Child and Adolescent Social Work Journal, Vol. 20, No. 4, August 2003 (© 2003)

Relationship Therapy with Child Victims of Sexual Abuse Placed in Residential Care

Stephen M. Chop, M.S.W., L.C.S.W.-C., B.C.D.

ABSTRACT: Child sexual abuse victims placed in residential care present a dilemma for residential staff. Behaviors exhibited by these youth are difficult to understand and treat. Despite efforts made by staff, acting out behavior continues. This article focuses on understanding these behaviors from a relationship perspective. The combination of abuser-victim dichotomy, identification with the aggressor, self-blame, and perverse object contact are seen in the child's relationships. Staff should recognize that a child's relationship problems are not the result of their interventions, but residue of the child's past abuse. Understanding the relationship problems experienced by these youth provides means for reframing these behaviors and directing interventions.

KEY WORDS: Relationship Therapy; Child Sexual Abuse; Residential Care; Relationship Problems.

Treatment of children who have been victims of child sexual abuse is a complex and arduous task for even the seasoned therapist. Imagine the difficulty and complexity victims of sexual abuse feel when relating to others—with whom they do not know, do not trust, do not connect with or relate to. Their earliest intimate experiences and relationships are fraught with exploitation and abusiveness. The result is severe damage to the child's interworkings, and too often the child carries the scars of abuse into adulthood. A number of authors have recounted the impact of sexual abuse, with a high degree of emphasis on the emotional and psychological factors. The specifics of emotional

Stephen Chop is the Vice President for Program Services for The Arrow Project of Maryland in Baltimore, and is a consultant and private practitioner in the Baltimore Area. Address correspondence to Stephen Chop, M.S.W., L.C.S.W.-C., B.C.D., The Arrow Project, Inc., 1605 Cromwell Bridge Rd., Baltimore, MD 21234; e-mail: schop@arrow.org.

and psychological impact can be jointly categorized as psychological trauma. Borrowing from Prior (1996), psychological trauma can be analyzed within the context of the repetition of abusive patterns of relationships, identification with the aggressor, self-blame, and the seeking of object contact through sexuality or violence (pp. 61–62). Further extrapolating on this notion of psychological trauma, it is subsumed that these relationship issues "play-out" in the therapy room. Using this framework, the therapist has insight into the relationship dynamics of their client, as well as deepening their understanding of the impact of the sexual abuse. Each of the four relationship dynamics will be briefly described followed by clinical examples.

A few assumptions about relationships and attachment are presented to provide a backdrop when describing the impact of sexual abuse on relationships. First, human infants are "object seeking" and have an innate need for interpersonal connection to survive (Ryan et al., 1999, p. 35). It is these early connections that set the stage for self-regulation in future relationships. Ryan et al. (1999) suggest "children raised by extremely abusive, unpredictable parents fail to internalize a working model and exhibit a disorganized-disoriented attachment style" (p. 37). This notion is further supported by Huizenga (1990), who suggested it is the role of a competent parenting figure to provide the child with an "identificatory model for managing affective responses and will function through caretaking activities as the child's protector from overwhelming stimuli" (p. 131). In the same way, these children will be more likely to experience relationship difficulties with those who care for them in residential settings. It is important to understand this as a means to reframe the behavior exhibited by these children and provide residential staff a more meaningful path for intervening. As a result, it should be understood that each contact residential staff has with these children is one that provides an "alternative" frame of reference on how adults and children relate to one another.

The first relationship issue that presents itself is the abuser-victim dichotomy. Prior (1996) defines this as the relentless reliving of abusive relationships, either as a victim or victimizer (p. 62). This tendency follows abused children throughout their life. This can take the form of being an abuser, involvement in abusive relationships, and/or self-destructive/ injurious behavior. This is particularly difficult for residential staff because of the lack of responsibility the child takes

for acting out behaviors. Responsibility is almost always projected onto an external source. For example, a youth who had been having difficulty following a staff's instructions was sent into seclusion. Throughout the time he was in seclusion, he repeatedly hit the wall, saying to his peers on the unit, "You can thank Mr. Smith; he is the one who put me here." An additional example of this relationship problem can be seen in the child who receives the constant brunt of attack by his peers. J, a 16-year-old, was placed in an inpatient juvenile sexual offender program for sexually abusing a family member. Prior to placement, he had been sexually abused by a number of family friends. In his family, he had been the scapegoat for the marital difficulties; and on the unit, J was comfortable being verbally abused by his peers for his odd looks, and odd tastes. In addition, he was involved in a number of physical attacks perpetrated by his peers, with him stating, "I deserve being beat up."

Identification with the aggressor, a second relationship problem experienced by victims of sexual abuse, presents an interesting, yet contradictory, dilemma. As a child, beset by feelings of vulnerability, one will use identification with the aggressor as an "internal antidote to feelings of weakness, and she may use this identification actively as a means of preventing perceived re-victimization" (p. 64). Many times this is seen as physical and verbal aggression in male victims. For example, D, a 17-year-old male, who was placed in a locked sexual offender program, had continuously glorified his alcoholic abusing stepfather. His stepfather had been sexually and physically abusive towards D. In discussing the family dynamics, D's mother indicated her ex-husband was not involved with D since he was 9 years of age. In talking with D, he continually stated that when he graduated from the program he wanted to be just like him. Behaviorally, D was combative, paranoid and challenging towards all adult caregivers. He cited his need to be in control and not being worthy of the care being provided to him by residential staff. For female victims, Prior (1996), citing Hopkins's (1984) work, postulates that the result of identification with the aggressor for female victims may take the form of profound self-hatred and disregard. "The girl may even come to believe that protection comes by way of masochistic surrender" (p. 65). It is the notion that when the protective function of the caretaker fails, intense stimuli can result in traumatic effects, causing the individual to not only feel helpless, but also to feel absence or loss of the protective parental object (Huizenga, 1990, pp. 130–131). This is

exemplified by M, an 18-year-old female, who was placed in a locked residential treatment center. Her uncle had sexually abused her at age 5. She described having a number of relationships with older men, with her being sexually and physically assaulted. In the residential program, M would seek "weaker" girls on the unit to have sex with. When these girls resisted her advances, M would become violently aggressive towards them, citing she "owned them" and "it was her right to have sex with anyone she wanted to have sex with."

Self-blame, simply put, is belief possessed by victims of sexual abuse that they caused and deserved the sexual abuse. Evolving from self-blame, the child victim believes that they can evoke rejection or aggression from residential staff. Clinically, self-blame is observed when the child feels like they are "damaged goods," or "have no control over their lives." Also a sense that "everything happens to me" often occurs. A pervasive sense of shame and hopelessness fills the relationship. Ultimately, the child feels that residential staff will "set them up" and the relationship will become exploitive of them, and they will feel as though they deserved it. Exploitive statements such as "you only care for me because you get paid," "you are only keeping me here for the money," and "what makes you any different, all the adults in my life abuse me" are frequent and are means to push residential staff into a defensive position in the relationship.

The final relational problem experienced by victims of sexual abuse is perverse object contact. This is the belief that the only way to have a relationship is through violence, sexuality or some combination of the two (Prior, 1996, pp. 68–69). For example, an inordinately high number of female victims of sexual abuse are involved in violent relationships, where violence is commonplace. An example of this dynamic can be seen in B, a 15-year-old sexual offender who was placed in a juvenile sexual offender program. Prior to placement, his father had brutally physically and sexually abused him. In therapy with this writer, he stated, "I need you to restrain me . . . that's the only way I know you care." An additional example is L, a 12-year-old victim of sexual abuse, placed in a locked residential treatment center. L would become increasingly aggressive when he achieved a measured level of success in the program. Typically, L would receive the feedback about his success and become aggressive toward his staff, peers and property. The result was L needing to be physically restrained where he would become even more violent, usually resulting in self injury. Post-crisis processing sessions with L suggested this was his only way of "testing and knowing which staff really cared for him."

Conclusion

Perhaps stating the obvious, the therapeutic relationship between residential staff and child is crucial and holds valuable information within it. When working with victims of sexual abuse, the sense of safety created by the therapeutic relationship allows for the flow of the relationship difficulties and provides opportunities for correcting the experience. Line residential staff need to be attuned to these relationship difficulties and exchanges; and they should recognize that the experiences are the result of the child's experience, not necessarily the result of the interventions used by staff, or the staff as a person. Therefore, it is important that these actions are not taken personally. The unfolding and reframing of these difficulties are a means for residential staff to create a corrective environment for the child, allowing the re-experiencing of proper adult-child relating. Thus, this environment provides a means for the child to grow and develop. There is a great deal of healing power produced by the calling-to-consciousness and the playing out of destructive relational skills, while providing opportunities for changing and practicing created by residential staff. The relationship is based on the ideas of assertiveness and influence rather than abuse and exploitation. Residential staff working with child victims are responsible for reaching into the past and evoking relational responses that are unpleasant and uncomfortable for both the child and staff. Despite this painful irony, residential staff aid the child in re-organizing their internal selves, in hopes that destructive relational patterns are corrected, changed, and altered to allow for better relating. Paraphrasing Prior's (1996) final statement in *Object Relationship in Severe Trauma: Psychotherapy of the Sexually Abused Child*, if this brief, perspective, relationship therapy with victims of sexual abuse, has had any clinical utility, it is to demonstrate that "only through relationship is trauma in relationship cured" (p. 174).

References

Huizenga, J.N. (1990). Incest as trauma: A psychoanalytic case. In H.B. Levine (Ed.), *Adult analysis and childhood sexual abuse* (pp. 117–136). Hillsdale, NJ: The Analytic Press.

Kramer, S. (1990). Residues of incest. In H.B. Levine (Ed.), *Adult analysis and childhood sexual abuse* (pp. 149–170). Hillsdale, NJ: The Analytic Press.

Prior, S. (1996). O*bject Relations in Severe Trauma: Psychotherapy of the Sexually Abused Child.* Northvale, NJ: Jason Aronson, Inc.

Ryan, G. & Associates. (1999). *Web of meaning: A developmental-contextual approach in sexual abuse treatment*. Brandon, VT: Safer Society Press.