’ll be asking about a father and they say "yes" about a cousin. Children may want to give you the information, however they are often threatened about telling and must be gently reassured and gradually persuaded.

Another helpful index is the child’s level of sexual knowledge. For instance, the mother of a six-year-old reported that her child had come into the parents’ bedroom and asked her in very graphic terms why she wasn’t involved in oral sex with the father. The child was very explicit because that was exactly what the father had her do to him.

If children say things that are age inappropriate, it’s an urgent invitation to investigate further.

A third index is sexual preoccupation—or aversion. Girls report abuse ten times more often than boys, yet in a program we just started for adolescent boys abusing children in their neighborhoods and in their families, we found that almost 90 percent of those boys were former victims. Society’s reaction to male sexual abuse has been in marked contrast to that with girls. They ignore symptoms in boys that they’d investigate in girls because a boy is not a deserving victim. He should have had the initiative to say no. Often, what is actually sexual abuse of a young boy is seen as a passage into manhood. Thus, boys feel unprotected, exploited, and carry the additional fear of homosexuality. I have found that adolescent boys who are preoccupied with homosexuality, or contrastingly completely repelled by it, are often former victims who assume that any male sexual liaison makes them homosexual. Much aggression and physical violence in boys is an effort to reverse that victimization and loss of control they have felt. I treated seven- and nine-year-old boys who had attempted to rape a five-year-old girl. Both the seven-and nine-year-old had been sexual victims of a foster brother. They assaulted the five-year-old in an effort to undo their own experience, to reestablish their identity as other than homosexual, and to regain a sense of control and power.

Promiscuity is another clue to possible abuse that belongs under this index. I always ask: Why all this sexual activity at this age? What started this orientation?

Treatment for the sexually abused child should always begin directly with the child and with a warm relationship. When a young child comes into my office, I ask, “Do you know my name?” or “Who do you think I look like?” and set a tone that is easier for them to respond to. “Do you think I look like a Marion? Do I look like a Jane? Who do I look like?” They laugh a little and respond to me, and they may start to talk. I don’t ever use a professional title with children.

Then I ask, “Do you know why you came here today?” That’s really interesting. A lot of them think they are coming for class projects. Others thought they were going to Smith’s Food King and were dropped off early. They are often not really sure why they are here. And some of them why, but don’t want to say.

I make a brief statement of who I am. “I am somebody who works with children—children who have had people touch them in a way that may have confused them or made them feel bad. I
don't want you to be confused or feel bad. So if we can work together, we can talk about this because I want you to know it wasn't your fault." I always interview the child alone. Even if the mother comes—and mothers often do—I never have a mother present at the interview. I interview the child first and get the facts from the child. Furthermore, I would not interview a child outside of my office or on other "less safe" turf. I would never go to a child's home, for instance. In a child's home, you are in the parents' realm. The child feels that the parents are still very powerful and very much in control.

Another thing I want to do in the interview is to establish some appropriate physical contact that the child will accept. Some therapists believe that children who have been sexually abused should not be touched in any way. I disagree. I feel that not touching communicates that all touching is negative. I feel a need to establish a benchmark of normalcy as quickly as possible. In one adolescent therapy group, I asked, "What do you most want me to tell counselors about what has been helpful to you?" The answer was repeatedly, "Touch me. Even good touching might make me stiff, but I still really want it."

With a little child, I'll ask, "Would you like to sit on my lap?" Or I touch their arm, or sit by them, or put my arm around them. With men, it is much more difficult. You may have to go slower because we're socialized to see most touching between adults as sexual. As a woman therapist, I have an advantage because women are mothers.

As therapy progresses, I try to seek the details of the abuse. It can be the first or several sessions. One of the easiest ways to do it is the method developed by Suzanne Sgroi. After I get child and have spent some session time warming up, I ask him/her to draw me a picture of the outside of his/her house. "Now, tell me about your house while you are drawing. Show me the inside of your house. If I walked in this door, could you show me what the inside of your house would look like—like a floor plan?" You might have to show them examples of a floor plan. "Pretend we walk in your house here. Is your kitchen over here? Where is your couch? When you come out of the living room, where do you go when you want something to eat? Show me where. Do you have a dishwasher in your house? Lauren is your little brother? Where does his bedroom go? Does Lauren's room have a bathroom? Where's your room?" As he draws the parts of his house, memory becomes much more vivid. If I said to the six-year-old, "Hello, I am Dr. Snow, and I'm glad to see to see today. I understand you have been sexually abused. Would you mind telling me about that?" I wouldn't get much. But once they get into drawing their house, they'll provide lots of details. A child I saw said, "Well, this is my room here, and this is the long hall that we always walk down when Mom's asleep." "Was the sun shining?" I asked. "No, it was very, very dark. I'd have to wake up and we had to be very quiet cause Mom was asleep."

They also point out specific pieces of furniture. One child was abused in the bathtub and I just could not grasp what was going on for a long time. Sometimes I have them put an X where it happened. I always ask, "Could you tell me about the first time?" For many children, the first time was as long as six or seven years ago, so I ask, "Can you remember the last time or whichever time is most vivid that you can focus on?" When they do, then I'll say, "Can you put an X on where it happened?" So maybe the child puts an X here. I'll say, "Now, that's the first time it happened. Do you remember where else it happened?" And you'll start to see progression of the activity over time.

A child may begin by saying, "Well, he just touched me in the garage." "Where did he touch you?" "Oh, he just touched me outside my jeans. Nothing big." So that was in the garage. But as time goes on, she continues, "Well, then later we ended up downstairs in the bedroom." So we are talking about a much more detailed kind of
activity. Look for progression over time through the drawing of the house. It may start out with something like fondling, but there is usually progression. I have very seldom seen an abuser who starts out with fondling and stays with fondling. Sexual abuse is sexual addiction.

I also look for multiple incidents over time. I don’t believe stories about the one-time incident because the father drank too much at a party. The more time I spend talking to that child, the one-time drunk incident is really the first time she learned to report, the first time that she thought it was really abusive, but there were almost certainly others.

Then, I ask all kinds of questions about the room. “Where was Mom? Where were your brothers and sisters? What did he say to you when he touched you? Did you have your clothes on? Was it cold in the garage?” Some people have detailed lists for investigations, but children don’t follow a script. You need to be flexible enough to pick up on a clue and ask, for instance, “Why did you get a dog?” I had a child tell me, “I got that dog because I did something for my dad.”

In addition to the details of the abuse I also need to know how the abuser got the child to comply. The reason it’s so important is because that knowledge is the best tool for freeing the child of guilt. One of the biggest questions they deal with is, “Why did I go along with it?” Sometimes they do not report until adulthood or until they are much more developed cognitively. They say things like, “I was crazy to go along with that. Why didn’t I just tell him to stop it?” The guilt is tremendous.

Basically, there are four ways, though I use different words depending on the age of the children. The first way that perpetrators gain compliance is by engagement. The perpetrator makes it a game or bribes them. One child was bought off in Slurpees. What lures the child? Sometimes I use that word with kids. “Do you know about fishing, how you put a lure on a hook, and how it catches a fish? How did your dad catch you? What kind of lure did he use?” Children often look back and say, “Well, it didn’t take a lot. It took a nickel.” And I say, “Would it take a nickel now?” And they say, “No, no, it would take a lot more than a nickel.” They then begin to see that they complied by virtue of being a child.

Second, about 80 percent of the perpetrators we work with use entrapment. Once the child has performed the act, whatever it was, they are trapped. The classic example is the perpetrator who said to the child, “Well, I guess now that we’ve done it, I’ll have to tell your mother.” She said, “No, no.” “Well, then, we’d better do it again.” And the child would say, “Well, I guess so.” It was a cycle she couldn’t get out of. Lots of times, adolescent boys will submit to some kind of inappropriate photograph, and then the perpetrator says, “Well, I’ll just have to show this to your mother, unless . . . .” Sometimes, with adolescents, drugs and alcohol are the trap. I know kids who took marijuana as a pay-off. The perpetrator would say, “Well, if you report me for this, I’ll have to report you for that. We are both breaking the law.” So the child is trapped.

The third way perpetrators sometimes achieve compliance is by threats of harm. “If you won’t do this, I’ll break both of your arms.” The father who put pillowcases over his stepdaughters’ heads had told each one, “This could happen to everyone of your sisters, and you’ll be the last to go because you’ll watch all of them die.”

The fourth method, which appears to be the least frequent, is the actual use of force.

If children can be helped to identify how the offender gained “cooperation,” not “consent,” then they may also begin to recognize their innocence.

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