Intervention Strategies for Child Sexual Abuse: The Case of Elizabeth

Elizabeth, age 8, is the middle child in the family. She, her 11-year-old brother, and a 5-year-old sister live with her mother and stepfather, whom her mother married nearly 2 years ago. Elizabeth's mother, Mona, and father divorced when the youngest child was about 1 year old. Elizabeth's stepfather started off by fondling her. This went on for several weeks. Although Elizabeth was bewildered, scared, and intimidated, no one else knew about the abusive activity. Recently, while everyone else was out of the house, her stepfather raped her. He threatened to kill Elizabeth, Mona, and her sister if she told anyone. The following morning Elizabeth confided in her brother, who in turn, told Mona what had happened.

Incredulous over this discovery and paralyzed as to what to do, Mona called the child abuse hotline that she remembered seeing advertised on TV and in the local newspaper. The following dialogue and discussion is representative of what an absolutely outstanding child advocacy agency, the Exchange Club–Carl Perkins Child Abuse Center of Jackson, Tennessee, does.

Disclosure

Mona: (*calling the child advocacy hotline; angry, crying uncontrollably, barely in control*) Hello. Hello! I want to report a (*choke, sob*) rape. He . . . that bastard . . . he raped my baby. That sonofabitch raped my daughter. Oh, how could I have not seen . . . How could I have let this happen? (*Continues ranting and raving in hysterics, beseeching the hotline worker for help and railing at her husband.*)

CW: OK, I understand you're extremely upset and have every right to be, but I need for you to be in control right now. My name's Delaine. I need to know your name, where you live, and whether you're safe from who did this to your daughter.

Mona: (*Regaining a bit of control, gives her name and address.*) It was my . . . It was . . . my husband . . . Leon. Her asshole stepfather . . . I found her underwear. It was all bloody . . . Oh my God! My baby . . . My poor baby. He's gone in his truck . . . He's headed for Chicago on a run . . . I'll kill him . . . By God! I will kill him if it's the last thing I ever do!

CW: So you are safe, and he's not in the house. How badly hurt is your daughter? Does she need an ambulance and medical attention?

Mona: I don't know. She's kinda in a daze. Just walking around holding on to her teddy bear. Oh, that bastard! I'll castrate that bastard before I kill him!

CW: Mona, I hear how angry and shocked you are, but I need for you to follow me very closely. This is extremely important. I want you not to do anything with Elizabeth. Don't wash her up or change her clothes. I want you to take her to Madison County General Hospital and bring her underwear with you in a plastic baggie. Do you have a way to get to the hospital? Are you OK enough to get to the hospital? (*Gets acknowledgment from the mother that she can get to the hospital.*) There are going to be people at the hospital who are going to want to talk to you and Elizabeth, and we're going to need to do a medical exam of her. This is not going to be easy, but we know how to do this. You did the right thing. I'll meet you at the hospital, and I'll help you get through this. We will get through this! Do you understand? Now tell me what you're going to do and when you'll get to the hospital. (*Mona restates what the crisis worker has told her and assures the worker she can do those things.*)

The initial shock that accompanies discovery and disclosure is invariably highly dramatic and volatile for parents who have been blind to the perpetrator's intent. Because rape is a violent crime, the primary consideration of the crisis worker is to determine if people are now safe from the perpetrator and if they need medical attention. The initiating crisis is multifold. The crisis worker needs to make sure that there is no physical injury to the child and that the out-of-control parent is sufficiently functional to take care of the child and do the things necessary to preserve evidence. She will also need to restore the mother to equilibrium. Exacting revenge by assaulting the perpetrator would put both mother and daughter in jeopardy. The scene at the hospital can be extremely threatening, and the crisis worker does all she can to indicate that the mother has done the right thing and that, as difficult as it may be, the crisis worker will be there with her to the conclusion. The crisis worker's initial job will be to do crisis intervention with the mother by making sure everyone is safe and helping her get back in control of her emotions and actions (Bottoms, 1999; Knauer, 2000, pp. 31–47).

Immediate Aftermath

In cases where there is physical injury, the survivor will need immediate medical evaluation and care. The crisis worker, after determining that the mother can get herself and her daughter to the hospital, imme diately makes other phone calls to the Department of Human Services and the police department. She also calls the hospital and informs them that a child sexual assault victim is on her way and that a sexual assault team needs to be assembled. After making these phone calls, she immediately leaves for the hospital.

Mona: (*at the hospital, in a room with the crisis worker*) All I can think about is that no-good lying creep. He's lucky he's on the road, or he'd be dead now. I'd shoot the asshole's balls right off of him. I've got a .38 Special, and by God . . . as God is my witness . . . I will do it. What's happening to my daughter? They took her away. Is she going to be all right? I've read some stuff on this. It's not just him raping her now, but she'll be scarred for life! How could it happen? How could I be so stupid? What in the hell is wrong with me? He was so nice to her, to all of us! How, oh how could I have been so stupid? (*Starts uncontrolled sobbing and pacing, slamming her purse down again and again.*)

CW: You've certainly been through a lot in the last few hours. And you've done a remarkable job of taking

care of Elizabeth. Your concerns about her physical injuries now and her psychological injuries later are certainly justified. I'm not going to sugarcoat this. You're obviously a very good mother who has suddenly been thrust into this—nothing you or Elizabeth did caused it. It was perpetrated on her and you. We are here to assist you in any way we can. We want to provide someone to be with you and Elizabeth during these critical hours, as well as providing aftercare and follow-up counseling.

But right now, even though your husband is away, I'm concerned about your anger. It's certainly justifiable, but what Elizabeth needs is for you to be the best mother you can be right now. If you shoot your husband, how will you be able to support your daughter when she needs you most? You won't! You will be in jail. That's where your husband deserves to be, not you. Let the police handle your husband. What we need to do is handle this and care about Elizabeth. Can you do this? That's really what you want, isn't it, to help your daughter get through this?

Mona: I . . . I . . . I guess so. I appreciate it. Everything happened so fast! I don't know how I managed without falling apart. It's like a wild, awful dream—an ugly nightmare. I don't know how I'll handle it when the dust settles. I'm so mad—I could kill him! I feel like I've been raped too. There's so much on me right now. I don't know if I'm capable of bearing up under all that's got to be done. Damn, damn, damn that man! Excuse me, I shouldn't blow up like that.

CW: That's all right. You have a perfect right to be angry and to say it. It's good that you care enough to be upset, and it's good to see you direct your anger at him—the real cause of Elizabeth's hurt and your anger. Both of you deserve better treatment than he gave you, and no child asks to be raped.

Mona: That's right. I trusted him! And he took advantage of her. She was helpless—a helpless child. I've got to show her where I stand on this. First, I'm going to take good care of her, and then I'm going to send that rotten louse to jail for good!

CW: Mona, I know things are really crazy right now, and you don't know what's happening. I want to take care of that by telling you what's going to happen and how things are going to be done, so you know what's going on and don't feel so out of control. I'll go through each step of what is going to happen today and what we can do to ensure that Elizabeth gets through this in good shape. I'm going to explain what will happen very carefully to you. If you have any questions, stop me. There are no stupid questions about this. I want you to fully understand what's happening, so you can start to get back in control. Mona, the important thing is that you gain control. Right now, I'm being very directive, and will be doing so until you get past this emergency and back on top of things. You have choices, and if, at any time, you feel like making any of the choices yourself, please feel free to do so. You can stop me at any time, and that will be OK. (*The crisis worker patiently goes through all the details of what is going to happen, stopping whenever Mona has questions, and checking to see that she understands what she's being told.*)

The crisis worker permits her to express her anger, isn't threatened by Mona's outburst, encourages her to keep owning and expressing her feelings, and lets her know that neither she nor Elizabeth was to blame for the assault. That strategy is important in letting Mona know that she can be in control and that the worker believes in her, without the worker's jumping in and expressing the anger for her. This is no place for the human services worker who is not calm, cool, and detached in her or his professional demeanor. That the worker must be as solid during a crisis as the rock of Gibraltar is never more true than here. There is probably nothing more heart wrenching and sickening than the aftermath of a severe sexual or physical assault on a child. Intervention here clearly calls for a strong constitution. But more important, if the worker manifests her or his own anger directly at the parent or the perpetrator, then that anger may be misinterpreted as being directed toward the victim.

At times, when the perpetrator is still an immediate threat, the worker must take on the trappings of a crisis worker who deals with battering victims. The family may need to be moved to a safe place until the perpetrator is apprehended. The crisis worker continuously reinforces the mother for doing the right thing and for caring about her daughter. This is an extremely important strategy, because adult caregivers may engage in severe guilt and recrimination because they believe they should have been more vigilant. The crisis worker also must make sure that the mother will not exact revenge on the perpetrator and put herself in jeopardy with the law (Knauer, 2000, p. 46). It will indeed do Elizabeth little good if

her mother is facing a charge of assault with intent to commit murder. Finally, the crisis worker patiently educates the parent on what is going to happen. Education about the aftermath of a child assault is critical in giving parents back the sense of control they feel they have lost.

Two components of education are important. First, detailing what the legal proceedings are and what the mother and child need to prepare for allows them to know what is ahead of them and not be blindsided by all the legal, social, and psychological ramifications of a child sexual assault. Second, giving the parent information on how to deal with the child in the immediate aftermath of the discovery is critical in ensuring that the child is not revictimized and that the parent does not feel guilty for doing or saying the wrong thing (Bottoms, 1999). An even more shocking revelation may occur during the initial disclosure and interview. That is, it is not uncommon for the parent to disclose that she was also sexually abused as a child and swore this would never happen to any of her own children.

Mona: (*head in her hands, slumped over*) It's my fault. I let this happen. God knows I should have known. Uncle Ralph did the same thing to me when I was 14. I tried to tell Mom, but she just blew it off 'cause Uncle Ralph helped us out when Mom went through her divorce. And now my own daughter . . . I couldn't even protect her. I'm no better than my mother.

CW: (*reacting coolly, letting Mona talk through her own sexual assault*) There's a big difference. As I hear you say it, your mother didn't follow up because she was afraid and dependent on your uncle. You weren't afraid, and when you found out you took immediate action. See the difference? A big difference! Right now you are being the best mother in the world. Do you see that difference?

The worker, although taken aback, immediately discriminates between what Mona's mother didn't do and what Mona did do. She underscores and reinforces Mona for taking action and reaffirms her as a fit parent

LeAnn, Age 21. LeAnn was a senior at a large university. During her freshman year at a small liberal arts college, she had experienced an emotional and suicidal breakdown as the anniversary date of her older sister's suicide approached. She had left the small college, returned home, and undergone psychiatric treatment. LeAnn had later enrolled in the university in her hometown, where she lived in a residence hall. She went home frequently but managed to succeed fairly well in her studies and social life. LeAnn was referred to the crisis worker by her mother following a weekend mother–daughter discussion during which LeAnn disclosed some recurring suicidal thoughts. The mother expressed concern that the fifth anniversary of her sister's suicide seemed to be looming in LeAnn's mind and asked the crisis worker to call LeAnn in for a conference. During the first interview with LeAnn, the worker established that LeAnn did not have a specific, highly lethal plan, but that she did have a lot of suicidal ruminations.

LeAnn: I think Mother thinks I'm crazy. Sometimes I wonder if she's right. (*Long pause.*) I don't seem to handle stress very well, and this is my last semester with my senior thesis due. . . . Sometimes I think I am about to lose it. Do you think I may be going crazy?

CW: No, I certainly don't. What I'm hearing is a lot of confusion and unsettled emotion and a lot of pressure. I'm glad you feel comfortable enough to ask me. I'm wondering what's happening in you to bring up the question. Are you thinking of killing yourself?

LeAnn: Well, I've just been sitting in my room by myself, staring at the wall. I can't get anywhere on that stupid thesis. Not sleeping, not eating, not going out. And I've had this strange sensation of both wanting to run and scream, and to just give up. And I've thought about my sister's death constantly. More than at any time since I was a freshman. It's like I'm destined to go the way she went. Sometimes I think I can't stand it any longer. Then I catch myself and wonder if I *am* nuts. My sister killed herself, and her birthday is coming up. I miss her so much.

CW: Okay, I'm going to ask you a bunch of questions and I've got a couple of forms I want you to fill out. Some of the questions may seem a little intrusive but it's a way of determining where we are going to need to go. When we're done, I'll tell you where I think we need to go.

LeAnn's thoughts and responses are enough to activate the worker to conduct a suicidal assessment process. He first gives her the Suicide Status Form III (Jobes, 2006). Her scores for psychological pain are 3. She reports missing her sister, particularly on the anniversary of her death. Her stress is a 4–5, but she mainly sees her stressors as completing her thesis. Her agitation is low, with no sense of need to take any action that would lead to a suicide. She feels a bit hopeless, but again this has more to do with her senior thesis completion and resulting graduation. She indicates no self-hatred and gives it no score at all. She rates her overall risk of suicide as extremely low. Her reasons for living are graduation, her parents, friends, and a chance to go on to graduate school. She has no reasons for dying, other than she might see her sister in heaven. Her wish to live is "very much" and her wish to die is "not at all." Her Interpersonal Needs Questionnaire (Van Orden et al., 2008) indicates she does not feel she is a burden and has a very strong sense of

belonging to her parents and college sorority sisters. Follow-up questions by the worker using McGlothin's (2008) SIMPLE STEPS indicate few if any of the "hot" cognitions that activate suicidal thinking. The worker relays this information to her in a straightforward, collaborative, and empathic manner.

CW: As you can see, your scale scores are really low, all well within a normal range. I believe that more than anything the anniversary of your sister's death and how much you miss her are contributing to the loneliness and isolation you are feeling. I also think you are pretty normal and reacting pretty normally to school. I wonder if we might talk about those a little and help you make some plans to get out of this rut?

Many people who have suicidal ideation believe they are "going crazy." While some people who are psychotic or suffer from personality disorders are suicidal, suicide is not the first step on the road to "going crazy." The crisis worker positively affirms that LeAnn is not going "nuts" and seeks to normalize the crisis. The crisis worker focuses on the underlying emotional content of the loss of her sister and the upcoming anniversary as likely a key element in decreasing the client's perturbation.

The same is true of getting a handle on a huge source that would perturb most any student—the dreaded senior thesis. While her suicidal ideation is not dismissed out of hand, it is put in perspective as one component of her overall response to the loss of her sister and the other normal stressors she is experiencing at school. For many individuals a suicidal crisis may be a onetime occurrence brought on by acute situational events that, once handled, disappears forever.