

# Clinical Decision Making Among Sexual Abuse Counsellors Working with Child and Adult Survivors of Sexual Abuse: A New Zealand Study

Cheryl Woolley, Gillian Craven, Jan Dickson, Ian Evans  
Massey University

# Sexual abuse in NZ

- Prevalence rates of child sexual abuse (CSA) in New Zealand
  - Females – 24<sup>0</sup>% to 30<sup>0</sup>%\*
  - Males – 6<sup>0</sup>%\*\*
- Variety of distressing short- and long-term symptoms
- Lack of psychological symptoms that are characteristic of, and specific to sexual abuse
- Complex and stressful area to work in
- Little formal training available

\*Fanslow, J.L., Robinson, E.M., Crengle, S & Perese. L. (2007). Prevalence of child sexual abuse reported by a cross-sectional sample of New Zealand women. *Child Abuse & Neglect*, 31, 935-945.

\*\*Ferguson, D.M., Horwood, L.J., & Woodward, L.J. (2000). The stability of child abuse reports: a longitudinal study of the reporting behaviour of young adults. *Psychological Medicine*, 30, 529-544.

# Aim of the study

- Gain an understanding of the clinical decision-making processes undertaken by practitioners from a variety of disciplines working in the area of sexual abuse in Aotearoa/New Zealand.
- To provide New Zealand evidence based information to assist practitioners providing therapeutic services for survivors of sexual abuse.

# Participants

- 166 Sensitive Claims practitioners registered with ACC to work with survivors of sexual abuse
- Practitioner experience ranged between 3-40yrs (M = 17yrs, SD=7.9)
- Experience as sexual abuse counsellors averaged 15.5 yrs (SD=8.1)
- Registered with ACC for an average of 9 yrs (SD=4.9, range 0-22; 4 had missing data)
- Currently seeing an average of 8 Sensitive Claims clients (SD=6.4; 4 had missing data)
- Most had small caseloads of sexual abuse survivors
  - But a few (1.8%) had very high caseloads (30 or more)

Table 1

*Characteristics of respondent practitioners*

	Percentage
<b>Primary discipline area</b>	
Counsellor	55.7%
Psychotherapist	33.6%
Psychologist/clinical psychologist	5.7%
Child psychotherapist	4.1%
Social Worker	0.8%
	Total 100 %

Table 2

*Characteristics of respondent practitioners*

<b>Primary therapeutic practice</b>	
Psychotherapy	22.1%
Cognitive behavioural therapy	11.5%
Post-modern/narrative	12.3%
Eclectic	10.7%
Humanistic/person-centred	10.7%
Self-psychology/object relations	7.4%
Transactional analysis	6.6%
Gestalt	2.5%
Art therapy	2.5%
Psychoanalytic	1.6%
Mindfulness-based	1.6%
Bioenergetic analysis	1.6%
Existential	0.8%
Trauma models	0.8%
Play therapy	0.8%
Drama therapy	0.8%
Miscellaneous	3.3%
Total	97.6%

# Data Collection

- Case scenario of 2 representative clients
  - Two Child male clients
  - Adult female client
- Included as part of a larger questionnaire developed to determine practitioners' assessment and treatment approaches when providing therapy to survivors of sexual abuse.

# Data collection (Cont'd)

- A series of 4 open-ended questions were used to ascertain the clinical decision-making processes undertaken by the participating clinicians when considering issues presented in the scenarios
  - What information, other than disclosure indicated that the client had been sexually abused?
  - What additional information was needed to relate client issues contained in the scenario to sexual abuse?
  - How would the counsellors proceed with counselling or therapy with this client to achieve an effective outcome?
  - Ideas about the links among the client issues described in the scenarios?



# Child Scenario

Two brothers, aged 6 and 9, have been referred to you by their mother. She is concerned about deterioration in their behaviour, which includes temper tantrums and refusing to do their chores. Furthermore, they have begun wetting their beds at night. They have also started drawing sexually explicit pictures. The mother is upset because she and her husband are busy running a small business and don't have time to deal with these changes in the boys' behaviour. They have a live-in boarder who is always happy to baby-sit for them and is very kind to the boys, taking them on outings to give the parents a break. The mother is concerned that the boys are spoiled because of this and she is embarrassed at their unreasonable behaviour. The boys become very aggressive and angry when their parents leave them with their baby-sitter. The mother also worries because the boys have now started causing trouble at school, are hitting other children, and have fallen behind in their schoolwork.

# Adult Scenario

X is a 23-year-old woman who was abused by her father throughout her childhood. Her parents separated when she was 11 but she continued to see her father for unsupervised access every second weekend. She remembers being touched and fondled as well as being kissed. She doesn't remember intercourse but sometimes experienced vaginal pain after her father's visits. X is the eldest child of a family of five. She tried to talk with her mother once about the abuse, but her mother couldn't believe that her husband would do such a thing.

X has come to see you reporting the following concerns:

- Vivid nightmares, and intrusive memories of the abuse during the day. She has difficulty falling asleep and often wakes up in a cold sweat following nightmares.
- Panicky feelings, shakiness, agitation, difficulty breathing, and pounding heart. She feels especially unsafe in the presence of middle-aged men.
- Afraid of leaving the house. This interferes with her ability to make friends, work, and daily living activities such as shopping.
- Her only friend is her neighbour. She relies on her for everything (e.g., shopping) and is afraid her neighbour will move away and leave her on her own.
- Sometimes she feels very low and depressed, cuts herself, and has contemplated suicide on several occasions.

# Thematic Analysis:

## Nine themes emerged

- Indicators of sexual abuse
- Safety
- Disclosure
- The therapeutic process
- Working with emotions and behaviours
- Taking a developmental approach
- Influence and involvement of the family
- Working with external agencies
- Intuition and experience versus evidence-based decisions

# Theme: Indicators of Sexual Abuse

- Four Sub-themes:
- Sexual abuse indicated by clusters of symptoms rather than any individual symptom
- Adequacy of information to determine presence of sexual abuse
- Believing the client versus need for corroboration
- Congruence of client's presentation

# Theme: Indicators of sexual abuse

- Sub-theme: Sexual abuse is indicated by clusters of symptoms rather than any individual symptom
- *“It is the cluster of symptoms that raise my concern ... no one symptom is indicative in and of itself – the cluster is important” (Child P118)*
- *“... all of the information fits indicators of sexual abuse when viewed as a whole” (Adult P110)*

# Theme: Indicators of sexual abuse

- Sub-theme: Adequacy of information to determine the presence of sexual abuse
- *“There is not enough information in this scenario to determine sexual abuse. Children can exhibit these behaviours when other difficulties arise ... A lot more explicit information is needed in order to determine that sexual abuse is necessarily the problem” (Child P039)*
- *“There is probably sufficient information to consider sexual abuse victimisation – but would need to exclude other explanations, e.g. other childhood traumas, injury, accident, illness etc.” (Adult P025)*

# Theme: Indicators of sexual abuse

- Sub-theme: Adequacy of information to determine the presence of sexual abuse
- *“I work with what is presented and have no need to seek further info – unless for children’s current safety” (Child P165)*
- *“All the client issues have been related in the literature to sexual abuse so the need to gain further information seems unnecessary and abusive to me” (Adult P154)*

# Theme: Indicators of sexual abuse

- Sub-theme: Believing the client versus the need for corroboration
- *“We should always believe the child ...” (Child Po83)*
- *“... if she says this is sexual I would believe her” (Adult Po83)*
- *“The links are obvious and ... in this case it speaks loudly of ‘sexual abuse’ though confirmation by other assessments is vital (Child Po25)*
- *“Sibling reports of witnessing or experiencing abuse could corroborate her reports. Any information about father’s actions towards others, e.g. sexual offence history.” (Adult Po25)*



# Theme: Indicators of sexual abuse

- Sub-theme: Congruence of the client's presentation
- *“We should always believe the child ... assuming a congruent story and symptoms (Child Po80)”*
- *“It is not so much what is disclosed but what I observe my client's body language tells me. I would expect X to be tearful, have poor eye-contact, body posture move from frigid to foetal, agitated to resigned, voice modulation low to a whisper. ... Starting a sentence, ‘You probably won't believe me’. Being able to describe feelings only someone who has experienced sexual abuse could articulate.” (Adult Po21)”*

# Theme: Safety

- *“The children need to be safe before counselling for sexual abuse ... therefore the most important thing is to assess potential risk factors and I would do this by assessing family as a whole unit and discussing possible risks with parents.” (Child P151)*
- *“Over-riding issue for X is for [her] to be safe and secure which will need to generalise to [her life] outside the therapeutic relationship which will allow [her] to address whatever issues [she] may choose.” (Adult P112)*

# Theme: Disclosure

- Three Sub-themes:
  - Need for disclosure
  - Need for coherent memory versus memories gradually emerging
  - Legal implications of disclosure

# Theme: Disclosure

- Sub-theme: Need for disclosure
- *“The only reliable indicator is a disclosure.” (Child P135)*
- *“I cannot assume sexual abuse has occurred without disclosure. These effects may be linked/caused by a range of experiences.” (Adult P160)*

# Theme: Disclosure

- Sub-theme: Need for clear coherent memory versus memories gradually emerging
- *“The ... concerns are often linked to sexual abuse, but without the clear memory of it these concerns cannot be taken on their own as an indication of sexual abuse. ACC requires a clear memory”. (Adult P135)*
- *“Once a safe relationship is established with a therapist, explore her story slowly and carefully. Many details will clarify in her memories once she feels safely held”. (Adult Po80)*

# Theme: Disclosure

- Sub-theme: Legal implications of disclosure
- *“Urgent referral needed to Care and Protection [CYFS] for Evidential Interview/Assessment. Important for nobody to ask leading questions prior to this” (Child P067)*
- *“Decide on appropriate need for X to deal with the historical aspects of the abuse (police? courts? versus family acknowledgement)” (Adult P112)*

# Theme: The Therapeutic Process

- Seven sub-themes:
  - Relationship between assessment and therapy
  - The therapeutic relationship
  - Therapy is client-based
  - The pace of therapy
  - Therapeutic process is supportive and strengthening
  - Use of psycho-education
  - Modalities of treatment

# Theme: The Therapeutic Process

- Sub-theme: The relationship between assessment and therapy
- *“I would probably teach/inform using some ‘keeping safe ‘ information which very often leads to disclosure” (Child P 039)*
- *“3x play therapy sessions or keeping ourselves safe programme which may elicit a disclosure” (Child P 118)*



# Theme: The Therapeutic Process

- Sub-theme: The therapeutic relationship
- *“I would build a safe trusting therapeutic relationship with the child and use play creative media to explore their thoughts, worries, fears etc and cause of difficulties. When I have a strong therapeutic relationship I may ask some questions about good/bad touching etc.” (Child P039)*
- *“Building a safe and supportive therapeutic relationship” (Adult P135)*

# Theme: The Therapeutic Process

- Sub-theme: Therapy is client-focused
- *“First sessions ... I tell children they can decide if they want to come back and see me and by that begin the process of empowering them” (Child P021)*
- *“Letting her take the lead and walking alongside her in the journey to wholeness and independence. Believing that healing is a natural process and will happen when the conditions are conducive to it” (Adult P160)*

# Theme: The Therapeutic Process

- Sub-theme: The pace of therapy
- *“Not work too fast” (Child P126)*
- *“First sessions I rarely ask questions about the abuse and put energy into joining and lowering the fear” (Child Po21)*
- *“Be patient ... allow time and empathic understanding” (Adult Poo7)*
- *“Draw out her story-slowly in manageable pieces – validating her pain, loss, grief, and her authentic self that emerges” (Adult Po8o)*

# Theme: The Therapeutic Process

- Sub-theme: The therapeutic process is supportive and strengthening
- *“Collaborate with the child to build up a safety network of people and places that can be supportive and helpful” (Child P110)*
- *“Strengthen her sense of self and sense of mastery in her own life.” (Adult Po86)*

# Theme: The Therapeutic Process

- Sub-theme: Use of psycho-education
- *“Involve the parents to ... educate them to the needs of the boys and their safety” (Child P154)*
- *“Training in application of skills and strategies to improve coping with and management of long-term effects of abuse e.g. memories, PTSD symptoms, maladaptive thoughts and behaviours” (Adult P025)*

# Theme: The Therapeutic Process

- Sub-theme: Modalities of treatment
- *“Proceed with therapy ... play, storying, art, to allow child to tell story and validate/integrate experience” (Child Po18)*
- *“The most pressing issues to address first, are those to do with safety, and to do with basic daily functioning. Once there is a level of daily safety, some competence growing, some trust in the counselling relationship established, then there will be enough safety and readiness for more direct work on the abuse and the trauma which lead to the symptoms, issues and presenting problems” (Adult Po87)*
- *When ready, remembering the abuse and describing what happened using John Briere’s therapeutic window”. (Adult Po98)*

# Theme: Working with emotions versus behaviours

- Three sub-themes:
  - Assessing and identifying emotions
  - Emotional dysregulation
  - Behavioural dysregulation

# Theme: Working with emotions versus behaviours

- Sub-theme: Assessing and identifying emotions
- *“I would ... use play and creative media to explore their ... worries, fears etc. and cause of difficulties.” (Child P039)*
- *“[Need to know her] negative feelings (shame, guilt, anger etc.)” (Adult P111)*
- *“Feelings of abandonment and betrayal” (Adult P163)*



# Theme: Working with emotions versus behaviours

- Sub-theme: Emotional dysregulation
- *“Provide some cognitive and educative sessions that allows for the enhancement of the boys’ self-esteem and to assist them with mastery of the feelings associated with any abuse trauma.” (Child P154)*
- *“Look at managing affect regulation and other symptoms that are impacting on her.” (Adult P018)*
- *“Teach her skills to cope with anxiety/panic e.g. breathing, grounding tools” (Adult P096)*

# Theme: Working with emotions versus behaviours

- Sub-theme: Behavioural dysregulation
- *“The acting out is a result of not being able to cope with the feeling ... .It is their way of surviving the confusion .” (Child P018)*
- *“Severe behavioural changes” (Child P095)*
- *“Identification of ... behaviours related to the abuse and improve understanding of post-trauma reactions” (Adult P025)*

# Theme: Taking a developmental approach

- Four sub-themes:
  - Age appropriate behaviour
  - Client's developmental history
  - Attachment and sense of self
  - Therapeutic techniques

# Theme: Taking a developmental approach

- Sub-theme: Age-appropriate behaviour
- *“Sexually explicit drawings ... are not usual for boys that age.” (Child P066)*
- *“Regression (bed wetting) [as indicator of sexual abuse]” (Child P072)*
- *“Inevitably the client’s development throughout childhood has been profoundly interrupted – abusive father, detached/abandoning mother – so that the developmental tasks of the various stages of growing up to adulthood have not been satisfactorily completed.” (Adult P129)*

# Theme: Taking a developmental approach

- Sub-theme: Client's developmental history
- *“In talking to the Mum I'd want to get some kind of history of the boys' development (including behaviour relating to separation from parents) so I could contextualise the present responses. I'd want some idea of time frame and other possible stressors/traumas/illnesses etc.” (Child Po66)*
- *“I would want to trace ... other developmental history (attachment, social, other abuse e.g. physical etc).” (Adult Po75)*

# Theme: Taking a developmental approach

- Sub-theme: Attachment and sense of self
- *“Behaviour ... with babysitter could mean many things e.g. suspicion that babysitting be abusive or boys reacting to parents not looking after them (e.g. insecure attachment issues).” (Child Po75)*
- *“Her attachment to her neighbour is a desperate dependent clinging – confirming poor attachment history, poor self-development, and poor boundaries.” (Adult Po80)*

# Theme: Taking a developmental approach

- Sub-theme: Therapeutic techniques
- *“Proceed with therapy – play, storying, art, to allow child to tell story and validate/integrate experience.” (Child P018)*
- *“Building a stable internal base including self support and self nurturance skills ... build a positive source of identity.” (Adult, P135)*
- *“... then and only then [after safety, symptom reduction, and coping skills taught] move to address the abuse gradually in a more direct approach, monitoring client’s ability to cope emotionally.” (Adult, P023)*

# Theme: Influence and involvement of the family

- Three sub-themes:
  - Family as a system
  - Working with the family versus Working with client
  - Family as agents of support and safety



# Theme: Influence and involvement of the family

- Sub-theme: Family as a system
- *“Parents’ distraction by business might also be related to behaviour changes. Alternatively, lack of parental support often renders children vulnerable to abuse and creates problems with children’s tendency to disclose.” (Child P142)*
- *“I would want to know more about the family of origin-relationships with parents and between the parents, grief and loss/illness in family, any separations ... present relationships”. (Adult P093)*

# Theme: Influence and involvement of the family

- Sub-theme: Working with the family versus Working with client
- *“Meet with parents – developmental histories and family context. Develop relationship [with parents]. Meet with children and parents. Meet with children individually ... build relationship [with them].” (Child P163)*
- *“Parental work – Psycho-education and own issues of shock and trauma” (Child P163)*
- *“Work with family relationships past and present as they affect current ability to relate etc.” (Adult P138)*

# Theme: Influence and involvement of the family

- Sub-theme: Family as agents of support and safety
- *“Get the boys and parents to therapy sessions and support boys to tell their story and for them to hear parents’ commitment to safety.” (Child P166)*
- *“Her relationship with her siblings could be a source of support if they too were abused. The mother’s reaction, if she moved from denial could provide the beginning of a healing relationship, and lessening of the client’s isolation.” (Adult P150)*

# Theme: Working with external agencies

- Three sub-themes:
  - School
  - Legal issues
  - Health Practitioners

# Theme: Working with external agencies

- Sub-theme: School
- *“Information from school teacher re. behaviour/history of behaviour/learning history and any reasons at school for changes e.g. new teacher, more difficult work, bullying etc.” (Child P032)*
- *“Involve the school in further assessment process.” (Child P150)*

# Theme: Working with external agencies

- Sub-theme: Legal issues
- *“Urgent referral needed to Care and Protection for Evidential Interview/Assessment. Important for nobody to ask leading questions prior to this.” (Child P067)*
- *“Steps to take action with perpetrator should be explored with the parents if they wish to do this” (Child P137)*
- *“Decide on appropriate need of X to deal with the historical aspects of the abuse (police? courts? vs family acknowledgement)” (Adult P112)*
- *“What has happened to the client in regard to the sexual crimes listed in the Crimes Act in her own words ...” (Adult P013)*

# Theme: Working with external agencies

- Sub-theme: Health Practitioners
- *“Assessment by a psychologist or doctor with the boy’s agreement of course” (Child P133)*
- *“Examination by a qualified medical practitioner [needed]” (Child P142)*
- *“Address any issues in mental health arena, also physical health with referral, consultation, treatment” (Adult P138)*

# Theme: Intuition and experience versus evidence based decisions

- “ ‘Intuition’ would be the first thing to be brought in ... I would use my own educated ‘gut feeling’ ” (Child P 072)
- “It is my training and experience in observing the whole person, verbal/non-verbal indicators, genuineness and the use of many tools that helps me recognise the veracity of the claim.” (Adult P032)



# Implications for clinical practice and training

- Working with survivors of sexual abuse is complex area, often with incomplete information
- Professional development needs to include the incorporation of evidence-based judgements
  - Reduces the use of heuristics
  - Reduces the chance of biases
- Professional bodies can play a role in assisting practitioners to access reliable research and literature relevant to their discipline and therapeutic orientation.

# Implications for clinical practice and training

- Professional development programmes and ongoing development workshops supporting evidence based clinical practice
- Course modules focusing on providing therapy to survivors be developed and incorporated into professional training courses
  - Taught in a consistent manner
  - Based on sound evidence

# Implications for clinical practice and training

- Importance of a lifespan-developmental approach permeating clinical training
- Importance of neurodevelopmental, neurobiological aspects of trauma
- Importance of attachment theory and its applications in the development of childhood behaviour disorders and adult psychopathology
- Need to understand attachment theory and a developmental approach alongside evolving treatment paradigms
- Importance of understanding evolving knowledge about sexual abuse, trauma and its role in the development of psychopathology and behaviour disorders

# Related Readings

- Gibson, K., Morgan, M., Woolley, C.C., & Powis, T. (2011). Growing up at Centrepont: Retrospective accounts of childhood spent at an intentional community. *Journal of Child Sexual Abuse*, 20(4), 413-434. doi:10.1080/10538712.2011.591364
- Gibson, K., Morgan, M., Woolley, C.C., & Powis, T. (2011). Life after Centrepont: Accounts of adult adjustment after childhood spent at an intentional community. *New Zealand Journal of Psychology*, 40(4), 41-51. Retrieved from <http://www.psychology.org.nz/>
- Harvey, S.T., & Taylor, J.E. (2010). A meta-analysis of the effects of psychotherapy with sexually abused children and adolescents. *Clinical Psychology Review*, 30, 517-535.
- Harvey, S.T., & Taylor, J.E. (2010). A meta-analysis of the effects of psychotherapy with adults sexually abused in childhood. *Clinical Psychology Review*, 30, 749-767.
- Mortimer, R.C., Craven, G.M., Woolley, C.C., Campbell, J., Harvey, S.T., Taylor, J.E., & Dickson, J. (2009). Survey of practitioners providing therapy for survivors of sexual abuse/assault in Aotearoa/New Zealand. *New Zealand Journal of Counselling*, 29(1), 54-72.



# Clinical Decision Making Among Sexual Abuse Counsellors

Cheryl Woolley, Gillian Craven

## Child Scenario

Two brothers, aged 6 and 9, have been referred to you by their mother. She is concerned about deterioration in their behaviour, which includes temper tantrums and refusing to do their chores. Furthermore, they have begun wetting their beds at night. They have also started drawing sexually explicit pictures. The mother is upset because she and her husband are busy running a small business and don't have time to deal with these changes in the boys' behaviour. They have a live-in boarder who is always happy to baby-sit for them and is very kind to the boys, taking them on outings to give the parents a break. The mother is concerned that the boys are spoiled because of this and she is embarrassed at their unreasonable behaviour. The boys become very aggressive and angry when their parents leave them with their baby-sitter. The mother also worries because the boys have now started causing trouble at school, are hitting other children, and have fallen behind in their schoolwork.

## Adult Scenario

X is a 23-year-old woman who was abused by her father throughout her childhood. Her parents separated when she was 11 but she continued to see her father for unsupervised access every second weekend. She remembers being touched and fondled as well as being kissed. She doesn't remember intercourse but sometimes experienced vaginal pain after her father's visits. X is the eldest child of a family of five. She tried to talk with her mother once about the abuse, but her mother couldn't believe that her husband would do such a thing.

X has come to see you reporting the following concerns:

- Vivid nightmares, and intrusive memories of the abuse during the day. She has difficulty falling asleep and often wakes up in a cold sweat following nightmares.
- Panicky feelings, shakiness, agitation, difficulty breathing, and pounding heart. She feels especially unsafe in the presence of middle-aged men.
- Afraid of leaving the house. This interferes with her ability to make friends, work, and daily living activities such as shopping.
- Her only friend is her neighbour. She relies on her for everything (e.g., shopping) and is afraid her neighbour will move away and leave her on her own.
- Sometimes she feels very low and depressed, cuts herself, and has contemplated suicide on several occasions.

## Related Readings

- Gibson, K., Morgan, M., Woolley, C.C., & Powis, T. (2011). Growing up at Centrepoin: Retrospective accounts of childhood spent at an intentional community. *Journal of Child Sexual Abuse*, 20(4), 413-434. doi:10.1080/10538712.2011.591364
- Gibson, K., Morgan, M., Woolley, C.C., & Powis, T. (2011). Life after Centrepoin: Accounts of adult adjustment after childhood spent at an intentional community. *New Zealand Journal of Psychology*, 40(4), 41-51. Retrieved from <http://www.psychology.org.nz/>
- Harvey, S.T., & Taylor, J.E. (2010). A meta-analysis of the effects of psychotherapy with sexually abused children and adolescents. *Clinical Psychology Review*, 30, 517-535.
- Harvey, S.T., & Taylor, J.E. (2010). A meta-analysis of the effects of psychotherapy with adults sexually abused in childhood. *Clinical Psychology Review*, 30, 749-767.
- Mortimer, R.C., Craven, G.M., Woolley, C.C., Campbell, J., Harvey, S.T., Taylor, J.E., & Dickson, J. (2009). Survey of practitioners providing therapy for survivors of sexual abuse/assault in Aotearoa/New Zealand. *New Zealand Journal of Counselling*, 29(1), 54-72.