

# Book Review...

## Treating the Aftermath of Sexual Abuse...

### A Handbook For Working With Children in Care

This book is an excellent resource for the staff of treatment programs and the caregivers of children who are suffering the effects of having been sexually abused. It distills the cumulative wisdom of people who care for these children, in their own homes or as staff members in residential treatment centres. It also includes the perspective of program managers, who have an overview of the qualities in a therapeutic milieu that will enable children to heal themselves.

The book covers: the impact of sexual abuse; assessment of its impact; the principles and methods of treatment; the residential therapeutic milieu, including family foster care; and working with families where the abuse has taken place. It is well-written, in language that is easy to read, and includes memorable case examples. Although the feminine pronoun is used for the child, male children are included in the book's scope.

Creative imagery is used, such as the following "image of healing": the abused child's feelings and memories are described as "a swirling circle of thick, black activity" with the child "caught up in the swirl, unable to see clearly, unable to get out, unable to survive." The treatment process is described as "the adult physically supporting the child to move up from the swirl, look down, learn about the swirl and understand it. With each new insight the child moves further away from the swirl, until finally she is far enough away that the swirl will not hurt her and she can see it for what it was, an event in the past which cannot do harm today"

The book provides helpful checklists that encourage caregivers and therapists to consider all aspects of the child's life. For example, assessment of the child includes having her examine relationships between her 'significant others' and the offender, on the basis that these relationships will affect the ability of significant others to provide ongoing support through the healing process.

Caregivers are warned that assessing and treating the trauma may stir up powerful negative feelings in the child; they should be prepared for children's anger, depression, and general "upheaval" in the process of healing. For children who have had their lives

controlled by abusive adults, it is important to discuss the results of assessment, and to give them a choice about proceeding with treatment.

The authors take a broad view of treatment, including corrective daily living experiences that can take place in family foster homes if the caregivers are well-trained and well-supported. They discuss children's varied responses, including resistance to therapeutic adults, whose task is to "try to give a voice to the internal battle the child is waging". A basic condition for treatment is an environment that provides emotional sanctuary for the child, who is understandably distrustful of caregivers. "Sanctuary" is defined as a place where the child feels safe and cherished--"a place of ultimate acceptance, understanding, forgiveness, and support" in which the child can take "the first, hesitant step of sharing and working through the pain of the past". The sanctuary must also provide structure, in the form of routines and rules to ensure respect and safety all those living in the home. Often the child's rebellion against routines and rules is a behavioural sign to caregivers that s/he is struggling with, and ready to work on, an inner conflict.

Partnership between therapists and caregivers is important, especially because caregivers may be disturbed by children's explosive behaviours before and after therapy sessions. Partnership includes providing information to caregivers about the goals and content of therapy. One goal is to allow children to express and explore feelings safely; thus the expression of feelings, including sexual acting-out, may carry over into the foster home. Caregivers who are prepared for this will be able to handle the child's feelings and behaviour constructively; without such preparation, caregivers may oppose the continuation of therapy, creating ambivalence for the child. Ongoing communication between therapist and caregivers also ensures the child that s/he is being treated holistically, rather than only as an abused child. Ideally, a written contract for treatment should include this communication, and have the child's consent.

Group therapy, for children who can cope with this, has been shown to be the most effective approach. It



normalizes the recovery process by providing: the comfort of being with others who have abuse in their past; a chance to share uncomfortable and painful feelings; and an opportunity for positive group experiences. The book provides an outline for a group program, as well as for a workshop to train caregivers in therapeutic work. Family-based therapy is also described in detail, including: counselling related to daily events; teaching through stories about problem solving; and encouraging children to explore their life histories beyond the focus on abusive experiences.

A section on the difficulties for caregivers explains the frustrations and disappointments of living with an abused child, as well as the great rewards of being part of the healing process. The importance for caregivers to have supportive others available when therapy becomes burdensome is emphasized. Caregivers will benefit from the descriptions of alienating behaviour by children who are testing to see whether they can trust the caregiver; it is easier to cope with difficult behaviour when it is reframed as a child's efforts to deal with an abusive past.

The holistic approach of this book is shown by an analysis of children's families--the extreme neediness of parents whose children are drawn into exploitive

relationships, and the difficulty for them in acknowledging responsibility as parents. Although the possibility of working toward reunification is discussed, little hope is offered for success. An important condition for eventual reunification is an alliance between the child and the non-offending parent; when such an alliance exists, the child can be usually be treated without coming into care.

It is difficult to suggest ways of improving this excellent piece of work. A minor point would be to provide children's ages in all the case examples, to help the reader imagine the scenarios being described.

**Reviewed by Sally Palmer**

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**Author: Margaret Osmond, Duane Durham, Andrew Leggett, & John Keating**  
**Publisher: Child Welfare League of America, Washington, D.C., 1998**  
**Cost: \$28.95**

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