Services for people living with physical abuse.

Crisis Line . . 292-3838*

We offer support and information 24-hours a day for victims, their children and abusers.

Support Groups

Weekly group meetings with other people who suffer battering which provide an opportunity to look at other alternatives. Also, support from a sponsoring family already in the program.

al Counseling

available on an individual, lly basis.

.C.E.F.
for Preventing
e in the Home
. Box 952
se, CA 95108
92-3838

our Hotline

I.C.E.F.

Project for Preventing Violence in the Home

INSTITUTE FOR THE COMMUNITY AS EXTENDED FAMILY

292-3838
24-HOUR HOTLINE
Bilingual Services
Spanish

Project's Goals

Lower the Incidence of violence in the home.

To provide alternatives for families living with physical abuse.

Increasing public awareness of the problem of domestic violence.

Breaking the cycle of family violence.

Building self-esteem in all family members.

Myths and Facts

Myth: Battering is a "family" problem and society should not interfere.

Fact: Studies show that children who live in violent homes become the child and spouse abusers and the battered women of the next generation.

Myth: Battering only occurs among the poor, uneducated and minority groups.

Fact: Family violence crosses all social, ethnic and economic backgrounds.

Myth: That women stay in violent situations because they like it.

Fact: Many women stay because they are economically dependent on their spouses. Others live with family and religious pressures to stay in their marriages.

What can you do to make changes?

IF you are being abused, call us.

IF you are the abuser, call, we can listen.

IF you are a child living in a home with violence, call. We may be able to help you talk to your parents.

VOLUNTEER . . . Your time is needed to make long term changes.

INTRODUCTION

The Institute for the Community as Extended Family (ICEF) was awarded an LEAA grant (1 6 501) in the amount of $50,000 in order to develop its Project for Preventing Violence in the Home. The grant period began September 15, 1980, and was extended until December 15, 1981, representing a one year grant period plus a three month extension.

ICEF was founded to promote the concept of family health in dealing with many of the stressful effects of today's society. More specifically, ICEF is intended to develop interdisciplinary programs which incorporate the self-help approach to social problems, particularly to those related to the various forms of family violence. This approach is based on the model worked out during the past ten years by Parents United, Inc. (PUI) in conjunction with the Child Sexual Abuse Treatment Program (CSATP) of Santa Clara County, California. In this model, professional counseling is integrated with the self-help group milieu to promote the resocialization of dysfunctional families, as well as providing an additional or alternative family support system for those who need it.

The aim of this pilot project on spouse abuse is, and was, to demonstrate the effectiveness and transferability of the PUI/CSATP model to this other area of family violence. All project staff, both paid and volunteer, had worked extensively in the PUI/CSATP program prior to involvement in this pilot program. Although ICEF was granted only $50,000 for this pioneer effort rather than the $120,000 originally requested, and the impending demise of LEAA limited the contract period to one year instead of three, the ICEF staff decided to accept the offered funds and implement the project regardless of these limitations.

Even though all Federal funding for this project expired on December 15, 1982, the project staff is continuing to carry out the program objectives and will continue to do so until the goal of a truly integrated and interdisciplinary domestic violence program is fully realized in Santa Clara County.

SUMMARY OF FINDINGS

As outlined in the grant proposal, the underlying premise of this project is that families experiencing spouse abuse have the same etiology as those dysfunctional families in which there is child sexual abuse, and that the nationally acclaimed PUI/CSATP approach to child sexual abuse cases can be successfully transferred to domestic violence cases. The impetus for this project came from existing domestic violence shelter programs elsewhere in the nation, who were frustrated by the high cost and limited long range effectiveness of traditional shelter care spouse abuse programs, and seeking alternative approaches to the problem of domestic battering.

For these reasons, the project has had a three-pronged approach:

1) To develop a treatment program to heal and preserve the family unit, this program to be modeled after the PUI/CSATP program;

2) To involve the criminal and juvenile justice systems, social services and community programs in the process of rehabilitating families experiencing domestic violence; and

3) To provide public information, education and training in the area of recognizing and treating spouse abuse.

The project's objectives, as described in the project proposal, addendum, and time line, fall into these three categories:

1) Treatment program development

The initial and never-ending task of recruiting and training the project staff, both professional and volunteer, has been enormously successful since the project's inception. To obviate the need for training in the PUI/CSATP philosophy and treatment concepts of self-responsibility, self-help and resocialization embodied in the group and individual therapy process prior to involvement and training in the child sexual abuse program has been a pre-requisite for all domestic violence staff members, both professional and volunteer. From the project's beginning, the staff has met together at least once a week for in-house training, which included extensive exploration of a) existing literature and video materials and outside speakers as well as ICEF speakers on the subject of domestic violence, b) recognition of their own feelings about spouse battering and the resolution of their own hostility and ambivalence towards the perpetrators and the victims, c) analysis of the differences and similarities between the battering and the Parents United families and any consequent changes required in the PUI/CSATP treatment process for the battering families, and d) the special needs of the domestic violence project staff. Staff members also attended and/or participated in a number of conferences in the Bay Area on domestic violence.

As a result, there are now eight counselors and counseling interns specifically trained by and through the project to handle individual and group treatment of these families, including two Spanish speaking counselors, one

psychiatrist, one play therapy counselor and three very experienced in dealing with pre-adolescent and adolescent children's groups. In addition, the staff has clarified for itself the differences and similarities between families experiencing spouse battering and those experiencing child sexual abuse, and is beginning to share this knowledge with other abuse programs and project visitors.

The two major components of the overall treatment process are individual, couples and family counseling, coupled with weekly self-help therapy groups. As the program did not get under way until late October 1980, it did not begin seeing individual clients until early in January 1981, and began its first group, which was for victims, shortly thereafter. This initial group was composed of both program clients, and women from the local Parents United who had been victims of spouse abuse as well. Later the group was expanded to include batterers as well. By the end of the grant period, the weekly adult group had an average attendance that varied between ten and fourteen. The staff plans in 1982, to have a men's group and a women's group as well as the orientation group.

Individual, family and couples counseling has also been provided to the 47 individuals of the project, including eight couples and five families. Failure to counsel all project families including any two parents or single parents is due to their unwillingness to either make or meet their family counseling appointments.

All in all, there have been 84 referrals to the program and 36 families accepted into it. The fact that there were over twice as many referrals as program clients resulted from the lack of commitment on the part of the reporting families and on the project's failure to achieve the close cooperation of the criminal and juvenile justice systems.

Simply stated, families experiencing spouse battering are more difficult to rehabilitate than those experiencing child sexual abuse. The staff found that although the etiology of both types of families and family members are the same, whether the presenting symptom of these dysfunctional families is child molestation or spouse battering, there is a difference in the way the community and families themselves view the presenting symptom.

Spouse abuse does not evoke the degree of outrage and horror in the community evoked by child sexual abuse. Spouse abuse is often perceived as justified on the part of the abuser, and the fault of the victim. Damaging consequences of the abuse to the children in the Parents United families are more direct, and therefore, more apparent than in this project's families. There has been much public focus on the consequence of children being molested and/or physically abused, but very little on the fact that spouse battering produces the same effects on the children of this type of abusive dysfunctional families as well.

As a result, the battering victims were even less willing to report the abuse than were mothers of incest victims, less willing to participate in either individual or group therapy, less willing to trust the staff or each other, less willing to take responsibility for their contribution to the dysfunctional marriage (or relationship), and even more depressed, without hope, and hostile to the offender than were the Parents United mothers. In addition, even when separated from the batterers, they live in constant fear of further physical battering. Half of the victims never came in at all. Only 20 victims attended any group session. Six victims disappeared after crisis counseling and most dropped out of counseling by or before the third or fourth visit. Only 17 victims attended both group and individual counseling.

The batterers, as well as the victims, tended to minimize the abuse more than the PU parents, and were much less willing to acknowledge and deal with the harmful effects of abuse on the children than were the PU members. Not once did a couple in the domestic battering project bring in their children for any form of counseling or group activity. All of these either refused to make a counseling appointment for (or which would include) their children, or simply failed to bring them at the appointed time. Only five single parents brought in their children for counseling.

As with their victims, the batterers were more resistant to taking any responsibility for the abuse, more hostile towards their spouses, and less willing to enter into group or individual therapy than were the Parents United offenders. Of the 17 batterers, seven of them never came into the program at all. Of those that did, only seven ever attended a group meeting and four

dropped out of individual and/or group by or before the third to fourth visit. Of the seven who did attend the group, only two of them came with the strong desire and intent to alter their violent behavior. The rest came (and acknowledged in the group) only because their spouses made group attendance a condition of continuing the relationship.

Of the clients who did attend the group, only seven did so with any degree of consistency. The victims excused their non-attendance on the grounds that it was depressing to come and listen to the troubles of others - the same reationalization utilized by Parents United members to excuse their absences. This attitude was familiar to the Parents United counselors as a part of their clients denial system. That is, it is easier to be critical of the group, than to look inside onself and take responsibility for one's actions and for the collective process of the group. The resistance on the part of the clients to become involved in the group and to own the process was much greater than that of Parents United members. As with incestous families, improvement came only to those Domestic Violence program clients who committed themselves to the self-help group process.

Those who regularly attended the group were positive about the experience. These clients liked the caring and support they got from the group which they received nowhere else. It was important to them to discover that they were not the only victims of spousal abuse. They saw the Crisis Intervention/Sponsorship Coordinator, as a positive role model, an inspiration and proof that they, too, could change their lives for the better.

The staff has learned that 70 percent of the women who dropped out of the program have been rebattered and suspects that the actual number of repeats is even higher than reported.

Because of the added effort needed to work with this project's clients, the staff decided last fall to limit the number of new refe-rals and new clients and to concentrate on those families already in the program. This decision translated itself into increased outreach and support to the families. Specifically, the staff was actively involved in obtaining restraining orders for six of the program victims. Before, the victims were merely referred to such agencies as Community Legal Services which lacked the resources to provide the support so many victims need in order to carry on through the court process. The non-counseling staff was in weekly contact with each program member outside of the group if for no other reason than just to 'touch base'. The staff become much more aggressive in seeking out those who failed to come to a group meeting or to show up for a counseling appointment. New clients in the hospital were visited two or three times a day. Emergency housing and food were procured as the number of hours of direct services to the client was increased to ten hours a week.

It is important to point out that only on rare occasions was the staff able to provide the equivalent of over 40 hours of direct services to the new families in their first two weeks in the program as is provided to new families in Parents United. Although the domestic violence clients received an average of five to eight hours a week in the first two weeks, the clients themselves were unable to augment this time by providing peer

support to new project families. It was not until October 1981, that any program clients were willing to share their phone numbers with other members or make any contact with them outside of the weekly group. By Thanksgiving, the group was able to make sure that all members had a place to go for the holidays and by Christmas even organized a very successful program party.

The need for such intensive work with the families was postulated by the staff at the beginning of the project. The extreme resistance to mutual support and self-help was not.

That the Parents United mutual support and self-help process is the key element in the rehabilitation of families which have experienced child sexual abuse was well appreciated by the domestic violence staff, most of whom have had experience in developing the 76 Parents United chapters across the country. The domestic violence staff's faith in this process is what made it undertake the domestic violence project in spite of limited funding and other resources. The failure of this component to develop quickly and well meant that the very families who needed more outreach and services than do Parents United families, were receiving fewer, despite receiving much more staff support than do Parents United families.

The slow painful growth of the self-help component also underscores the importance of volunteers to the sucess of this type of program. In marked contrast to the Parents United programs, this domestic violence project began its life with many outside volunteers, including counselors, Parents United members, and well-meaning members of the community willing to donate time to this project. These volunteers are essential to such a

program, but without volunteers from within the program itself, such a project cannot prosper.

The staff is not publishing the demographic statistics on the program members, for fear of misrepresenting what types of families experience spousal abuse. A review of all domestic violence cases reported to the San Jose Police Department in a given month in 1980 indicated that these families, as is true of families experiencing child sexual abuse, represent a true cross section of the overall Santa Clara County population. The actual domestic violence cases referred to our project over the 15 month grant period are not an accurate sampling of the reported cases. There was a similar distorted pattern of client referrals to the Child Sexual Abuse Treatment Program in its early days of existence.

2) Involvement of the criminal, juvenile and social services systems in the treatment process.

When the initial grant proposal was written, there was a great deal of interest expressed by the San Jose Police Department in developing a Family Violence Unit that would be complimentary to and coordinated with our project. Due to subsequent management personnel changes and the post Proposition 13 budget restraints, development of such a Unit was no longer a priority item. Had we obtained this grant a year earlier, the Unit would be fully functioning by now.

However, there is renewed interest by the department in developing the Unit, and we are working with assigned police staff to bring about its existence this year. As projected, project staff did meet with the Sexual Assault Investigation Unit and those officers in General Crimes assigned to domestic violence. Members of the SAIU were much more sympathetic to the project's goals and to spousal abuse victims than were those officers actually assigned to deal with the problem. In fact, the first project clients came through the SAIU. As set forth in the quarterly reports, a great deal of time and effort was spent in an attempt to form a close cooperative arrangement with the police department to deal with these cases. However, the prejudice against domestic violence cases was so strong that the police actively discouraged the victims in these cases rather than worked in improving delivery of services to the victims and their families.

The project's failure to obtain adequate police investigation has meant that the other components of the criminal justice system, such as the courts, the District Attorney, Public Defender, Probation, and Pre-Trial Release Services have not been able to carry out their intended and necessary functions in domestic violence cases as they do in child sexual abuse cases. Despite the fact that contact with these other elements in the criminal justice system would have little, if any, immediate impact on the project, the staff did go forward with its originally planned educational contact with various individuals in the system. For example, 17 District Attorneys, 20 judges, 13 Adult Probation Officers, and over 20 Juvenile Probation Officers were introduced to the project. The original projected number of individuals to be contacted in each agency was 24. Also, as was discussed in detail in the quarterly reports, the projected internal reorganization of the Probation

Departments rendered making any additional contacts unproductive during the period of the grant. Only three program cases were ever brought to the District Attorney and none ever reached the Adult Probation Department. The Juvenile Probation Department became involved in two program cases and the Juvenile Court mandated counseling in both cases. As no criminal action was taken on these matters, the Juvenile Court orders had little effect. Both families came for counseling for only a very brief period of time, and no follow-up enforcement was ever done by the supervising Juvenile Probation Officers.

The project's aim of educating the Juvenile Court/Probation system so that children in families experiencing domestic violence would be made Dependents of the Court was a dismal failure. At the very time the project was pushing for this type of broadened jurisdiction under the California Welfare and Institutions Code, the Juvenile Officers were instructed to abandon the procedure of obtaining Juvenile Court Jurisdiction in all child molest cases, in the interest of saving monies. Until that policy is reversed, there is little hope of obtaining jurisdiction in domestic violence cases.

The miniscule number of non-diverted domestic violence cases entering the criminal justice system made a formal presentation, as originally planned, to the Office of the Public Defender an exercise in futility. However, the social workers employed by that office were contacted at the beginning of the grant period so that the project's staff would be notified as to any cases suitable to the program coming into the Public Defenders Office. In addition, eight Public Defenders were directly contacted by staff members.

All of the above-mentioned employees of the Public Defenders Office expressed support for the project and frustration over the fact that only two non-diverted cases coming into the office were worth referring to the project.

Staff members met with the Director of the Office of Pretrial Services in 1980 to describe the project and enlist the office's support. The Director reiterated his support for the project's concept and promised his staff's full cooperation. It was agreed that the same protocal used with Parents United members would be used with this project's clients. Unfortunately, police reluctance to prosecute these cases at all, much less as felonies, meant that there was never an opportunity for Pretrial Release Services to become involved.

The above-mentioned failure of the police to initiate and/or encourage criminal prosecutions of spouse abusers rendered pointless the originally planned presentation to the Domestic Violence and Criminal Justice committees of the Santa Clara County Bar Association. Instead, staff members met with eight individual attorneys who were members of the two committees, to enlist support and advice as to how to proceed. The staff was advised to delay formal presentations until the police and District Attorneys had stepped up prosecutions. One positive result of these meetings was the active cooperation of Community Legal Services in obtaining Restraining Orders for the clients. Unfortunately, by the end of the grant period, drastic funding cutbacks at Community Legal Services has ended these services to our program clients.

The project was much more successful with private and public county agenc s outside of the criminal and juvenile justice systems and did much more such outreach than was originally planned. All in all, the staff made presentations to 57 different local agencies and hospitals and had additional contact with almost three-fourths of them. The staff developed material and distributed it at all such meetings. There was great concern about spouse abuse expressed at all of our presentations. Also expressed by the audiences was a tremendous sense of frustration at the failures they all had experienced in trying to deal with this problem. Project referrals came primarily as a result of these outreach efforts by the staff.

In October and November 1980, initial contact was made with the four other domestic violence programs operating in Santa Clara County at the time of the receipt of this grant. They are WOMA, Mid-Peninsula Support Network, Family Services, and La Isla Pacifica. In late 1980, contact was also made with twelve other agencies which deal with spousal abuse including the Bridge, Mexican-American Community Service, and the Adult and Child Guidance Center. The first tangible result of this outreach was the development of a Family Abuse Network composed of all the contacted agencies. Since that time, FAN has met almost on a monthly basis, has held a workshop/seminar in January 1981, and has developed and distributed a community resources handbook, primarily through the efforts of this program's staff.

The program also exceeded its goals for exposure through the media. Channel 11, a local San Jose television station, covered the Family Abuse Network Seminar in 1981, giving specific coverage to the project's Crisis Intervention/Sponsorship Coordinator. In June 1981, this same staff member

was interviewed on Channel 11's show entitled, "It's Your Health", as a victim of spouse abuse and as an expert on the cycle of violence. In late July 1981, she, along with a batterer and victim from the project, appeared as guest speakers on "People Are Talking", a Bay Area television show. Finally, in November and December 1981, Channel 36 ran a public service spot announcement (Spanish and English) about the project over 50 times.

It has taken much longer than we anticipated to translate the passive approval of the above-mentioned agencies into active participation. The hostility of these agencies to other local domestic violence programs, as well as the underlying prejudices against battering victims, has not been as easy to overcome as we first anticipated.

The resistance in the community to our program has other bases as well. Among them has been hostility toward our approach of working with the batterers, as well as with the battering victims. Many community members have resisted the basic concept that battering can be viewed as a symptom of a dysfunctional family with the same underlying causes we have found in incestous families. Thus, our success with child sexual abuse cases and the credibility of the Parents United program has not transferred itself to our domestic violence project. Instead, a wait-and-see attitude was adopted by many of the local agencies, which has been slow to dissipate.

3) Public information and training materials.

The aim of the project was to produce information and training materials for distribution to other domestic violence programs. Aside from the educational materials and efforts described above, the staff has prepared a brief analysis of its project findings. Also appended are articles by program therapists describing some of the principal methods employed in individual and group counseling. These documents (see attached) will be distributed to other existing LEAA funded domestic abuse programs as promised.

An in-depth paper on the project's results and conclusions is currently being prepared. What this final article will emphasize are the additional problems presented in treating families experiencing domestic violence, and the fact that it is even more crucial that the Criminal and Juvenile Courts be actively involved in spouse abuse cases than in child sexual abuse cases. This article will be sent out for prior review to these individuals who were originally to have been members of the project's Advisory Board.

Training tapes have not yet been completed due to the limited amount of LEAA funding actually received. Copies of the tapes will be made available as soon as they are completed.

APPENDIX

A. Description of Program Participation and Breakdown of Counseling

B. Client Survey

C. Report: Methods of Treatment of Spousal Abuse Cases

D. A Comprehensive Child Sexual Abuse Treatment Program

E. Counseling Methods and Techniques

F. Sexual Child Abuse, the Psychotherapist, and the Team Concept

DESCRIPTION OF PROGRAM PARTICIPATION

	Just Group	Just Counseling	Counseling and Group	Crisis Counseling Only	No Counseling	Single Women	Single Men
Women	3	6	17	6*	7	17	
Men	2	5	5		7		1
Couples	0	5	5				

* Two were Spanish speaking only and had no group. They were also the part of the no show for counseling.

BREAK-DOWN OF COUNSELING

Individual	Couples	Family	Children
43	8	5*	7

* All 5 were single women, head of household families.

CLIENT SURVEY *

How Long in Program?	
Less than 3 months	15%
3 to 6 months	85%
Average Group Meetings Attended in a Month	
One	10%
Two	25%
Three	50%
All	15%
Are You Court Ordered?	
Yes	8%
Volunteer in Other Activities	
Yes	31%
Other Adult in Program	19%
Children in Program	13%
Did You Experience Personal Growth?	
Yes	87%
Same	10%
No	3%
Did Quality of Your Family Life Improve?	
Yes	52%
Same	31%
No	17%

* Of people surveyed

REPORT:

METHODS FOR TREATMENT OF SPOUSAL ABUSE CASES

Sexual abuse and domestic violence share many significant characteristics - the dynamics appear to be almost interchangeable. But whereas the historical taboo surrounding incest makes it a very serious crime which is difficult to justify and minimize the impact, spousal abuse has long been accepted as appropriate behavior. This is because until very recently it was a common belief that a wife was only an extension of her husband - she was his property.

This difference in societal attitudes is the most difficult hurdle that we have attempted to overcome in our pilot project.

It has been suggested that the dynamics of abuse can be broken down into three major phases.

PHASE I IS PRESSURE ACCUMULATION

There are four major elements to this phase. Initially, the invividual has become outer-directed rather than introspective whereby whatever sense of self the individual had has become so diminished that there is barely any at all.

The second element is that the individuals isolate themselves by acting in a manner which serves to alienate them from even those close to them. This may be done by withholding themselves from whatever brings them happiness or satisfaction. Because of this there is no acceptable manner for releasing tension and anxiety.

The third element of Phase I is that the individuals discount themselves both verbally and non-verbally. This is indicated by a decline in an already low sense of self-esteem. The individual begins to feel truly powerless.

The last element in Pressure Accumulation occurs when the individuals begin to abuse themselves in one form or another. The characteristic which runs through

each of the above four elements of this phase is that the individual feels an increasing loss of control. When this state becomes unbearable - when the individual believes that the loss of control is complete the individual then enters Phase II.

PHASE II is EXPLOSION

It is at this point that an abuser chooses one of two avenues to follow. Often the choice is not conscious, rather it is an automatic response. The individual relies on past experiences and previous responses to those past experiences.

A critical element to the decision is that of time, of when the explosion will occur. The individual often sets up a rationale prior to the explosive behavior. An example of this is getting drunk to justify behavior which ordinarily would be unjustified.

Another critical element is choosing the object of the explosion. There are a number of available alternatives. The individual can choose to abuse himself or a close family member such as a parent or a spouse or a child, or the individual can choose society at large for discharging his self-hatred by a crime such as arson or vandalism.

The type of explosive behavior can range from emotional abuse which is the most common and most benign form because it is the least apt to result in severe punishment for the abuser to physical abuse (both sexual and battering).

The type of abusive behavior reflects the intensity and depth of his self hatred. In extreme cases such as physical abuse of either himself (such as suicide attempts) or the sexual abuse of his child, or the battering of his wife he unconsciously wishes to be discovered and punished. In all cases the unconscious result is to abuse himself either directly or through a loved one - and in all cases it is a cry for help from the abuser.

The characteristic which runs through this phase is that the indivdual, as a direct response to the feeling of loss of control found in Phase I, is taking control - or regaining control. After regaining control the individual uses that power either against himself or herself, against another or against society in general. Regardless of who the chosen target is, the explosion is always destructive.

PHASE III IS THE HONEYMOON PHASE

Generally the explosion brings a great sense of relief to the individual and the tension which had been building up has subsided significantly. This phase is often characterized by feelings of quiet and remorse. The individual may spend a great amount of time trying to make amends, repair the damage and generally put the relationship, if the who is a specific person, back where it was prior to the most recent explosion.

But because where that relationship was prior to the explosion was simply after the previous explosion the cycle continues and the tension increases bringing about an explosion which in turn results in another honeymoom period.

If he and the relationship remain the same without being treated the tension mounts again and must be relieved again usually by an explosion of even greater intensity follows by another honeymoon period.

As stated earlier there are strong similarities in the dynamics of child sexual abuse and the dynamics of spousal abuse. But even within those similarities there are differences which may be more than differences in degree.

It is important to separate each element of the abuse in order to see both the similarities and differences more clearly.

The project's efforts over the last 15 months clearly substantiate the original premise that the Parents United model for treating child sexual abuse can be used very effectively in treating spousal abuse. However, as is true with child sexual abuse, the Parents United model will work only under the following circumstances.

1. The criminal justice system must become equally involved in arresting and prosecuting batterers as it has become in arresting and prosecuting those involved in the PU program. However, we have found that there is a great resistance by police officers to interfering in "domestic squabbles" not only because of the dangers of possibly exacerbating the situation, but because without a viable systematic approach the police feel inadequate and victims are generally uncooperative.

Generally speaking, victims are unwilling to act as witnesses against their spouse regardless of the severity of the abuse. Without the testimony of the victim there is no prosecution, therefore no court-ordered counseling, which allow the batterer and the victim to continue their vicious cycle.

The victims may not want to publicize their situation. There is a sense of personal responsibility for their predicament, i.e. they must have done something bad/wrong to provoke the batterer's behavior. In addition, the victim is almost always completely dependent on the batterer for emotional and financial security. The victim usually lacks the skills necessary to assess a situation, set goals and act on goals set.

Domestic violence differs from child sexual abuse in another important area. Whereas there is a mandatory reporting statute which requires all cases or suspected cases of child sexual abuse to be reported, there is no corresponding law mandating reporting of occurrences of spousal abuse.

2. Attitudes about spousal abuse must change and begin to more closely parallel the attitudes towards child sexual abuse.

It is still a remarkably common societal attitude that wives are the possessions of their husbands and that an "occasional" beating is acceptable in order to maintain the established roles. This particular attitude provides

the necessary justification for the abuse and allows the batterer to rationalize and minimize his actions and the results. This denial and minimization provide no reduction in tension which combined with a low frustration tolerance lead to continued batterings.

An important development toward changing this particular societal attitude is the move away from an overwhelmingly patriarchal familial framework in which the wife feels powerless and the husband is omnipotent, to a structure where both the husband and wife share the responsibilities and the decision-making process.

3. All of the family members must become actively involved in the therapeutic process.

There is a marked resistance to active participation in family counseling by not only the victim, here the battered spouse, but also by the offender, here the battering spouse. The dynamics are such that each spouse seems to protect the other from the painful exposure which occurs during the counseling process. There is more minimization and denial in families where there is spousal abuse compared to that which occurs in families where there is child sexual abuse. It is easier to minimize acts and effects of spousal abuse.

A large percentage of abuse episodes occur because of the dynamics of the family, of how the members of the family interact with each other.

4. Offenders and victims of spousal abuse must more fully develop their own group support system.

There is an enormous resistance by the involved couples to requesting and receiving support from other group members. The pervasive attitude is that the situation can be successfully dealt with without exposure to others, there is no reason whatsoever for laundering dirty linen in public, that they alone

can resolve whatever difficulties exist. Those individuals who were in the group alone without their spouse, seemed to be much more able to reach out for support but were resistant to receiving the support they were reaching out for.

As the group spent more time together and became more comfortable with each other there were some noticeable improvements in this area but there is still a long way for this group to go in establishing a support system equal to that which is found in the PU program. Because of the differences discussed above, this process will take longer to develop than in the PU program.

5. Offenders and victims of spousal abuse must be forced, in one way or another, to begin and remain in counseling.

In the area of child sexual abuse, court-ordered counseling is an integral part of the sentencing process in the criminal court, for the non-offending parent the court-ordered counseling appears as a part of the juvenile court process when the victim is made a dependant of the court.

As of yet there are no provisions for court-ordered counseling for those individuals involved in spousal abuse. Therefore there is no "hammer" to hold over the heads of the batterers which allow them to decide whether or not to participate in counseling and if they choose to participate they may leave at any time without fear of reproach from the criminal justice system.

These couples are generally eager to reunite and put the past behind them and are angry when this is not permitted. They desire to share the closeness and tenderness which are elements of the 'honeymoon' phase as described above. Both the offender and the victim believe that the abusive pattern is over, that there will be no more abusive episodes which is a major reason why they resist participating in therapy where they are continually invited to seriously

look at and analyze the particular dysfunctional patterns of their relationship.

An approach must be developed whereby the individuals are forced to remain in therapy while in the 'honeymoon' phase in order to allow them to continue to examine the ways in which they recreate the environment for the next abusive episode. If this doesn't occur the therapy will only happen during a crisis and the abuse will continue until the cycle is broken.

6. Victims must begin to recognize the role they play in the abuse cycle.

Most victims feel a sense of responsibility for their own abuse as if some particular activity or lack thereof is the CAUSE of the battering. The victims feel guilty and attempt to cover up the incident(s) with the hope that they will be able to do whatever is necessary in order to ensure that the situation will not reoccur.

These victims almost always accept as true what they are told, both verbally and non-verbally, that they are less important than anyone else and that they must sacrifice their needs and desires to those of other people. This continual discounting of self only reinforces the abuse cycle.

7. Offenders must begin to recognize the role they place in the abuse cycle.

The majority of batterers not only minimize the abuse but they deny its very occurrence. Often the batterer will shift the responsibility for the battering onto the victim by claiming that the victim was to blame and that the batterer is in fact the victim thereby abrogating any and all responsibility for the battering. It is very common for the batterer to see himself as out of control at the time of the abuse which establishes a 'perfect' alibi for avoiding responsibility. As long as this attitude continues the cycle of abuse will remain unbroken.

The occurrence of the 'honeymoon' period is very seductive to the batterer in that they can atone and make amends for the damage caused by their abusive

behavior. In addition, the batterer's stress level is at its lowest which is always the result subsequent to an abusive episode.

The resistance to therapy is almost identical to that of the victim. But after each abusive episode the batterer's feeling of powerlessness increases which in turn leads to another Pressure Phase beginning the cycle once again but which will probably lead to a more severe explosion.

8. All offenders and victims must become increasingly more receptive to treatment.

A major component of the treatment program is susceptible to sabotage which occurs when the group participants focus their attention on the group or on the therapist thereby averting attention away from their own individual issues and the dynamics of their interpersonal relationships. This is part of the overall denial system and a strong indication of an unwillingness to assume responsibility for their behavior and the results of their behavior.

It is essential that treatment be required until each is able to understand their individual patterns of resistance and develop new, more appropriate responses to the other's behavior and more appropriate avenues for those responses.

A Comprehensive Child Sexual Abuse Treatment Program *

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A father-daughter incestuous relationship usually is extremely damaging to the victim, the offender, and the entire family, both during the sexual phase and after it ends. The daughter suffers emotional trauma which often leads to self-abusive behavior that may last a lifetime; the father's life goes into sharp decline; and the marriage, weak to begin with, becomes intolerable and often ends in dissolution. If the situation is reported to the authorities of a typical American community, their reactions aggravate the family's troubled state even more. The victim's accusations are often ignored by law enforcement officials if the evidence is weak and the parents deny the charges, thus, leaving the child feeling betrayed both by her parents and by the community. On the other hand, the officials become harshly punitive if they have a court provable case. They separate the child from her mother and family and incarcerate the father, often for several years. This way of coping with father-daughter incest prevails in most communities in the United States and was the way officials reacted in Santa Clara County, California before the Child Sexual Abuse Treatment Program (CSATP) of that county was started and proven effective.

This chapter will discuss the three components of the CSATP and the processes of case management and treatment. At the editor's request, there is a detailed discussion of the self-help groups.

The CSATP

In 1971, I began to counsel sexually abused children and their families for the Juvenile Probation Department of the county. During the first year, 26 cases were referred. I soon discovered that the traditional weekly session was inadequate and that each family needed much more attention than I could provide alone. It was this realization that led to the development of the community-based effort which was eventually named the CSATP. In 1978, the program provided services to more than 600 families, receiving by far the largest number of referrals recorded by any comparative population area in the country. This sharp increase in the referral rate must be attributed to the growing reputation of the CSATP as a resource for help rather than punishment for sexually abusive families. In all, the CSATP has served more than 2,000 families. Of those families who received full treatment and formally terminated, about 90% of those children have been reunited with their families, and the recidivism rate in these is less than one percent. I mention these figures to urge other communities to set up their own CSATPs. I estimate that more than a quarter million children are being molested in their own homes each year and that most of the molestation would stop if a CSATP were established in every community in the country.

The CSATP is composed of three interdependent components: a professional staff, a cadre of volunteers, and self-help groups which together provide services responsive to the special needs of sexually abused children and their families. All three components are necessary — together they generate the humanistic community rooted climate in which sexually abused children, perpetrators, and other family members are supported during the crisis period and go on to learn the attitudes and skills needed to lead self-fulfilling lives and social respsonsibility. The CSATP copes with all forms of child sexual abuse, both familial and extra-familial, including not only children recently molested but also adults molested as children. However, the majority of the clients referred to the program are for father-daughter incest under current investigation.

The Professional Component

The professional component of the CSATP includes all the officially responsible members of the community: police, social

* *In Sexually Abused Children and Their Families,* Patricia B. Mrazek and C. Henry Kempe, Editor, Pergamon Press, Oxford, England, In Press. (Summer, 1981).

workers, mental health workers, probation officers, defense and prosecuting attorneys, judges and rehabilitation officers. To enable the community to treat abusive families successfully (humanely and economically) this group must agree in substance on a consistent treatment approach and work cooperatively to implement this approach. Inter-agency cooperation does not come about by chance. Someone has to take the lead in convincing the other interveners by sound rationale and demonstration that a CSATP approach is more effective than a punitive one in coping with parental child molestation. That person is usually a member of the county agency officially responsible for the child-victim, such as Child Protective Services (CPS). Santa Clara County is an exception to this rule in that the Juvenile Probation Department is the jurisdictional agency. In a few instances CSATPs have been started by mental health people. Regardless of how they begin, all CSATPs must eventually win recognition and support from the local CPS agency and the criminal justice system.

Typically, the CPS worker, acting as coordinator, begins a CSATP by forming a core group composed of other CPS workers and counselors from the mental health agency and/or private agencies. Eventually they meet with representatives of juvenile and adult probation, policemen assigned to sexual assault cases, and deputies of the district attorney's office. As the program gains strength and credibility, interagency cooperation is gradually achieved. Concurrently the self-help component is formed, and as the caseload increases, the core group begins to organize a cadre of volunteers.

It must be stressed that a typical CSATP does not supplant or interfere with the functions of existing official agencies. Rather, the paid staff of a CSATP is drawn from these agencies and taught to perform their tasks in a more productive manner. Thus, a CSATP can be organized and operated with little additional cost to the community. As the caseload increases, new hires may be necessary, but these added costs are easily offset by considerable savings in welfare payments, upkeep of offenders in jails, payments to temporary shelters, foster homes, and group homes.

The Volunteer Component

The volunteer staff of the Santa Clara County CSATP consists of about forty people. One-fourth of this number are administrative interns, usually undergraduate students who perform office duties, provide transportation to the children, and in general relate to them as big brothers and sisters. The balance of the staff is made up of graduate students working towards licenses in marriage, family, and child counseling. They are supervised by the licensed counselors and frequently see the clients in their own homes. A few of the volunteers are seasoned members of Parents United whose dedication exceeds that of the average member. They provide countless hours of intense companionship to the new clients and perform a variety of administrative tasks. The volunteers, ranging in age from the early twenties to late fifties, do much to give the CSATP its community-based character.

The Self-Help Component

Parents United and its adjunct, Daughters and Sons United (PU/D&SU), constitute the self-help component of the CSATP. A Parents United chapter is usually started the way the one in Santa Clara County was started In 1972, I asked the mother of one of the first families treated to make a telephone call to another mother who was caught in the early throes of the crisis. The ensuing conversations went on for several hours and had a markedly calming effect on the new client. I continued to couple old and new clients by telephone, and a month later three of the mothers met together for the first time. As expected, they found it very helpful to talk things out personally with others who had been through the same experiences, and they began meeting regularly in their homes with a juvenile probation officer, a public health nurse, myself, and my wife, Anna.

At one point, I suggested that these women get together with the mother of a physically abused child; perhaps they could start a chapter of Parents Anonymous in San Jose. The women found, however, that although they could discuss general family problems with this other woman, they did not feel completely at ease discussing intimate details of their particular problem of incest with her.*

Their own weekly sessions continued, however, with rewarding results. After a few more such meetings, to which several other women were invited, the group known as Parents United was formally designated and launched. To celebrate this event, the three charter mother-members wrote the following creed:

To extend the hand of friendship, understanding, and compassion, *not* to judge or condemn.

To better our understanding of ourselves and our children through the aid of the other members and professional guidance.

To reconstruct and channel our anger and frustrations in other directions, not on or at our children.

To realize that we *are* human and do have angers and frustrations; they are normal.

To recognize that we do need help, we are all in the same boat, we have all been there many times.

To remember that there is no miracle answer or rapid change; it has taken years for us to get this way.

To have patience with ourselves, again and again and again, taking each day as it comes.

To start each day with a feeling of promise, for we take only one day at a time.

To remember that we *are* human, we will backslide at times.

To remember that there is always someone willing to listen and help.

To become the *loving, constructive* and *giving parents* or *persons* that we wish to be.

* In the spring of 1979 leaders of Parents Anonymous and Parents United started a series of meetings for developing a plan of action for collaboration between the two organizations.

The primary purpose of the meetings was group therapy, but from the very beginning the group performed many other important functions. For example, as the members became aware that some of the new mothers did not have jobs, money, or transportation, they investigated resources to fill those needs and invited different agency people to come talk to their group. As people from various agencies found out about the small group and what they were trying to do, they would ask the mothers to speak to their groups. This public relations function of Parents United is now known as the Speakers Bureau. Besides the obvious benefit of spreading the word about the program, it gives client-members an important opportunity for social action. Many of them have been loners and have limited social skills. They have felt helpless and unable to have any effect on "the establishment." Through Parents United they know that they can have a definite, positive effect on the community and can pave the way for helping other troubled families.

An important development in the history of Parents United came when fathers began to enter the group. The first father to do so was serving a sentence at a rehabilitation center. The father's rehabilitation officer became interested in what the CSATP and particularly Parents United were accomplishing and started meeting with them. He was instrumental in gaining permission for the father to be allowed to meet with the mother's group. This development, in late 1972, opened the way for other fathers from the rehabilitation center to attend the meetings.

The Santa Clara County chapter of Parents United has grown rapidly. The chapter now has over 200 members with an average attendance of 125 members at the weekly meetings.

Meetings begin with a group centering exercise, followed by a brief conference to discuss progress in growth and effectiveness. The membership then breaks up into smaller groups jointly led by a staff member and a trained member of Parents United. The smaller groups include five couples groups limited to five pairs each, a men's group, a women's group, a mixed gender group, an orientation group primarily for new members but including older members as well, a group for women who were molested as children, a social skills group, and a group for training group leaders. The number and focus of the small groups change periodically according to the needs expressed by the membership. The groups are started at the same time and run for eight sessions after which the members are encouraged to join other groups.

The group process provides clients an opportunity to compare their view of reality with that of their peers, since all clients in the group have a common, highly stigmatized problem. This peer interaction also has the effect of emphasizing increased self-direction and personal accountability instead of reliance on authority figures who will "cure" them. To prepare members for positive social attitudes and confidence in their ability to effect changes in the attitude of the official community toward families troubled by incest, Parents United welcomes police, probation officers, prosecuting and defense attorneys, judges, and other professional interveners to the meetings.

Parents United provides for many of the urgent emotional and practical needs of its members. The independent evaluation team who studies the CSATP estimated that incoming families receive an average of twenty hours per week of support over the crisis period by Parents United members. In some areas, such as babysitting, transportation for the non-driving parent, members of the program are able to assist one another directly. Parents United keeps a list of jobs available for women who have been out of the work force for many years; it also helps them brush up on job skills or obtain training for new vocations. The group also maintains a list of companies who are willing to hire a parent with a felony record and uses its influence to help get work furloughs approved.

Parents United has drafted a form letter to send to lawyers who exploit the vulnerable emotional state of the offender by inflating their fees. The letter protests the exhorbitant fee, suggests a fair fee, and insists that the fee be adjusted either voluntarily by the attorney or by determination by the Santa Clara County Bar Association. Parents United now has a list of lawyers with proven competence who charge reasonable fees. The organization has outgrown its present quarters and will soon move into a facility especially renovated for its requirements. To reduce the rent on these new quarters, the members have contributed over 5,000 hours of labor to the renovation project. One of the members has opened his home to fathers who may not live in their own homes. About six members live on the average in his home, and the men are on call on what in effect is a 24-hour hotline. These are a few examples of the many ways Parents United helps its members help themselves through this difficult passage in their lives.

The following statement describes the impact of Parents United on a new member.:

HELLO ME!

Hello Me seems like a strange thing to be saying, especially when you're saying it for the first time to the person that's lived inside you for almost 38 years.

As far back as I can remember, I've felt dislike, disgust and displeasure Hell! I downright hated myself most of the time.

Oh, I managed to project a desirable image of myself which I considered socially acceptable -- self-confident, dependable, understanding, honest, brave — a lily white pillar of respectability. That was me.

Suddenly! Out of nowhere, I had been discovered, my protective covering had been penetrated. The world would know who and what I really was. I would be destroyed. There I stood naked and ugly, the likeness of a Dorian Grey. I wanted to hide, to run, to somehow disintegrate.

The phone rang. "Hello, I'm with Parents United. I'm a member of a group of people who've been through the same thing you're going through." "My God," I thought, "not only am I not the only one this has even happened to — Hell! They've got their own club." The voice on the phone continued, "We understand your pain. We share your pain with you. We want to help you." I didn't believe any of this was possible. How could anyone understand my pain? How could anyone want to help me?

What I could have easily believed was that this Parents United was a colony on an island off the coast of somewhat like a leper colony where they sent people like me so we wouldn't be able to contaminate the rest of the people in the world.

Well, I came to Parents United's Wednesday night meeting. I don't have to tell any of you what I expected to find. However, what I found was a room full of normal, everyday looking people — hugging, and kissing, smiling and greeting each other as if they were all family and hadn't seen each other for years.

What I discovered that first night was that they were a family, a very special family held together by a common bond of unconditional love and understanding, of honest truth and caring. I began to feel warm inside. I felt alive again. I began to feel that "I, too" might be a worthwhile person.

The success of the self-help component of the CSATP is a tribute to the power of, and the need for, caring; it is due most of all to the dedication of its members to fellow human beings in crisis. That so many members remain to help others even after their own treatment has been successfully completed underscores the vigor of the self-help concept as defined by Parents United. Again, it must be stressed that Parents United/Daughters and Sons United is not as autonomous as other self-help groups such as Alcoholics Anonymous and Parents Anonymous. Parents United/ Daughters and Sons United is an organic part of the CSATP and grows as the CSATP grows.

In June 1975, Parents United became incorporated and gained status as a non-profit organization. Formal bylaws were written and a Board of Directors was formed. The directors include several Parents United members, some representatives of other chapters, a member of Daughters and Sons United, two lawyers, three psychiatrists, two members of the San Jose Police Department, and two community leaders. The Santa Clara chapter of Parents United continues to grow, with about six new families joining each week. In addition, the chapter has had a major role in the formation of 23 new chapters in California and several throughout the nation.

Daughters and Sons United

This organization, an adjunct of Parents United, is composed of children five to eighteen years of age, the majority of whom are girls. The two organizations work together and share many similarities. I formed the first DSU group in 1972, a play therapy group for children up to the latency period and the other one for adolescent girls. Both were co-led by juvenile probation officers. The children's groups require much more professional attention and guidance than the adult groups, which of course, are more self-sufficient. Because of the press of an increasing case-load on a small staff, the children's group did not grow as rapidly as the adult group. However, since late 1977, two young interns were assigned the task of improving and expanding DSU. Since then the membership of DSU has grown to about 120 members, and its organizational structure has been considerably strengthened.

DSU's decision-making body is the Task Force Committee. The Committee is composed of six members who meet weekly with a Parents United representative and the Daughters and Sons United coordinators. The committee establishes goals and projects geared to enhance the development and unity of the DSU program. The DSU coordinators and the interns under their supervision implement the Task Force Committee's decisions. The self-expressed goals of the committee are: (1) to alleviate trauma experienced by the victim through intensive emotional support during the initial crisis; (2) to facilitate victim and/or sibling awareness of his/her individual feelings; (3) to promote personal growth and communication skills; (4) to alleviate any guilt the child may be feeling as a result of the sexual abuse; (5) to prevent subsequent destructive behavior such as running away, heavy drug abuse, suicide, child prostitution, and promiscuity; (6) to prevent repeats of the offenses by increasing victims' independence, assertiveness, and self-esteem; (7) to prevent subsequent dysfunctional emotional/sexual relationships; and (8) to break the multigenerational abusive and dysfunctional pattern which is evident in many of these families.

The Task Force Committee assesses all new group formats and sees to it that the group facilitators who work with the professional group leaders are carefully selected and trained.

DSU helps to organize and conduct an adolescent girls' orientation group, four adolescent girls' groups, an adolescent boys' groups, a pre-adolescent girls' group, a pre-adolescent boys' group, a play therapy group, and a transitional group for young women.

DSU provides or participates in the following services: (1) a Children's Shelter Liaison, which makes initial contact within one or two days after admission for crisis intervention, introduces the hildren to DSU groups, and continues to provide support and counseling throughout protective custody; (2) a Juvenile Hall Liaison, which performs the same function for children in Juvenile Hall; (3) Home Liaisons, in which DSU coordinators make initial contact during the crisis period with those children who remain in the home; and (4) a Sponsorship Program, in which seasoned members facilitate new members' entry into the group; (5) a Time-Out Corner, which is an area designed specifically for DSU members where resources and reading materials are available to enhance the children's understanding of drug abuse, birth control, and other adolescent problems. (6) supportive people who accompany the children through the various steps in the criminal justice system process; (7) a Big Sister/Big Brother Program, which provides one-to-one friend relationships for those children demonstrating the need for sustained support; and (8) transportation for about 30 children to weekly groups and counseling sessions.

The DSU task force also organizes fund-raising activities and administers the money collected. The members are active in the public education effort of the self-help component by participating in talks to schools and private organizations, appearing on radio and television, and publishing and distributing various information packages. To build esprit de corps, birthdays are celebrated and visits are arranged to entertainment and cultural centers. The members are becoming increasingly assertive in defense of children's rights in general; they often come to the adult groups to argue for their specific rights within the CSATP. It is gratifying to see that DSU does not regard itself as the lesser half of the self-help component but as a full partner in the aims and purposes of the CSATP.

Women Molested As Children

The CSATP has treated many women, molested as children by their fathers, who were not helped during childhood. Their stories of lives devastated by parental rejection, promiscuity, drug addiction, inability to keep jobs, and broken marriages are repeated in the several hundred letters we have received from women with similar childhood histories. In each of these letters is the message explicitly stated or implied: "Where were you when I needed you?" The women molested as children who come to the CSATP receive individual counseling and couple counseling if they are married or living with someone. If their parents are available, they come for joint sessions with their fathers and mothers. These sessions occur infrequently and only later in the therapeutic process. The most progress usually develops in the group sessions of Parents United, first in the group made up exclusively of women molested as children and later in the orientation group where they gradually learn to understand the confusion and guilt suffered by mothers and father-offenders of sexually abusive families. In role-playing exercises with these parent members, the women prepare themselves for future confrontations with their real parents.

It seems that alienation from one's parents is intolerable at any age and is particularly painful when the mother-daughter bond is broken. In the women who eventually are able to re-establish emotional ties with their parents, a remarkable transformation takes place. Their life postures, formerly withdrawn and fear-ridden, are now patently confident, even exhuberant. The changes are clearly manifested in the improvement in their marriages and careers. When this breakthrough occurs, they ususally want to help others and several of these clients work with young victims individually or serve as facilitators in the group sessions of Daughters and Sons United and Parents United, recognizing that helping others is an important phase in their own therapeutic process. Another critical step in this process is the realization that their present ability to identify sensitively with the feelings of others and to articulate them precisely is in large part a compensatory reaction to the severe trauma they had experienced during childhood.

One such client, Donna, has been in the program for about two years. Donna was molested as a child, and the situation had not been exposed and dealt with. Her adolescent and early adulthood periods were marked by typical self-destructive behavior including promiscuity, drug abuse and sabotage of intimate relationships, schooling, and career. She was in her early thirties and still in the self-abusive phase when she joined the CSATP and PU. Since then Donna has received in-depth individual counseling and participated in the group for women molested as children and in the group which is made up of current offenders and their spouses. She now serves as a volunteer counselor and a few months ago she took another big step when she enrolled in a graduate program leading to a masters degree in marriage, family, and child counseling. The following are excerpts from a paper Donna wrote for a classroom assignment:

This paper and my 35th birthday coincided The combination promoted a long reflection. Who am I, who was I, what do I need, what do I have to give, what do I require of myself, of others, of life? I'm in charge of my life for the first time this past year. I 'm a real neophyte in the world of the really living. I still have to

assure myself I'm no longer the young woman who lay in bed for days at a time, refused to drive a car, couldn't operate a washing machine, was terrified to live so decided not to. I have freed myself from practically a lifetime career of sitting on the secret that I was an abused child. Keeping a secret and living a lie is a true energy drainer. The stamina I expended projecting the image I wanted passersby to see was tremendous. I now spend that stamina building brick by brick a contructive, honest, serene life...I'll keep taking in as much of the world and as much experience as my energy limits allow, because I'm determined to make up for all those wasted years when I was Sylvia Plath's understudy.

Donna began to turn away from her self-sabotaging behavior when she finally was able to fly home and confront her mother successfully. Past attempts had failed because she had met with both parents and was angrily accusative and vindictive towards both. She would become incoherent when her father denied the charges and her mother supported him, both countering that Donna's disastrous marriage and career were the true cause of her craziness. This time Donna took my advice and talked to her mother alone. She was able to communicate her story clearly, incontrovertibly, and with sadness rather than anger at her mother's inability to see what was going on right under her nose and at her father's obsessive but unconscious need to exploit her sexually.

That encounter went on for hours, ending with the embrace and the plea for forgiveness that Donna had long sought from her mother. Later they met with the father, who, seeing that his wife now believed Donna's story, acknowledged that something must have happened between him and Donna because he couldn't remember a thing about that period in his life, probably because he had been drinking heavily at that time.

Donna's relationship with her father remained partly unresolved, but in being able to re-establish her bond with her mother, she returned to the program truly a new woman. She continued to communicate with her parents by telephone and letters. Recently her parents came to visit her in California and, as a result of counseling sessions in which they all participated, the father finally was enabled to face his fear and guilt. He recovered his memory and made a full admission of his offenses to his wife and daughter. This encouraging outcome, however, probably would not have taken place if Donna had not prepared herself with the cooperation of Parents United members. In the group sessions, she was able to ventilate her terrible anger towards her parents. Once this was discharged, she gradually began to realize that the parents of sexually abusive families are themselves victims of a dysfunctional family system.

It is heartening to know that lives blighted by untreated incest can be salvaged with the help of the CSATP. However, far more rewarding is the knowledge that the victims and their families can be spared longs years of alienation and pain if they are treated while the victims are still children. During the early stages of treatment, some of the adolescent girls, in particular those who feel they have been abandoned by their mothers, begin to manifest the anticipated self-abusive behavior: truancy, promiscuity and drug abuse. Girls rejected by mothers who deny the charges or blame their daughters for the incestuous situation are the most difficult to treat. But here, too, the maladaptive behavior usually stops largely through the influence of the adolescent group sessions which are often attended by women molested as children; the extra individual attention given by the staff and volunteers; and, in essence, the surrogate family formed around the girls by foster parents, the CSATP staff, and members of PU/DSU. A surrogate family, of course, is a poor substitute for the child's natural family, and if there is any hope at all of reuniting the child with her mother and family, the CSATP perservered toward that end.

The Treatment Process

The Humanistic Attitude

The success of a CSATP depends on how well the leaders have internalized what may be called a humanistic attitude in coping with sexually abusive individuals and families and how well they are able to transfer this viewpoint to co-workers, the various official interveners, and the clients. Because this attitude has been discussed in previous articles (Giarretto, 1976, 1977) it will only be summarized here.

Persons who form abusive relationships with their mates, children, and other important people in their lives do so because they are incapable of developing trusting and mutually beneficial relations. Abusive parents typically were raised by punitive and generally uncaring parents. As children and later as adults they seem to court rejecting and even hostile responses from siblings, relatives, acquaintances, teachers, and others. They perservere in this lifestyle when they form their own families. Abusive parents are incapable of leading self-fulfilling lives. Consequently, they stew in a state of chronic resentment which can be discharged only through hostile acts unconsciously intended to be self-punishing.

It must be emphasized that this essentially self-abusive behavior is an unconscious reaction to inner malaise. The sexually abusive father does not use his child primarily for sexual gratification but principally as a means of reconfirming and discharging his low self-worth. He approaches his child sexually without full awareness of the needs, drives and motives fueling his behavior, nor of its consequences to his child, family and himself. The negative emotional energy that impels parental child abuse is similar to that which leads to substance abuse. Conversely, the greatest personal rewards come from satisfaction (not negation) of traditional human values: we would all prefer to be loved and respected by our children, mates, and peers. When we can't attain these commonly desired goals, we simply are incapbale of doing what we must do to attain them; they are beyond our present life coping abilities. When abusive parental behavior becomes severe enough to warrant intervention by the authorities, and they react by harshly punishing the offender, his self-hate/destructive energy syndrome is reinforced once more.

Despite their schooling, members of the helping professions are not entirely free of punitive emotional reactions to abusive parents. The image of a five year old child performing fellatio on her father in submission to his parental authority does not engender compassion for the parents. Instead, the images evoke spontaneous feelings of revulsion and hatred that shatter any reason and capacity to function as a therapist. CSATP counselors still experience these feelings when they read the details of the offenses in police reports despite the large number of cases that have come to their attention over the past eight years. Although these feelings are normal reactions, if they persist, the counselor cannot hope to help the clients. He cannot claim to be working for the best interests of the child-victim if he destroys her father. Normally a positive direction is given towards family reconstitution when the counselor actually faces the father and senses his desperate helplessness and confusion. The hateful reactions of the counselors toward abusive parents must be replaced with productive interventions based on understanding of the complex psychological dynamics that led to the abusive acts.

Another key realization that came during the early stages of the CSATP was that although traditional counseling is important, one person cannot attend to the multitudinous needs of the family. Many persons took part in the negative socialization of the family, and many must contribute to the positive resocialization process. People immobilized in low self-worth can be taught the attitudes and skills for high self-esteem and thereby the ability to lead self-fulfilling lives. This aim is best accomplished if such people are given the opportunity of helping one another towards that end by professionals who themselves take part in the process.

Case Management

The case management of a family referred to the CSATP for father-daughter incest illustrates how the professional, volunteer, and self-help components work together. The procedure is more or less replicated in the other CSATPs in California, with the exception that child protective service workers perform the duties of the juvenile probation officers in Santa Clara County.

The initial referral of the sexually molested child in Santa Clara County often comes to the patrolman on duty within the jurisdiction where the child lives. The child may go to her mother, relative, or friend who usually report the situation to the police. If she relates her plight to a school nurse or another professional, all are required by law to call the police department. A patrolman is on round-the-clock duty to receive and immediately respond to these referrals. The officer takes the initial statement from the girl and any witnesses concerning what has happened, and, if he believes that the child is in jeopardy, places her in protective custody in the Children's Shelter. That occurs much less frequently than it did before the CSATP got started. A police officer from the Sexual Assault Investigation Unit (SAIU) of the San Jose Police Department, who has had special training in sexual abuse cases, investigates the case to decide whether or not there is sufficient evidence to warrant an arrest and referral to the District Attorney for prosecution.

An intake juvenile probation officer may also receive the referral directly via a telephone call from the shcool, a neighbor, or another agency person and takes appropriate action for the child. The juvenile probation officer is a member of a special unit specifically set up to investigate cases of child neglect and abuse. The probation officer may bring the child to the attention of the Juvenile Court by filing a petition under Section 300 of the Juvenile Court Law, which applies when the minor resides in a home "which is unfit by reason of depravity."

Generally, the police and probation officers work together during the investigative stages, coordinating their efforts to minimize the trauma to the child and family during this process and to maximize services to the family. The Juvenile Probation Department completes an exhaustive inquiry into the family situation to determine if the case requires the attention of the juvenile court.

The family is referred to the program coordinator of the CSATP, who assigns the family to a counselor. The counselor and the responsible juvenile probation officer confer and agree on a plan of emergency and long-range supportive action for the family. Thereafter, they meet when necessary. It is important for the CSATP to maintain contact with the policemen and the juvenile probation officers servicing the cases.

About 40% of referrals to the CSATP come from the clients directly. Prospective clients, who are often very upset, call in for information about the program. The program coordinator usually takes these calls although other staff members and Parents United members may get them. The callers are listened to carefully and given information about the program and the services available to them. However, no identifying information is taken until they agree that the situation must be reported. Those who do not want to report are listened to, talked to about their alternatives, and asked to call back if they want further help. If they decide to come forward, they are given

the names of agency persons such as the juvenile probation officers and police officers to contact for reporting purposes. They are given a counseling appointment as soon as possible. If a client is very disturbed and needs immediate services, a counselor or intern and a Parents United member are assigned to the family and particularly to the victim during or immediately after the reporting interview.

When girls are placed in the Children's Shelter, they also often need immediate services, and an intern or staff member tries to go out right away to see them. In cases where the situation is not critical, the girl will see a counselor in a few days and is invited to come to the girls group. An intern trained as a liaison worker between the CSATP and the Children's Shelter goes twice weekly to see the girls.

As much as it is possible, crisis needs are met immediately. These initial crisis interventions markedly influence the way clients orient themselves to the Program.

Order of Treatment

The counselor's first step is to design a treatment program for the family. Conjoint family therapy was found to be inappropriate for families in the early throes of the crisis, but the fundamental aim of family therapy which is to facilitate a harmonious familial system has not been discarded. Incestuous families are badly fragmented as a result of the orignal dysfunctional family dynamics, which are further exacerbated upon disclosure to civil authorities. The child, mother, and father must be treated separately before family therapy becomes productive. Consequently, the treatment procedure is usually applied in this order: (1) individual counseling, particularly for the child, mother and father; (2) mother-daughter counseling; (3) marital counseling, which becomes a key treatment if the family wishes to be reunited; (4) father-daughter counseling; (5) family counseling; and (6) group counseling. The treatments are not listed in order of importance, nor followed invariably in each case, but all are usually required for family reconstitution.

The length of treatment varies from family to family, but in general the objective of the treatment plan is to rebuild the family around the essential mother-daughter core. The counselor usually meets first with the mother to help her deal with her distraught state and to assure her that the CSATP will help her through her family's crisis, and in time hopes to bring her family together.

The mother, and in most cases, the father are contacted by telephone by a member of Parents United. The purpose here is put the parents in touch with a "sponsor" who has been through a similar experience. In addition to personal contacts, the sponsor invites the clients to Parents United and prepares them for the initial group sessions.

In the first meeting with the child, the counselor helps to quiet down her fears, assures her that she has a responsible and sympathetic team working for her, and arranges the important early counseling sessions between the child and her mother. The child is also assigned a sponsor and invited to attend one of the groups conducted for DSU. If necessary, transportation is provided by interns.

Mother-daughter counseling is the key first step towards re-establishing a sound mother-daughter relationship. The child's overwhelming fear is that she has placed her father and family in serious jeopardy. The thrust at this point is to return the child to her home and her mother as soon as possible.

With few exceptions, most child victims wish to return to their mothers who in turn want them back. This may not be apparent at first because the child often feels she has betrayed her mother and family just as she feels anger for having been betrayed. The mother too often feels badly let down by her daughter. In some cases the alienation between them is so acute that the child and mother must be counseled several times separately before they can be brought together for treatment. The aim of the early counseling sessions is to convince the child that she indeed was victimized by her father and that it was her mother's duty to protect her. She must hear this not only from the counselor but convincingly from her mother before she'll be ready to return home. She must also learn from her mother that her father has assumed full repsonsibility for her sexual activity. If the mother-daughter relationship cannot be resolved and it is necessary to place the child in a foster home, she is still persuaded to attend group sessions and individual counseling. Persistent effort is maintained to return her to her home.

While working with the mother and the daughter, the counselor also sees the father as soon as he is free on bail or placed on his own recognizance. Generally the father is not allowed to make contact with the daughter at this point, but in most instances it is possible to start marriage counseling. In any case, it is important to provide therapy to the father as quickly as possible during the pre-trial period. If the offender is discouraged by his lawyer from attending counseling sessions because this may be construed as an admission of guilt, the lawyer is contacted and usually convinced that it is to his client's advantage to come for counseling. It will help his marital and familial relationships and this in turn will have a positive effect on the decision of the juvenile probation officer and the courts regarding the return of the child-victim to the home and of the adult probation officer regarding his recommendations to the court. The father continues with his treatment throughout the prosecution period. The counseling continues by special arrangement with the rehabilitation center even if he is given a jail sentence. Counseling and participation in Parents United goes on after the sentence is served; participation in the CSATP is often a condition of his probation or parole.

By now the mother and the daughter usually are reunited in the home. The main thrust of the counseling at this point is to save the marriage and get the father back into the home. It must be repeated that this is not desirable if the child still feels that her parents are blaming her for the family's crisis. When the child and her father are ready to confront each other, counseling sessions are scheduled. The sessions eventually include the mother, and, finally, the entire family. The professional counselors supervise the treatment plan and use PU/DSU members and counselor interns to assist them in providing services to the family. The counselor determines on an individual basis whether or not to release the family to an intern for gradual termination of the counseling. The counselor continues to be responsible for monitoring the progress of the family and to determine when the family can be released from treatment.

The Court Process

During the early parts of this procedure, the father is facing the court process which lasts, on an average, about three months. If the offender is charged with a felony (usually the charge is child molestation or statutory rape; incest is seldom the charge), he is instructed to contact two court-appointed psychotherapists to determine if he is a mentally disturbed sex offender (MDSO). If, on the basis of their reports, the judge finds the offender to be an MDSO, the offender is sent to the psychiatric state facility for chronic sex offenders. Incest offenders in Santa Clara County, however, are now rarely diagnosed as mentally disturbed, owing to the growing acceptance of the CSATP by the psychiatrists and judges as an effective alternative to the psychiatric facility. If the offender is judged not to be an MDSO, then he can be sent to a state prison, but this has never happened to a CSATP client. As a rule the offender is given a suspended sentence or is sentenced to the local rehabilitation center for a few months. His rehabilitation officer is contacted and urged to hasten the client's work furlough and to permit him to come for individual counseling and to the Parents United weekly meetings. The officials at the rehabilitation center have been releasing offenders who have employment immediately upon incarceration and also allowing attendance at counseling sessions and Parents United meetings. In a growing number of cases the judges, in lieu of jail, order the offenders to contribute several hundred hours of work to Parents United.

Criteria for Termination of Treatment

If the client or family remains in counseling with the CSATP, then the decision to terminate the case takes these criteria in consideration: (1) Is a court order for counseling still in existence? (2) Does the family, in particular the parents, feel they have made sufficient progress in their communication, parenting, and self-management skills to need no further regular counseling? (3) Does the counselor who has been seeing the family feel they have made sufficient progress to terminate counseling? (4) If a supervising probation officer or social worker is involved, does he or she feel the family has progressed sufficiently to recommend termination of the counseling to the court?

The following questions are usually considered to determine "sufficient progress": (1) Is a molestation likely to recur? In other words, has the marital and home situation improved enough to prevent recurrence of molestation and ensure a safe home environment for the child-victim? (2) Has the offender taken responsibility for his or her behavior and become aware of the formerly largely unconscious impulses which preceeded the molestation of his/her child? Is the offender able to control them if they recur? (3) Have the feelings and conflicts between family members (mother, daughter, father, siblings) been dealt with openly and completely so that the family environment is nurturing for the child and other family members?

In cases where only the adult is being counseled as in the case of an adult woman who was molested as a child or in cases where only the child victim is being seen, perhaps in conjunction with his or her foster family, these questions will be considered but in relation to the client's particular circumstances.

If there is an existing court order, that order must be modified before termination. The court usually respects the recommendation of the CSATP counselor in this regard. If no order exists, the decision is made jointly by the client, counselor, and supervising agency.

The above description of case management describes the treatment cycle for most incest cases. Generally family members receive intensive individual, couple, and family counseling as well as group counseling in PU/DSU. The average family stays in the CSATP for about nine months. The family is encouraged to stay with the program as long as it is deemed necessary.

Growth and Accomplishments

The success of the Child Sexual Abuse Treatment Program can be assessed by the rate of increase of referrals and by the percentage of families who are helped. As mentioned in the introduction to this chapter, the referral rate has increased dramatically since 1971. Since it is reasonable to suppose that the actual rate of incest itself has not changed appreciably in Santa Clara County during the past few years, the significance of this growing referral rate is all the greater. It means that many families are now receiving help who would not have received such help were it not for the CSATP and its ability to gain the cooperation of the criminal justice system and a positive reception by the press and public. Hundreds of families are being treated each year for a family problem that has always plagued society but has heretofore largely been ignored.

In 1977, the success of the

CSATP was measured by the staff, and the findings were considered by some to be questionable because of potential bias. In mid 1977, however, a review committee appointed by the California State Director of Health assigned an independent investigator to collect and analyze data on the performance of the CSATP. An evaluation team, led by Dr. Jerome A. Kroth, surveyed comparable groups of clients at three stages in the treatment program: intake, midterm, and near termination.

> ***The evaluator's overall conclusion is that the impact of CSATP family therapy in the treatment of intrafamilial child sexual abuse is positive, conclusive and unmistakable!***
>
> (Kroth, 1979; p. 137)

The following are some of the evaluation team's key findings.

The Daughter
Child victims of incest in Santa Clara County who were removed from their mothers by the authorities are being returned to their mothers much sooner than they were before the CSATP was formed and sooner than in other communities throughout the country. Based on a sample of 127 active cases, the median time out of the home for these girls was 90 days, and 92 percent could be expected to return home eventually.

Although not objectively measured, it was clearly apparent to the staff that there was a decline, both in intensity and in duration, in the typical self abusive behavior of child victims. It appeared that the coordinated approach of the CSATP prevents truancy, decline in school performance, promiscuity, and heavy drug use, by helping the girls overcome their strong feelings of betrayal and guilt. The evaluator measured this absence of self-abusive behavior as a "failure to deteriorate." He found, from a sample of 70 incest victims, that during their prior two months only 4 percent had gotten drunk or high on drugs; only 3 percent had shown signs of sexual promiscuity; only 1 percent had stayed out overnight without permission or run away from home; and only 6 percent had become involved with the authorities. These figures are extremely low compared with any other figures in the literature of child sexual abuse.

> ***Put, perhaps, in strong terms, if one supposes that children who experience incest have an increasing tendency toward social maladjustment and are, as a consequence of the molest, more prone toward delinquency, sexual acting-out, substance abuse, etc., receiving family therapy intervention entirely contradicts such a prognosis.***
>
> (Kroth, 1979, p. 100)

The psychological health of the girls also improved during the course of the treatment. The percentage with symptoms such as bedwetting, nail biting, and fainting declined from 47 percent at intake to 6 percent by termination. The girls' relationships with their peers and the other members of their families, particularly their fathers, showed marked improvement. Whether these gains can be sustained remains to be seen.

As an indication of the CSATP's success in achieving the goal of repairing the relationship between father and daughter, *no recidivism has been reported among the more than 600 families who have received a minimum of ten hours of treatment and whose cases have been formally terminated.* Kroth determined that the overall recidivism rate for CSATP client families was 0.6 percent and, compared this rate to the 2 percent rate reported by two other studies, cited by Maisch (1972) and a 20 percent rate reported in a study by Gebhard (1965). (Kroth, 1974, p. 124) It must be noted that the typical recidivism rates reported in professional journals are based on institutionalized offenders of whom the majority do not return to their families whereas about 85% of the offenders treated by the CSATP do return to their families. Kroth believes, however, the recidivism rate is not as significant as the number of the referrals to the CSATP.

> *However admirable the recidivism rate may be at CSATP or elsewhere, it is difficult to place a great deal of emphasis on such small percentages and draw substantial conclusions from them. With or without therapy, it appears that 98 percent of incest offenders will not repeat the offense* ***once coming to the attention of the criminal justice system.*** *In effect the single most important statistic which reflects on the efficacy of treatment is not recidivism or anxiety level, or the grade point averages of victims in treatment, but the rate at which victims, offenders and families come forward! In this regard the CSATP referral record is superb...Since 1974, for example, there has been* ***an average increase of about 40% in the number of clients coming forward each year, and it is likely 98% of these new clients will not repeat the offense merely on the basis of the fact*** *that the molest has been reported and family secret broken.*
>
> (Kroth, 1979, p. 125)

The Father
The father-offender in the incestuous family has also benefited greatly from the Child Sexual Abuse Treatment Program. Men who formerly would have received long jail or prison sentences are now being given shorter terms or even suspended sentences as a result of increasing reception of the CSATP by the judiciary as an effective alternative to incarceration. Indeed, many fathers initially come to the CSATP primarily because they assume that participation in the CSATP and in Parents United is likely to soften the court's decision on their sentence. Before long most realize that the CSATP tries to keep them out of jail so that they can be taught to become effective husbands and parents and in general, to lead more rewarding lives.

For successful treatment to take place, the father must accept full responsibility for the molestation. In the evaluator's sample, 89 percent are ready to accept most or all of the responsibility for the molestation at termination of the study period. Significant, too, is the finding that feelings of extreme general guilt are reduced at the same time. The number of parents feeling "strong guilt" declined from 65 percent of the sample at intake to 24 percent near termination. This ability to distinguish between responsibility and guilt is one of the important goals of therapy. The former is necessary for self-management; the latter is only destructive.

The CSATP has significantly speeded up the process of rehabilitation for the offender. Before the program started, individual or marriage counseling did not occur, if at all, until after the offender was released from jail. Now counseling is started soon after his arrest and continues during and after incarceration. It is reasonable to assume that this early counseling has been vital in helping to return valuable men to society. For example, CSATP personnel were effective in helping to restore the licenses of two pilots and two real estate men, to reinstitute the secret clearances of two engineers in the aerospace industry, to have a discharged postal service employee return to his civil service position, to save the jobs of several men in private industry, and to save the careers of four military servicemen.

Even more important in terms of the victims and their fathers, the CSATP has been successful in developing normal relationships between them. This goal, once considered by many to be undesirable and/or impossible, has proven to be vital to the future mental health of the parent, child and family as a unit. The evaluation found, in a sample of 23, that worsening relationships between father and daughter decreased from 17 percent to 4 percent, while improving relationships increased from 22 percent to 50 percent.

The Mother
In the typical incestuous family treated by the CSATP, the mother is the first to receive tangible help, in the form of immediate counseling and emergency assistance with housing, employment and financial aid. Before the program existed, mothers usually found themselves alone and devastated. The bureaucracy was badly fragmented, and the mother had no guidance in securing the various kinds of help available. The CSATP has been able to mobilize typically disjointed and often competitive services into a cooperative effort.

While the mother's strong sense of guilt declines during the course of treatment, as does the father's, she too learns to accept her share of responsibility for the conditions leading to the molestation. By termination, 50 percent of the evaluator's sample admit that they were "very much responsible" as opposed to none who admitted this at intake. This change of attitude comes from learning that incest is in large part due to a failing marriage for which both spouses are responsible.

The Marriage and the Family
The positive effect of the CSATP on both parents is revealed in the evaluator's measure of "attitudinal changes." Near termination, 82 percent of the parents agreed with the statement, "I feel more open, honest, and in control of myself," and all affirmed that "Things are a lot better than they used to be." The percentage of those who disagreed with the statement "Right now I feel devastated emotionally" rose from zero percent at intake to 76 percent near termination. Similarly, the percentage of those who felt "Not close at all" to a nervous breakdown rose from 12 percent to 88 percent.

Near termination, 59 percent of the sample reported that their relationships had improved, whereas only 6 percent reported that their relationships had deteriorated. They reported that their sexual activity increased both in frequency and quality. There is a corresponding marked improvement in the husband's sense of his own sexual health. Those marriage partners who argued "quite a lot" at the beginning of the study argued much less at the end; the decrease in arguments ranged from 38 percent at intake to zero percent near termination.

In many instances, the husbands and wives confided their relationships are better now than they were before the crisis, or, for that matter, better than they have ever been. As one couple put it, "This is the first time in our marriage that we have ever been able to communicate."

In the future, it will be possible to measure the success of the CSATP's case management in terms of quantitative date. A computerized system for data collection has been developed and is now being tested which allows the CSATP to gather a wealth of demographic and case history information at intake on each family referred to the program. The present system is designed for intake information only; but the use of data processing has opened up the possibility of future computer programs which will be able to monitor the progress of each case to termination.

The need for computerized data collection in the field of child sexual abuse is great. Until now there has been no effective way to gather information on incest, and the statistics offered by the literature have been speculative, inconclusive, conflicting, and biased by meager samples. Weinberg's study (1955) for example, although it was based on a retrospective survey of 203 cases (an exceptional number when compared to the majority of other studies), led to conclusions that already appear deceptive in light of the extensive first-hand experiences of the CSATP. Undoubtedly other treatment

programs will emulate this system and improve on it, making possible a network of reliable and valid data on child sexual abuse.

Concluding Remarks

This article has described the approach developed by the Child Sexual Abuse Treatment Program of Santa Clara County, California, for treating the casualties of father-daughter incest — the victims, the offenders, and their families. My faith in this method leads me to hope that one day CSATPs or agencies like them will be commonplace, so that all families — not only those troubled by incest — will have available to them a humanistic, caring environment in which to rebuild their lives.

NOTE:

In 1980, nine two-week training courses on the principles and methods of the CSATP will be conducted by the Institute for the Community as Extended Family (ICEF) at San Jose, California. This new CSATP training project will continue through 1982 and is funded by the National Center on Child Abuse and Neglect, Department of Health and Human Services. Qualified applicants will be drawn nationwide from child protective services agencies (or equivalent agencies) and/or their appointees, who wish to establish CSATPs in their communities. The trainees will participate in the administrative and treatment functions of the Santa Clara County CSATP and be instructed by the developers of the CSATP who also conducted the recently completed California training project that resulted in 25 new CSATPs throughout that state.

For enrollment information contact:

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COUNSELING METHODS & TECHNIQUES
by Ellie Breslin

A. Gestalt Therapy

Fritz Perls and Gestalt therapy are nearly one and the same thing, and he can take nearly all the credit for its innovative approach to individual and group counseling. The Gestalt approach usually involves the client actively in what oftentimes appears to be highly theatrical activity in which the client is encouraged to give dramatic expression to the feelings, thoughts, images, and sensations of the immediate moment.

The techniques of Gestalt therapy are at one level a synthesis of many other techniques found in alternative counseling methods, but Gestalt has an essence of its own. The focus, or central point of unification of the alternative methods is beyond technique however, and is referred to in Gestalt literature as the experience of actuality-awareness-responsibility. Its aim is to make the client more aware and more responsible for his feelings, thoughts and actions; his introjected family, the irrational attitudes and feelings he projects onto others, the myths and illusions that he has guided his life by, and all the undesirable and disowned parts of himself, i.e., the total reality of himself and his existence. The desired attitude for both client and counselor is one of present-centeredness, or the experience of being fully present in the moment and in full contact with one's on-going experience.

Nearly every technique in Gestalt can be viewed as one that will bring the client into awareness. The broad prescription of Gestalt is "be aware". This means that the client takes repsonsibility for himself as the doer of his actions, the thinker of his thoughts, and as the one who feels and senses, so that he begins to experience himself as he is and not as what he thinks he should be, and begins to experience life as it is and not what it is not. The approach is concerned with the wholeness and uniqueness of the individual, and his resources for having gratifying interactions with the environment. Clients are helped to assume responsibility for themselves, to develop clarity in communicating with others, to develop independence and self support, to complete the unfinished business in their lives, to explore new more effective ways of satisfying emergent needs, and to foster a high level of self awareness, excitement in living, self nurturance, and creative contact with others.

Gestalt techniques are designed to give the clients a moment of true contace, of true experience. They learn that there is nothing to fear, and that the reward of real contact with the moment far outweighs the pain of avoidance and withdrawal from experience. The importance of this cannot be underestimated when one looks at the troubled family in which the family members may be experiencing a pervading sense of isolation and aloneness, where they are not only alienated from others, but cut off from themselves as well, and where the family's idiosyncratic ways have served to keep the members isolated from the mainstream of society. Since one of the tasks of resocialization of a family is to re-educate its members in personal and interpersonal skills that will enable them to dissolve the barriers that separate them from others, the experience of the clients in the Gestalt group, or through the Gestalt techniques used in individual or couple therapy seems to come to more than would be experienced through the use of cerebral and discursive talking "about" historical events, or probing deeply into one's childhood and family of origin in search of the "why's" of behavior.

Gestalt techniques teach people to observe precisely objects, events, thoughts, sensations and feelings as they appear in one's experience. They also teach the ability to acquire and sustain presence so that one, more and more, can remain in the moment and in a state of awareness that allows one to "be-on-top-of" the situation/experience, rather than be controlled by it. In Gestalt terms this is referred to as "awareness continuum" or "stream of consciousness". Awareness is also a requisite for meaningful contact or encounter, and according to Gestalt thought, to be in contact is the natural state of the alert, healthy human being.

Of the many innovative techniques developed by Perls, perhaps the most comprehensive one, is the technique that Perls named "experiments". The experiment is an attempt to bring the individual's action system right into the room. Irving and Miriam Polster write in their book, *Gestalt Therapy Integrated,* pp. 234-5:

> *Through experiment the individual is mobilized to confront the emergencies of his life by playing out his aborted feelings and actions in relative safety. A safe emergency is thus created where venturesome exploration can be supported.*

Experiments are built around small units of behavior: an expression, a tone of voice, a verbal cue. It is important to build the experiment as soon as possible on the behavioral unit being manifested, that is create the experiment in the moment based on what the facilitator or counselor has observed about the client's on-going experience. The facilitator must take care to make the experiment safe for the client, one he will succeed at. When an experiment has been successfully completed the client will look, act and feel differently. The experiment will probably start with the client being

tentative, cautious and confused with lack of focus, since the behavior being asked for is new. Tension builds to a climax through several often well delineated steps, as the client works throughout the experiment with resulting release of tension and a sense of achievement, peace, and calm.

There are many kinds of experiments, and most Gestalt techniques will fall into one of the categories. They are: 1) enactment; 2) directed behavior; 3) fantasy; 4) dreams; and 5) homework.

Enactment: Enactment is an acting-out, not in the perjorative sense but in the sense that an act is fostered by the timeliness of the action as determined by the facilitator, and its fit into the person's life. The act is structured in a specific way to solve a specific problem. Enactment is the dramatizaion in the group or counseling session of some aspect of the client's existence. It may start from a statement, a gesture, a feeling, an image. Perhaps the client is tapping his foot. He is asked to extend this movement, that is, exaggerate it. He says he feels like kicking and that he's feeling angry. He is asked if there is a face or image that goes with the motion and the feeling. He may say his father, or his boss. At this point, there are several ways to go and the experiment might shift to the mode of directed behavior, as the client is directed to place his boss in the chair and talk to him, or behave towards him in any way that feels right, which could include screaming at him all the things he'd thought to say but could not allow himself to express heretofore, thus leaving himself feeling powerless and used. Usually by the time the experiment is completed, he will have discovered a new side of himself—the power side—have tapped into his own held-in excitement, and have realized that he could express violent rage in a controlled situation and that catastrophic expectations of what might happen if he were to let go with his anger did not happen. This man is not rehearsing for the future event of confronting the boss, but is experiencing in the present what is like for him to move from awareness to experimental action and feel power that he did not know he had. Although he will not rage at the boss in reality, he might better be able to take a stand with him in the future.

There are several kinds of enactment: 1) enactment of an unfinished situation from the distant past; 2) enactment of a contemporary unfinished situation; 3) enactment of a characteristic; and 4) enactment of a polarity. An example of the first type of enactment would be an adult molested as a child who talked about her total passivity during sexual relations with her husband. She recalled how as a child her father had pinned her down as he molested her, and that no matter how hard she protested he would not desist. She had learned that by being quiet and submissive he would hurt her less and leave her alone sooner. She was asked if she would be willing to engage in an experiment with one of the men in the group role-playing her father. She asked what it was she would be expected to do and was told that she would engage in a hand to hand pushing contest with the man. She chose a man who was her equal, if not somewhat slighter, in size than she. The man was instructed to feed her lines that would attack her weakness and passivity such as, "you're a pushover", and "I've got you where I want you". As they began to push against each other's hands and he fed her the lines, she was very tentative about pushing back and allowed herself to be moved about the room fairly easily, but the mounting anger as the man goaded her soon began to take over and she did indeed begin to push back. As she experienced a mounting excitement, her strength seemed to increase and soon she was pushing the man across the floor with considerable vigor while she continued to express her anger by grimaces and expletives. She finally exploded, yelling "stay away from me, you dirty ...!", and succeeded in breaking contact with him with a mighty push. Her face was flushed with the exertion and the excitement as she returned to her seat. As she quieted down, she remarked how good she felt and how great she felt in taking control of the situation. It must be pointed out that the goal of the experiment was not to improve her sexual relationship with her mate, although that might come about with more work, but to put her in touch with old feelings, allow her to experience some new ones, and to create a new ending to an old nightmare. What she may begin to understand is that her husband is not her father, and that she does indeed have an effect on her environment when she can tap her latent powers for action.

Enactment of a contemporary situation occurs in the group sessions when adults molested as children who are getting ready to confront their parents in reality, role play and rehearse for the actual confrontation. Often these parents are still alive and important in the person's life, but with whom the issue of the molest has never been resolved. This stand-still relationship ties up an immense amount of the woman's energy. She is still being denied the love and support she craves from her parents. Another situation might be a parent who finds his child's behavior intolerable, or a marital dispute.

Enactment of a characteristic is exemplified by *Claire* who hated the way she looked and wore her hair in long bangs that partially obscured her eyes.

(See the examples at the back of this article.)

The enactment of a polarity is exemplified by *Margie* whose show-off self contrasted sharply with her programmed self as characterized by the dark cloak.

Directed Behavior: This refers to the requirement for stronger direction on the part of the counselor or facilitator. The facilitator often becomes more directive as the client progresses in his growth. Telling the client what to do is done selectively, and for exploratory purposes. For example, the client may discover a certain behavior previously blocked out of awareness, or try on a new behavior that is just the opposite of his/her usual behavior. A person may be complaining but be unaware of the plaintive quality of her voice and utterances. The facilitator might direct her to exaggerate her dissatisfied state deliberately by complaining directly to each person in the room. The person who speaks in a slow methodical drone, may be asked to speak nothing but gibberish, to let meaningless sounds pour and spill out of his mouth.

The directed behavior is not intended to get people to do what they don't want to do. It is intended to help them increase their repertoire for contacting their environmment by having them practice new behaviors they may have been afraid to try before, and in so doing discover something new about themselves.

Fantasy: Fantasy is used in several ways such as for making contact with a repressed event or feeling. A client is resistant to exploring her sense of emptiness in her life, of being a void. She is asked to close her eyes and let images or a feeling sense of the huge void come to her. She begins to describe the void as a huge, empty room with doors around the perimeter. She sees herself as a five year old in a red velvet dress and patent leather shoes, all alone in the room. She is frightened and does not know what to do, afraid also to open the doors and discover what is beyond them. She finally opens one of the doors and a huge white dragon, breathing fire, jumps into the room and chases her about, breathing fire and threatening to consume her. She lets out a scream of terror as if the dragon were really there in the room with her and clutches herself tightly in a ball. The facilitator holds her and soothes her until her sense of security returns. Gradually she begins to talk about her father who molested her, and the angry rages he would fly into as he would send her off to her room alone and then come in to berate or molest her. The relating of the events of her terrifying past was a great relief to her, and she broke into convulsive sobbing. When she had composed herself, she looked much younger, her face no longer drawn into a constrained look of anguish. She commented that she felt very peaceful and that the facilitator's caring and attending to her in her moments of terror meant a great deal as her own mother had not been able to do that for her.

Visualization and fantasy can be used in many ways: "Visualize yourself as a strong lion". "Visualize yourself being born." "Visualize having different parents and what it would be like growing up with them." Requests such as these are made in accordance with the client's on-going process, from clues evidenced by the client.

Dreams: Perls assumed that dreams are projections and all components of it are representations of the dreamer. The client is asked to recount a dream in the active voice as if he were dreaming it presently, a technique that helps him re-experience the dream, but consciously and the client is asked to, in a secure environment, play parts of the dream that seem particularly significant. One use of dreamwork is given in the example of *Molly*. Dreamwork in the Gestalt mode is extensive and often involved. For a more complete discourse on the Gestalt use of dreams, the reader is referred to Chapter 8 entitled "Experiments in Gestalt Therapy Integrated" in the book by Polsters; and "Dream Seminars" by F.S. Perls in *Life Techniques in Gestalt Therapy* edited by Fagan and Shepherd. The literature on Gestalt therapy and techniques is growing by leaps and bounds, expanding in the variety and usages of Gestalt therapy and techniques.

MARGIE

Margie, an adult molested as a child, has been in the group for many weeks. She has occasionally commented on the work of others, but has not chosen to work herself. Her comments and feedback to others have been creative and thoughtful, and the facilitator senses how much of herself she holds back, afraid to become the focus of the group's attention. The counselor has not urged Margie to disclose herself. She must trust the group and the counselor before revealing herself. In the twelfth week, Margie says she wants to work on her fear of opening herself to the group. The facilitator asks her to say more about her fear.

M: I feel scared now because everyone is looking at me.

Co: What do you *imagine* they are thinking as they look at you?

M: Oh, they're probably thinking, "At last, the timid mouse is going to do something." (Note: The counselor avoids premature confrontation by asking the client to assume what the group members are thinking rather than having her ask them directly for their opinions.)

Co: Going to do something?

M: Oh, yeah. I guess I'm already doing it, aren't I. (Margie looks embarrassed. She swallows and blushes.)

Co: What did you experience just now as you swallowed. Were you aware that you swallowed?

M: Yes. I feel embarrassed. Here I am out on the hot seat. I'm afraid I'll make a fool of myself. (As she says this she pulls her shawl tightly about her shoulder.)

Co: (Decides not to pursue the swallow and go with the shawl) What are you covering up with your shawl?

M: (Looks down at herself, then at the counselor with a sheepish smile.) My creative, show-off self. I cover that part of me up with a dark, heavy cloak.

(Now the parts seem well defined: The show-off who wants the world to 'see' her, and the dark cloak, the programmed self that has learned not to disclose her inner experience.)

Co: So a minute ago you were more or less unconsciously doing something, working, if you will, and as soon as you became aware of that, you shut down, pulled your cloak around you.

M: Yes. I always do that. I hate it. What I really want to do is get out there and dance and be free and have fun

with everyone else, but I'm too timid most of the time, unless I've had a few to loosen up.

Co: (Taking a really bold step and risk with the client; not at all sure the client will go along, or that the client will feel safe enough to risk acting on the counselor's suggestion). Can you do a dance that expresses the two parts, the show-off and the dark cloak? (The counselor has posed a paradox. If she does a dance, she sheds the cloak and even in dancing the part of the cloak, she is "showing off." If she does not dance she is taking a stand in not following the counselor's RX, using her cloak to keep herself hidden. Perhaps then she can see the power in her timidity.)

Margie slowly gets up and moves tentatively, cautiously to the center of the group. She closes her eyes and takes some deep breaths, then begins to move her feet and body in dance. Her movements are awkward and self-conscious. She stays with the movements, mostly swaying, for only a moment then swoops down on one knee, pulls her shawl up over her head and hides her face under crossed arms. She remains there for a long moment, rises and dances a few more steps, more fluid now, less tentative, then swoops down on one knee, pulling her shawl tightly about her head and shoulders. The process repeats, and again she dances a little more freely, but as self consciousness takes over she hides again under the cloak.

Co: What are you experiencing now, Margie?

M: I feel so self conscious up there as "show-off, I wish I could really let that part out for all the world to see. I wish I could just throw this old cloak away, get rid of it. Whenever "show-off" wants to come out, I always have the cloak ready to pull over her.

Co: Like a quick flasher who opens, but closes before anyone can really see.* Put your cloak over here on this pillow, close enough to where you can get it whenever you need it, and let's see what happens when you dance. (The cloak was a defense. The facilitator asked her to put it aside for a moment but close enough so she could reach for it if she wanted to get it. This helped the client to see what else was there. Roles and feelings can be put aside, too, especially those that are repetitive.)

M: She folds the cloak and puts it on the pillow. I feel naked.

Co: You look beautiful.

M: (Dances around and around.) Look at me, look at me, I'm dancing, dancing. (She looks radiant, finally stops, breathless.)

Group: That was beautiful, you were marvelous. (They are clapping.) Encore!

Co: Go around the room and talk to each person about yourself without your cloak. (Margie is ready to make contact with each one individually having successfully completed the experiment and gotten a new sense of herself.)

M: I'm shiny.
I'm new.
I can dance.
I can play.
I feel open.
I'm free.

As she moves around the circle she giggles, grins, squirms, but she has a new excitement about her, a new aliveness. The group rejoices with her and she gets lots of attention for being herself. She is radiant and tearful as she sits down.

Co: (To the group) It is important to put people in touch with the positive parts of themselves. When Margie took off the cloak, she showed much more of herself, not just a flash or tantalizing look.

MARTY

Working with a perpetrator in the group:

M: (Looks around at the women in the group.) I see you all as having your claws out, like big, bad birds with beaks, ready to tear me apart.

Co: (See that image as a projection.) Will you become big, bad bird and go around to them annd make noises and tear them apart.

M: (Collapses in mock distress.) Then he moves into center of the group, laughs, doubles over, laughs some more, shifts his weight from one foot to the other.) I don't know what to do. This is so hard. I can't do this.

Co: You've been just the opposite of "bad bird" since you got out there. Was someone in your family a big, bad bird?

M: Yes, my mother.

Co: My hunch is you were a sweet, compliant little boy who learned to placate the big, bad bird by being helpless. (Note: There is an issue of power here. When Marty feels he could be torn apart by the women he gives up his own power. The counselor wants him to take responsibility for his own power by becoming his projection and acting it out. However, when asked to himself act powerfully, he becomes giggly and awkward and hides behind his helplessness.)

Co: What did you do when mother was being big, bad bird?

M: I hid.

Other group member: Like a rabbit in a hole.

M: Exactly, I was a rabbit. A cute, cuddly rabbit. That was my out, my defense, my hole. I could go in my hole and be safe. She couldn't touch me. I'd lead her on a merry chase and then pop down my hole. (Marty's voice is animated, strong, his body literally "jumps".)

Co: Notice your body and listen to your voice as you talk about your rabbit. There's power in your rabbit.

M: Yeah. I feel strong as rabbit. I really know my rabbit: slippery, elusive, but so sweet, so cuddly, runs rings around people. "Where's Marty? He was here a minute ago." (He laughs and pretends to look around for himself.)

Co: Go around the room and tell people about your rabbit.

M: (Confronting the groups members one by one and making the following statements:)

I'm always one hop ahead of everyone.
I'm hard to hang onto.
I can wiggle out of almost anything.
I get what I want by thumping my feet.
I'm soft and cuddly.
I can slip in my hole and you can't get me. I won't come out and you can't make me.

Co: (To the group)

I think Marty is really expressing an earlier developmental stage with his rabbit and the little child who can only express power by being cute. The bird may be a more advanced stage. It goes after what it wants.

(To Marty:) Marty, it feels to me like you have a lot more work you can do around your rabbit and big bird. That was a good piece of work for tonight. Thank you.

MOLLY

Adult molested as child in group. The experiment utilizes some bioenergetic techniques.

M: I'm so sad. (Her hands are shaking and she's huddled in the pillows.)

Co: Your body is full of sadness.

M: I had a dream in which I felt very sad.

Co: Does your sadness connect with anything specific ?

M: With Julie (a mother who has finished working) when she was talking to her daughter. I'd like to be that daughter and hear that from my mother.

Co: What would you like to hear from your mother?

M: That she loved me. The dream is about my father. (Molly shifts back to dream.)

Co: You want to tell us about the dream?

M: Yes. I want to understand it.

Co: Tell the dream in the active voice as if you were dreaming it right now.

M: I am in the kitchen. I'm about eight. My father is angry with me. I feel sick to my stomach. He's very angry.

Co: Can you say to your father, "You make me sick." (This directive was not the best choice, was jumping ahead of the client, and not following her process. The client ignores the request.)

M: I begin to sob. My father says he has to leave permanently because of me. He begins to put on his coat and hat, and I hold onto him and beg him, "don't leave, please don't leave". Then he hands me the coat and hat and I think he's telling me it is I who must leave. I put the coat on. It's too long and he laughs and jeers and says, "You're a silly clown". I fall down at his feet crying and wake up.

Co: What feelings in the dream seem most important to you.

M: I feel abandoned.

Co: Where is your mother in the dream?

M: She's in the background watching, doing nothing.

Co: From what I'm hearing, it sounds like you feel abandoned by both your mother and father. (The counselor is sitting right next to the client and has had her hand resting lightly on the client's back betweeen

* Those were my original words. I could also have said something like: "My experience of you is that you throw something out, then pull it back, like you want to dance, but you don't think anyone here will dance with you."

her shoulders.) What are you experiencing now? Your energy feels different. Did something change in the telling of the dream?

M: I don't feel so bad.

Co: Lean back and see if there's anything you want to say either to your mother or father—or the dream.

M: (Leans back, closes eyes.) Nothing. (Silence)

Co: (Not accepting client's 'nothing,' sensing there is an intense internal dialogue going on.) Who are you talking to?

M: Both of them.

Co: I want you to do something. Become either your mother or your father. Which one?

M: My father.

Co: Be your father, assume his posture, get a good image of him, what he looks like, what he's wearing, his facial expression. Describe yourself as him.

M: I'm solid. I'm a farmer. My body is strong and tan. My face has two or three days growth. My hands are large and there's dirt under my nails. I'm wearing levi's and red shirt that has patches on the elbows. I have five children. I think something is wrong with my wife, but I never say what I think. I don't say much to anyone.

Co: Where is Molly in birth order?

M: She's the oldest.

Co: Do you like her?

M: Yes. I feel close to her. Closer to her than anyone. My wife does not care about me.

Co: Does Molly know how you feel about her?

M: Yes.

Co: How do you let her know? How do you tell her?

M: (Long silence.)

Co: How, as Molly's father, do you tell her how you feel about her?

M: (Silence.)

Co: (Shifts focus away from painful area, guessing it may be molestation.) Do you know why Molly is in such pain?

M: I'm trembling inside. I don't want to talk about it. I don't want to think about it. I want to be quiet inside. (Molly's breathing is fast and shallow and the counselor again feels she's pushed the client too fast. The couselor puts her hand lightly on Molly's chest and tells her to breathe deeply. (Molly's legs are trembling, her body shaking.)

Co: Let your body tell you what it needs. Let it move the way it wants to, say what it wants to. If there is anything you want from me let me know.

M: Sobs and shakes.

Co: (Softly) Are there any images you're having?

M: Two. A little white bed. I'm very small. The other is confused. I'm in a hospital, all alone in the corner. I'm holding myself.

Co: I have an image of you as a very small child, and baby and you weren't held right. You were the first baby and your mother was only a child herself, and she was afraid of the tiny baby, held you stiffly so you couldn't make contact with her. (The counselor has notices that when she puts her hand on Molly's chest her trembling wanes, and when she removes her touch her trembling increases. This observation has helped to form the image above.)

M: I don't think she ever held me. There was always another baby.

Co: Do you want me to hold you?

M: Yes, yes.

Co: Tell me how you want me to hold you. What feels right.

M: (Settles into counselor's arms and sobs deeply.) I don't know what I'm crying about.

Co: It doesn't matter. Let yourself be comforted. I feel good holding you as my daughter.

CLAIRE

Working with an adult molested as a child.

Co: (Head down, eyes looking up dolefully, tearful) I hate the way I look.

Co: (Hands client a mirror about 7" x 11") Talk to the image you see in the mirror and tell her what you see.

Cl: I see an ugly, fat face . . .

Cl: (Interrupts) Speak as though you were talking to her, not about her.

Cl: You're so ugly and fat. Your hair is a mess. You have little pig eyes staring out. I hate your eyes. You don't want anyone to see your eyes. (The client's bangs are long and come down over the eyebrows in places.

Co: What do you see in her eyes?

Cl: (Pause) Sadness.

Co: Talk to the sadness.

Cl: Your eyes are so sad, so full of tears. You don't want anyone to see how sad you are.

Co: Push your bangs back. (Counselor helps client push her bangs aside.) What do you see in your eyes now?

Cl: (Head still down, eyes looking up) Sadness. Real pitiful.

Co: You pity her?

Cl: Yes . . .No! I hate her for being so pitiful.

Co: Put your head up and look straight ahead. Now push your head forward on your neck just a little. That's it. Keep these bangs back. What is that image speaking now?

Cl: (Long pause as she peers at herself in the mirror) Interested? Curious? (Voice tentative, inquiring, cautious)

Co. Keep looking and say what you see.

Cl: I look sort of interested and curious. Yeah!

Co: Say I'm interested and I'm curious.

Cl: I'm interested and curious.

Co: Now let the bangs fall back. What do you see now?

Cl: I can't see . . .

Co: Can't see what?

Cl: I can't see much of me, my face.

Co: What do you see in your eyes?

Cl: Deadness, I look old and tired.

Co: Push your bangs back again and tell me what you see.

Cl: (Eyebrows raised as if surprised at what she sees.) My eyes look bigger, more alive. They sparkle.

Co: Say that as if you were your eyes.

Cl: I'm alive. I sparkle.

Co: Go on.

Cl: I'm alive, I sparkle, I can see clearly, . . . I'm going to cut my bangs!

Co: Before you do that, let your bangs fall back over your forehead again and say those things you were just saying.

Cl: (Lets hair fall back, continues to look at her image in the mirror) I'm alive, I sparkle, I can see clearly, I'm curious, I'm interested, I feel good. I love you. (She comes over and hugs the counselor.)

Co: I love you, too.

Woman with poor self image, hiding her facial expression behind bangs that obscure her face. She doesn't want to see herself, and hides from others behind the hair. Her feelings about herself do not allow her to meet the world positively. By giving her the mirror and having her speak to the image she begins to project the feelings outward. The counselor has her focus attention on the eyes behind her bangs and then asks her to push her hair aside, to focus on her eyes again and to note is she experiences herself differently. The counselor has the client become aware of how she holds her head in a way which does not allow her to fully meet the eyes of others or see her world straight on. That she maintains a timid, downcast, fearful expression. The counselor has the client shift the angle of her head and to thrust it slightly forward in a position that would be more likely to facilitate encounter with another person. The client begins to get an image of herself that is more positive. The counselor then has the client return the bangs to their usual position so that she may contrast the two ways of appearing, and the different feelings associated with the two appearances. The counselor has the client "own" those images by attributing them to herself: "I'm alive, etc." The client gets excited by the new experience and makes a decision to cut her bangs. The counselor wants her to know she can have the same good feelings even with hair in bangs. The client's perceptions of herself have changed with her new awareness.

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COUNSELING METHODS & TECHNIQUES
B. BIOENERGETICS

BACKGROUND

Bioenergetics is a way of understanding personality in terms of the body and its energetic processes. These processes are the production of energy through respiration and metabolism and the discharge of energy in movement. These are the basic functions of life . . . Bioenergetics is also a form of therapy that combines work with the body and the mind to help people resolve their emotional problems and realize more of their potential for pleasure and joy in living. A fundamental thesis of bioenergetics is that body and mind are functionally identical: that is, what goes on in the mind reflects what is happening in the body and vice versa.[1]

Alexander Lowen, the father of Bioenergetic Analysis, was interested in integrating bodily and emotional states, and laid great emphasis on the notion that all neuroses are manifested in the structure and functioning of the body. In his work he looked for the special relationship between emotional states and their physical manifestations, and then employed therapeutic techniques involving integrative physical work on the body with analytical work aimed at giving the client intellectual understanding and insight. Lowen might have worked in the following manner with a client who as a child experienced great hostility and an urge to hit out at her parents, but was prevented from doing so by guilt and fear of rejection, so that the direct expression of rage was inhibited. Lowen would note that the client complained of back and neck pain, and that she hunched her shoulders and arm muscles as if girding to strike out. He might also note that the client clenched her jaw and pursed her lips as one might do if holding back the expressing of anger. Lowen's approach would be to talk analytically or intellectually about the client's feelings and at the same time have her physically hit out — in a controlled setting — on a couch or pillows either with her fists or with a tennis racquet clenched in both hands and raised above the head and then brought down upon the pillows in repeated motions. He would also ask the client to shout an appropriate word or phrase as she struck out, words that would stimulate the pent up rage. If the intervention were successful the client would probably beat the pillows until exhausted, and perhaps dissolve in convulsive sobbing. The result would be that important childhood materials would be brought into consciousness for analytic use, the client would have discharged an enormous amount of tension leading to the relaxation of the muscles in the neck, and assuming that the tension was chronic, Lowen would expect that with further work on the muscles, and with the original cause of the tension having been dealt with, there would be no further conflict between the emotions and the bodily structure. Of course, this example simplistic and incomplete. Indeed, it would be difficult to find a simple but general statement that would adequately define Bioenergetics, and counselors and workers interested in the use of bioenergetics in working with clients would do well to expand their reading to include the books listed at the back of this paper, as well as to experience some of the exercises that will be described in more detail further on.

THEORY

A major concept in Bioenergetics is the concept of grounding. According to Bellis, the function of grounding is relevant to the development of the ego and its most basic functions. These functions can be described as the ego's motor functions: how one moves in the environment and copes with the world; its perceptual functions, or what is perceived through the senses leading to conceptualization, self understanding and one's relationship to others and the physical environment; and its vocal function, where each person attains his own voice, gains a voice in the community, and is able to actively verbalize thoughts and feelings. Development of the ego also includes the ability of the individual to monitor his impulses to a degree that brings about harmonization of his needs, wants, desires and fantasies with social demands and expectations, without repression, on the one hand, or acting out hostility on the other.[2]

The sensation of contact between the feet and the ground is known as grounding in Bioenergetics. It presumes a flow of energy or excitation through the legs into the feet and ground. Metaphorically, one can be said to be connected to the ground rather than "up in the air". A grounded person has his "feet on the ground". He knows where he stands and can take a stand. He has "standing", an identity, he is "somebody". In a broader sense grounding represents how much the individual is in contact with the realities of his existence. A person who has good motor connection with the ground is most likely well grounded psychologically as well. That is to say that when a person becomes highly charged or excited he need not give in to impulse, and, indeed, has mastery over his feelings and is able to discharge them appropriately while still experiencing them fully.

[1]Alexander Lowen, M.D. and Leslie Lowen, The Way to Vibrant Health. Harper and Row, New York, San Francisco, London from the Introduction: What is Bioenergetics, p. 3.

[2]Olsen, Paul, Ph.D., ed. *Emotional Flooding,* Vol. 1 Chap. 8, "Emotional Flooding and Bioenergetic Analysis", John M. Bellis, pp. 144-146.

Grounding is closely related to breathing. Most adults tend to have disturbed breathing patterns because of chronic muscular tension that limits their capacity to breathe fully and deeply. When breathing is suppressed due to tension, then it can almost always be assumed that the restricted flow of breath serves a purpose in preventing dreaded emotional conflicts and feelings, usually originating in childhood, to surface.

The primary way we ground ourselves with others is through the visual and auditory senses. In bioenergetic theory when the auditory and ocular ways of perceiving have been blocked by terror in earlier childhood years, perception is often interfered with. In bioenergetic terms a person cannot be said to be grounded until his eyes are opened both in an optical and a feeling sense. It is believed by many practitioners, that distortions of hearing and seeing on an emotional level often result in distortions of the same functions on a mechanical level.

Finally, at some point a person must attain his own voice, for it is through self-disclosure and verbal expression that one knows another and comes to know oneself. When a person can speak for himself, he is self-possessed, he is an individual who cherishes his uniqueness, and is not afraid to declare who he is.

TECHNIQUE

Grounding in bioenergetics means assisting the person to get in touch with himself through the language of the body, his parts and introjects. Bioenergetic exercises are designed to help the client get in touch with his body, become keenly aware of it, its sensations and tensions. Awareness sharpens the client's knowledge of self, which in turn helps him to cope with life's stresses more effectively, and enhances his capacity for fully experiencing life. A person who can fully feel and fully express his emotions is an alive human being, vibrant and exciting. According to bioenergetic theory when tension becomes chronic and acts as a dam to block the experience and full expression of feeling, the result is a deadening of the body and alienation from it. Getting in touch with the body again is a process of learning to sense the tightness nd tensions that block the flow of excitation and feeling. Only by sensing a tension can one release it. If one does not learn to sense tension, particularly chronic tension and the underlying causes, he may be forced to use pills, alcohol, or act out symptomatically, as does the child abuser. If one senses the tension, relaxation can be achieved through appropriate and expressive movement. Hence, exercises (to be described) such as kicking a mattress, hitting, shouting and screaming; or emotional releases such as heartfelt crying, will often relax the inner tensions and lead to a sense of well being.

Let us say we have a client who is blocking her impulse to cry. She does this by gritting her teeth, reducing her breathing, tightening the throat, getting the customary "lump in the throat". The counselor will try to get her to open her teeth, drop her jaw and make noises upon expiration of the breath, while directing her to keep breathing. The client may possibly tighten elsewhere to block the feeling, but she may also begin to sob. The crying will have the effect of releasing the tension, deepening the breathing, resulting in a feeling of calm, and she will have learned some of the ways in which she blocks her feelings, divorcing herself from her body.

Every release phenomenon is accompanied by sound and enhanced breathing. If the release is not accompanied by sound, the counselor should encourage the use of sound, suggesting the sound to be used, or sounding with the client until she gets the feel of it. No sound, or partial sound, indicates that the release is not full and is being choked off. The person who can make full resonating sounds from within can be said to have attained his own voice.

CSATP BIOENERGETIC TRAINING EXERCISES

The following exercises are used with each group of trainees that come to Santa Clara County for training. They are described here, but can be read about in greater detail in Lowen's book, *The Way To Vibrant Health. A Manual of Bioenergetic Exercises.*

1. **Basic vibratory and grounding exercise:** This is one of the most fundamental exercises in bioenergetics, is simple and easy to do. It is used to start the vibrations in the legs and to help the person sense them.

Stand with feet about 10 inches apart toes slightly turned inward so as to create a stretch in the muscles of the buttocks. Bend forward and touch the floor with the fingers of both hands. Knees should be slightly bent. No weight should be put on the hands; all the body weight is in the feet. Drop the head.

Breath through the mouth deeply and easily.

Let the weight of your body go forward so that it is on the balls of the feet.

Straighten the knees slowly until the hamstrings at the back of the legs are stretched. However, the knees should not be locked or straightened.

Hold the position and experiment with shifting your weight, bending the knees a little, and straightening to the original position.

When the muscles have relaxed they will begin to vibrate. Stay with the vibration and enjoy the sensation of energy traveling down your legs, through your feet to the ground.

2. **The Bow or Arch:** This exercise puts the body under stress to open up the breathing more fully and places more strain on the legs. If done correctly it helps release the tension on the belly.

Stand with the feet about 18 inches apart, toes slightly turned inward.

Place both fists with knuckles facing upward into the small of your back.

Bend both knees as much as possible without lifting the heels off the floor.

Arch backward over your fists, but keep weight forward on the balls of the feet. Breathe as deeply as you can with the breath going into the belly.

If the exercise is done correctly, the legs will begin to vibrate. If the perfect arch is maintained, energy and sensation will flow fully into the feet.

3. **Working with the Bioenergetic Stool:** Lying backward with shoulders over the stool helps to stretch tight back muscles and assists the user to breathe deeply and effortlessly. The position of lying over the stool creates a physically stressful situation. However, if the person lies over the stool and relaxes into the stressful position, breathing will deepen spontaneously. This exercise will point up tension in many parts of the body, the upper and lower back, the shoulder girdle, the diaphragm and abdominal muscles and muscles used in breathing. The idea is to submit in a relaxed way to the uncomfortable, perhaps painful position, allowing the tense muscles to relax and become energized. If while lying over the stool, the person feels the throat tightening or becoming choked, this is a sign of resisting the natural tendency to breathe deeply. Making sounds on expiration will help to open up the breathing. A choked feeling is often caused by blocking the impulse to cry. If this happens, the person should try to express the feeling and give in to the need to cry or even to sob. Pain experienced in any of the muscles affected by this exercise indicates that these muscles are being held in tension. A bioenergetic stool is 24 inches high; rolled blankers on its top add another 6 to 8 inches. It looks like a kitchen step stool having a wide and solid base. The primary exercise with the stool is as follows.

A chair is positioned with its seat toward the stool. Stand with the back to the stool and put both hands on the blanket roll behind you. Then slowly lower the back until the shoulder blades rest on the roll. Let go with the hands so that the stool and your legs support your weight. Now raise the hands and reach backwards until you grasp the back of the chair behind you, bending your knees and keeping your feet flat on the floor.

Lie on the stool for as long as you can tolerate the stress, but at first limit your stay on the stool to about one minute.

Try to sense what is going on in your body. Where do you feel tightness, pain, rigidity? Is there tension in the diaphragm, abdominal muscles or the lower back? Do you experience tingling in your extremities denoting an excitement or charge into these parts? Do you have trouble breathing?

Emotionally, do you experience feelings such as anxiety, fear, or an urge to shout or cry?

The important aim of this exercise is to sense your body and become aware of where you hold tension in the musculature.

4. **Expressing Anger:** In this exercise the client is given the opportunity to express anger physically in a controlled setting. Most people are too frightened of violence to be able to express anger physically, unless seriously provoked. This exercise helps people get in touch with their anger and the experience of expressing it physically without hurting someone.

Stand in front of a bed, or a pile of pillows that is not quite waist high. Stand with your feet about 18 inches apart, both knees slightly bent so you have a good sense of your feet on the ground. Grasp the handle of a tennis racquet loosely in both hands. If you grip it too tightly you will feel pain in your hands as you make contact with the bed or pillows. Now experiment with the correct distance from the pillows so that when the racquet descends with arms outstretched the racquet will hit the middle of the pillow pile.

Now raise your elbows and take the racquet back across the top of your head as far as you can. Keeping the knees slightly flexed, bring the racquet down on the pillows with as much force as you can muster without hurting yourself. Try to stay relaxed, yet hit strongly.

Say any words that express a feeling of anger. The facilitator can act as a goad, feeding you lines to respond to such as, "yes you will!," in various tones and inflections as you hit the pillows while responding, "No!" Or, "No, I won't!," or "Leave me alone." "Damn you!" or "I hate you!"

Generally, as the person hits the pillows and gets in touch with his unexpressed rage, it may become frightening as he experiences his potential for violence. However, repeated use of the exercise serves to reduce anxiety since no one is hurt, thus giving the person more control over his anger because he's found a safe way of releasing it. He also experiences intense satisfaction, as

bound tension in the musculature is relieved. Discharge of rage allows one to gain control over the feeling since the likelihood of releasing that anger in a real life situation is significantly lessened.

ADDITIONAL EXERCISES

The following bioenergetic exercises are used by certain CSATP counselors to help clients declare their feelings openly. When the expression of a feeling is inhibited, it leads to loss of that feeling, which in turn results in a loss of vitality. The suppression of feelings, particularly negative feelings, begins in childhood as children learn to hold back the expression of fear, anger, sadness, and frustration because they are afraid that the expression of such feelings may lead to withdrawal of love from the parents, an outcome which children cannot tolerate. Parents may be quite severe in demanding suppression of negative feelings by a child. The expression of these feelings is often interpreted by the parents as indicative of the child's rebellious or unloving nature, as defiance and lack of respect for their authority. The child correctly perceives that the parents won't tolerate his feelings, so (s)he learns to keep them under cover. Gradually the ability to feel much about anything is diminished. The goal of the following exercises is to help the client recontact his/her lost feelings in a safe and supportive atmosphere. Unresolved feelings that go back to childhood are often manifested in adult life by abusive behavior toward self and others. Such is the case with most adult CSATP clients including offending parent and his spouse, and adults molested as children. Counseling of the youngsters involved in the molestation must include the active and full expression of feelings of rage, hurt, betrayal, guilt and shame, so that they do not enter adulthood with unresolved feelings that will sabotage them throughout their lives.

Kicking Out Exercise. The client lies on the floor with a rolled towel or blanket under the hips, or on a mattress or pillows and brings the knees to the chest, one at a time, then kicks out strongly with the heels. The action is repeated with the client being encouraged to express anything (s)he feels like saying, like "Get away!" or "Leave me alone!"

Reaching Out Exercise. The client is asked to lie on the floor and to extend both arms upward as if (s)he were a baby reaching for its mother hoping to be picked up. The client may be encouraged to put words or feelings or images that this gesture evokes. Sometimes pushing out or reaching out with the lips adds another element to the reaching out experience. The client may say "Mommy" or "Daddy". If you as counselor are comfortable enough with the client, you can bend over her and let her reach out for and touch your face. Many persons will spontaneously begin to cry as the suppressed longing for closeness and touch, particularly for that of the neglectful parent surfaces.

Kicking the Bed. This exercise, an extension of the "kicking out" exercise, is best done on a bed or a foam rubber mattress on the floor. The client lies on his back on the mattress and begins kicking alternately with each leg. The leg is raised high so that the entire leg hits the bed on descent. Legs should be straight but not stiff and the kicking should be rythmic. The client is directed to say "No" with each kick in a loud voice, or a long sustained "no-oooo" as he executes several kicks. Often the client will contact his anger as well as his effectiveness or ineffectiveness in being able to say "no" with conviction. The client can also be instructed to say "why?" as he does the kicking, as he begins to contact his confusion and rage at the injustices he was subjected to. These need not be childhood feelings, although their origins are usually there. They may also be very current feelings relating to things going on in the client's life now. The kicking exercise with the "no" and the "why" may erupt in a scream as a feeling reaches its peak, and then subsides as the client experiences relief.

Banging the Arms. Lying on the mattress as in the previous exercise, but with knees bent, the client makes two fists and raises them over his head. He is instructed to bang both fists down alongside the body and say "no" with each blow. The client can try saying "I won't!" instead of "no" which is a more self-assertive expression.

Temper Tantrum. This is an emotionally powerful exercise and should be done with a counselor in attendance. It is usually done with clients who have done some of the prior expressive exercises and who are ready for this opportunity to let go emotionally. The client lies on a mattress and bends the knees so the feet are flat. He is instructed to start drumming each foot against the mattress alternately with bent knees. The motion should start from the hip for fullest movement. After experiencing the kicking, the client is asked to start pounding the fists alternately into the mattress so that both arms and legs are being used. The head will almost automatically turn left and right with the blows. The arm and leg movements are coordinated so the right leg and right fist come up, then down together, and then the left leg and fist strike the mattress at the same time. The client is instructed to repeatedly shout or scream "I won't!" as he does the movement without restraint, and completely giving in to the tantrum.

Demanding. Standing make two fists and raise them in front of you. Shake both fists violently and say "why?" "Why weren't you there?" "Why didn't you protect me?" "Why didn't you listen to me?" or other similar expressions. If the person can get real emotion into this exercise, it is a sign (s)he is not holding back. However, exercises that are not appropriate, that fail to meet the client's emotional needs will not evoke strong feelings. The counselor must determine whether the client is holding back but can be urged to let go, or whether the counselor's intervention was poorly timed, and must be modified.

Aggression. This means "going for what one wants". It connotes moving towards gratification of one's needs and wants rather than passively waiting for things to happen. Take a medium-sized turkish towel and roll it up. Then twist it as strongly as you can with both hands. As you twist, say "Give it to me". Keep twisting the towel and repeating the phrase "Give it to me". In this exercise, as in all of them, the client and the counselor must remain aware of the feelings evoked by the exercise. In this case, the client becomes aware of the tone and quality in his/her voice as (s)he demands "Give it to me"; whether it is a strong assertive voice, or a week, unsure voice. Also, whether (s)he can hold on to the towel and continue twisting it or is inclined to loosen the grip and let go, again, as if uncertain as to whether he could or has the right to get his/her needs met.

SUMMARY

To be fully self-expressive the body must be free from disabling tensions specifically those that block the expression of natural aggression. Aggression, as indicated before, means moving out toward the world and can refer as much to reaching out for love and closeness as to making demands or taking steps to fulfill one's wants. Aggression includes, where appropriate, statements such as "I'm really angry at you", or even "I hate you". When aggression is blocked from childhood, it requires considerable effort to free it.

All the expressive exercises described here help the clients to be more aware of their bodies, assist them to discharge built up tension and achieve states of calm and relaxation, to improve and deepen the breathing, and to put them in touch with repressed feelings clearly manifested by the chronic tension in the musculature.

A few words of caution are needed here. No technique is therapeutic in itself, and no response to a therapeutic intervention leads to growth unless it occurs in an atmosphere of caring, empathy and support on the part of the counselor. If the client derives personal awareness and self-management skills from the exercises, they can then be regarded as successful.

The reliving of painful events and feelings can be counterproductive, humiliating and devastating to the client unless the client has the resources to resolve them. The discharge of tension and the ventilation of oftentimes primitive feelings will be of little use ot the client unless he can be helped to integrate the experience in a way that will bring about positive changes. In terms of professional ethics, any counselor wishing to use the powerful techniques of bioenergetics must first experience them personally. The counselor must be closely attuned to his own bodily sensations so that he can be sensitive to the client's experience, giving him/her only as much as (s)he can adequately integrate. Release alone solves very little in helping the person to become better grounded in reality. Release may give the client a new and different experience which is an alternative to his/her traditional ways of making contact with himself and the world. But unless (s)he can also control and synthesize the experience, integrate all his/her parts and introjects (s)he will remain fragmented, alienated and ungrounded. Bioenergetic work is a powerful tool in experienced hands, but it, too, is only one of the resources of an effective counselor. Bioenergetics when employed skillfully allows a client to acknowledge his/her rage, fear and terror, the violent self as well as the weak and passive self, his/her irrational feelings, wildest fantasies and dreams, to say nothing of his incestuous self. To the degree that a person has assimilated the undesirable as well as the desirable aspects of his life-process (all acknowledged as "grist for the mill") to that degree has (s)he become an integrated, grounded person.

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Sexual Child Abuse, the Psychotherapist, and the Team Concept

by Roland Summit, M.D.

Sexual child abuse is something quite different from most problems presented to the psychotherapist. Shame, guilt, and a wish to conceal or deny the act, all combine to minimize the likelihood of self-disclosure. The legal obligation to report suspected sexual child abuse puts the therapist in the position of becoming either a potential informer or a conspirator. Reporting laws not only challenge the traditional concept of a patient's right to confidentiality, but also demand that the therapist make decisions to actively intervene and to assume the role of child advocate. No longer can the attitude be one of strictly objective, professional detachment. Each member of a neglectful or incestuous family is likely to provoke strong emotional reactions in the therapist, who can't help but respond negatively to those individuals who betray the cherished role models society depends on. If a mother and a father can't be trusted to sublimate their own needs and to protect their own children, who can be? So unsettling is the reality of incest that even the therapist may look for abstract reassurances: perhaps the child is fabricating or drawing on wishful fantasies, or maybe the parent slipped just once because of some unique mental stress.

Therapists have every reason to wish that they could avoid this kind of therapy. They would like to believe that this unthinkable happening could not possibly occur; that, if it occurs, it can be resolved quickly and easily and they will not become embroiled in the criminal justice system, investigation, and family disruption. Therapists would like to think that if people are really troubled they will share willingly in the treatment process and that it will not be necessary to force anyone into treatment by using outside pressure or legal coercion.

Yet, experience shows that sexual child abuse does occur frequently, and it *does* form the basis of a substantial portion of both child and adult psychopathology. Most sexual misuse of children comes not from chance encounters with strangers, but from trusted adults—most often from parents and other adult caretakers. Incest does not resolve itself; rather, it festers and proliferates from one child to the next, and even from one generation to another. Most incest participants are afraid and unwilling to engage in therapy; yet, within a structured system of case management and treatment, the prognosis for many families is excellent. The therapist who helps to develop and maintain such a system can look forward to success and to good feelings in working with problems of sexual abuse. The therapist who works in isolation can expect a considerable degree of frustration and possible failure.

The following case study will illustrate some of the pitfalls of the isolated approach.

Debbie: A Case Study

Richard, a 32-year-old Caucasian salesman, sought private psychiatric care at the insistence of his second wife, Marilyn, age 29. Richard's 13-year-old daughter, Debbie, had complained to a neighbor that Richard had "fooled around" with her. Richard admitted to the psychiatrist that, while Marilyn was hospitalized for a hysterectomy, he had fondled his daughter's breasts and genitals inside her clothing. He had been out of work for several months and was especially upset prior to Marilyn's surgery because he had lost both his mother and his first wife to complications resulting from pelvic surgery. Richard described Debbie as rebellious and difficult. "I struck out in frustration and anger to hurt someone close to me," he said. He insisted that his sexual advances were restricted solely to that period of his wife's hospitilization. He denied having sexual intercourse with his daughter.

The psychiatrist provided support for Richard by helping him to understand that his sexual behavior was really a regressive crisis precipitated by unemployment and the threatened loss of his wife. Debbie and Marilyn were invited to participate jointly in the therapy sessions so that they could share an understanding of Richard's problem and the motivating factors involved. Marilyn resented sharing these sessions with her stepdaughter. She was furious with her husband for "cheating on her" and for making love to a child. Sexual contact with him was revulsive. Since she felt it was inappropriate to involve the child in these marital conflicts, she kept all such complaints to herself; so Marilyn's feelings were never explored.

After five weeks the family elected to terminate therapy due to lack of funds. During the last interview the therapist informed the family that he was required by law to report allegations of sexual abuse. (A colleague had only recently informed him of this requirement.)

Reassured by the psychiatrist's apparent resolution of the case, the investigating juvenile officer was inclined to let the matter drop; however the Child Protective Services worker assigned to the case suggested that they conduct a joint interview with Richard and Marilyn. Skilled in recognizing and evaluating incestuous families, the CPS worker elicited from Richard an expanded description of the sexual relationship with his daughter. Richard admitted that the sexual advances had begun before the hospital crisis and that he had once attempted intercourse but stopped out of concern for the girl's virginity. Because of these discrepancies from the original story and because of Debbie's increasing hostility and delinquency, plans were initiated to arrange out-of-home placement for

her. In the meantime, Debbie was to remain in the home along with her sister, Marcia, age 12. Marcia was described by the parents as perfectly behaved and untouched by the sexual problem.

When the juvenile officer told her supervisor that there had been more extensive sexual activity, she was ordered to take both girls into protective custody pending further investigation. The officer asked Marilyn to bring both girls to the police station for additional questions. Once there, the girls were locked into a cell and later transported to the county juvenile hall.

When in custody, Debbie revealed that she had been afraid to dispute her father's story. She alleged that he had been teasing and fondling her more than a year earlier than he had admitted. She also described three occasions of intercourse, which began when she was 12. "He got me drunk and when I woke up my vagina was real sore." She said her father continually fondled her breasts and genitals and that he had once performed cunnilingus. She said the sexual activity occurred only at times when the stepmother was out of the home.

Debbie described herself as disobedient and bad. She saw herself as promiscuous and dirty, having had intercourse with four boys since being initiated by her father. "That's how I got started," she explained. She asked to stay out of her parents' home. "So I can get my head together, as she put it.

Despite Debbie's increasing delinquency, the stepmother, Marilyn, who had come into the family when Debbie was 10, had been caring and protective of Debbie. She had believed Debbie's initial accusations and demanded that Richard seek help. Even though she was offended by her role in therapy, and even though she had been poorly prepared for her husband's later admissions, she cooperated in the ensuing investigation. But when she saw Debbie and Marcia lured without warning into a jail cell, she felt betrayed and enraged. The previous months of disillusionment and frustration with her family were focused suddenly upon a single goal: rescuing the innocent Marcia from what Marilyn now saw as a treacherous legal system and shielding her husband from what she came to regard as an escalation of lies from vindictive Debbie.

Marcia was returned to the family a week later. She withdrew from former friends and did poorly in school. Debbie ran away from several foster homes. During one runaway, she prostituted herself to a marine corps base, and she displayed no confidence or trust in forming new attachments. She complained of feeling unworthy and rejected.

Marilyn later sought help from another psychiatrist, saying "My husband was making sexual advances to his daughter but not actually completing them." She repeated many of the conclusions arrived at during the earlier therapy sessions as excuses for her husband's "momentary" indiscretions. She blamed Debbie for the sorry state of their marriage.

Six Rules for Evaluating and Managing Incestuous Child Abuse

This case demonstrates the six rules that should be followed in the evaluation and management of incestuous child abuse.

1. Don't relate to only one person. Coordinated evaluation of *each* family member encourages in each a sense of responsibility and constructive involvement. In addition, a synthesis of viewpoints from all family members gives more clues to their relationships than can be obtained from the biased viewpoint of only one member.

2. Don't rush conjoint family therapy. Each participant is absorbed in a crisis of disillusionment, betrayal, fear, and mistrust. Authoritarian lines are likely to be drawn, with both the passive spouse and the child reluctant to reveal their feelings in the presence of the offending parent. Each family member must be given time to feel comfortable in the therapeutic setting and to develop some capacity for objective insight and self-measurement before being plunged back into the domestic maelstrom. Similarly, it should not be assumed that the family is capable of living together before basic assurances of protection, respect, and autonomy are established. Naturally, the initial reporting and the ongoing cooperation with the protective agencies are intrinsic to this phase of the healing process.

3. Don't try to manage alone. The solo practitioner cannot cope with the complexities and the multiple needs of the abusive or neglectful family. Whenever possible, each member of the family should have access to personal counseling, but with the assurance that all counselors involved share a common interest in the family as a whole. Several individuals working together are less likely to be misled into a superficial resolution.

4. Don't hide the problem from society. Psychotherapy should not be construed as a sanctuary from social responsibility. The therapist is required by law, as well as by common-sense ethics, to seek the participation of protective agencies. Law enforcement and protective service social workers can do their jobs only if the therapist includes them in his confidence for data relative to the child's protection. Similarly, the therapist can function best within a protective social structure. The therapist, therefore, must be a participating member in a team of professionals drawing on one another for guidance and support. If the therapist finds that communication or trust is difficult, all the more effort should be directed toward building bridges of interagency support. Therapists who work most successfully with any form of child abuse are active on community councils and interagency task forces where they contribute their own professional expertise and draw from the experience of others.

5. Don't keep secrets. Clients involved in sexual child abuse, as well as in other forms of child abuse, have difficulty trusting

other people. They have experienced pain and betrayal; their whole sense of identity and self-worth is clouded by inadequacies in their own parental experience. Thus, a client comes to the therapist reluctantly, expecting further disapproval and punishment. Therefore, if the clients are to develop any degree of trust in the therapy, the therapists must be open and honest about their feelings, reactions, conclusions, and proposed management plans. Arrest, interrogation, removing the children from their home, court hearings, and sentencing are all part of the realities of disclosure. Therapists must be willing to back up their recommendations, no matter how coercive they might be. They must be comfortable in discussing the probable legal consequencs and the limits to which their professional confidentiality will extend, and at the same time they must assure the clients that they will receive full, practical, and psychotherapeutic support throughout the legal process.

In Debbie's study, the belated reporting, the lack of therapeutic support during the police investigation, and the impulsive, unanticipated removal of the children all served to alienate the stepmother from the social agencies. These experiences drove her into a defensive alliance with her husband against Debbie. The therapist has an obligation to work both with the protective system and with the family to ensure that the system works rationally so that all family members can anticipate, understand, and cope with the social consequences of their actions.

6. Don't jump to psychodynamic conclusions. Sigmund Freud moved to an emphasis on Oedipal fantasies (the erotic fixation of a child toward the parent of the opposite sex) at least partly as a defense against the reality of incest. When therapists work with incestuous families, they must be willing to accept that Oedipal fantasies often explode into real sexual experiences. They must realize, too, that the acting out of incestuous wishes takes place among people *very much like themselves.* They needn't look for severe psychopathy, perversity, or extraordinary stress to justify a suspicion of sexual abuse.

In the case study cited, the therapist was not alert to the probability that the incestuous activity was overt and of longer duration than the patient cared to admit. By interpreting the incestuous behavior as a relatively isolated event due to a specific period of stress, the therapist encased the experience. Defining the stresses in such cases should be of *secondary* consideration. It is far more important to define accurately the *lapse of parental responsibility and the implications of the incestuous activity for the child and for the family as a whole.*

Guidelines to Therapeutic Teamwork

Pioneers, such as Ray E. Helfer, M.D., C. Henry Kempe, M.D., Brandt F. Steele, M.D., and the self-help group Parents Anonymous, have developed guidelines for the management of physical child abuse that can be applied to sexual child abuse cases. For example, most abusive parents, both active and passive, were abused as children. Parents who abuse or fail to protect their child from abuse or misuse tend to share certain characteristics: poor self-esteem, poor impulse control, childlike emotional needs, and the tendency to invert the parental role by drawing on the child to meet their needs.

A model program developed by the Child Sexual Abuse Treatment Program in Santa Clara County, California, is part of both the protective services and the justice systems. It was founded and is administered by the Santa Clara County Juvenile Probation Department, and it works within the traditional roles of protective agencies. It combines proven qualities of outreach, support, and self-help with specific strategies of intervention, child advocacy, and enhancement of interagency team coordination. The program achieves a high rate of rehabilitation for families once thought to be beyond help.

Several key elements of the Santa Clara program should be noted by anyone who attempts to provide therapy for either sexual abusers of or sexually abused children.

Cooperation, outreach, and support. Through close cooperation, early casefinding, and vigorous outreach, the program eases the family through the judicial and protective services systems. Because the program provides both treatment resources and reliable feedback to these agencies, they can respond more appropriately to the family's strengths—and frequently show compassion when sentencing offenders.

Rather than forcing the child into an adversary position, the Santa Clara program encourages the offenders and their defense counsels to *accept* responsibility. Without a supportive treatment system to guide them, defense attorneys feel obligated to advise their clients to deny any sexual contact with the child. They know that a parent is rarely convicted on the uncorroborated testimony of a minor. Confronted with denial from the father and often with pressure from the mother, the child is almost bound to retract the complaint. She thereby labels her original story a lie, which contributes to the persisting myth that most complaints of incest are fabricated from the lurid imaginations of vengeful children.

Experiencing disillusionment, betrayal, stigmatization, shame, and rejection may be the most damaging aspects of sexual child abuse. Its consequences, for many children, can be more lasting than the sexual experience itself. Thus, the first priority of the treatment program must be to provide advocacy for the child throughout the legal process.

Intervention strategy. The program provides a focus for multiple services. Based on the premise that sexual abuse is only one symptom of many unmet

other people. They have experienced pain and betrayal; their whole sense of identity and self-worth is clouded by inadequacies in their own parental experience. Thus, a client comes to the therapist reluctantly, expecting further disapproval and punishment. Therefore, if the clients are to develop any degree of trust in the therapy, the therapists must be open and honest about their feelings, reactions, conclusions, and proposed management plans. Arrest, interrogation, removing the children from their home, court hearings, and sentencing are all part of the realities of disclosure. Therapists must be willing to back up their recommendations, no matter how coercive they might be. They must be comfortable in discussing the probable legal consequencs and the limits to which their professional confidentiality will extend, and at the same time they must assure the clients that they will receive full, practical, and psychotherapeutic support throughout the legal process.

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Intervention strategy. The program provides a focus for multiple services. Based on the premise that sexual abuse is only one symptom of many unmet

needs among family members, the program attempts to resocialize a family by addressing concurrently: social isolation, alienation, unemployment, disabling dependencies, role distortions, and personal growth needs. Both inhouse and outside referral resources are used. The focus of psychotherapy or counseling in the growth of each family member toward a position of greater self-endorsement and self-management.

The psychotherapist's role is a vital but by no means a predominant aspect of the *total* treatment program. Oftentimes, the psychotherapist may be the case manager who coordinates the timing and delivery of other services. More often, however, case management is assumed by the person responsible for providing protective services to the family.

Styles of counseling and therapy. Crisis counseling, direct problem solving, role playing, the Gestalt theory, transactional and psychoanalytic techniques are used in individual, conjoint, and peer groups for adults and children. Expressive play and sensate focus are used in both individual and group therapy for young children.

Crises of disclosure, criminalization, and family separation must be dealt with immediately and pragmatically. As the counseling relationship develops, each family member learns to accept appropriate responsibility for past conflicts. Along with the capacity for self-responsibility, the therapist encourages an enhancement of self-worth and self-disclosure. As a result, the family members develop an increasing readiness for guided therapeutic encounters between mother and daughter, mother and father (or father figure), and eventually between father and daughter. An important objective is for the mother and father to assure the daughter that she was not at fault and that they should have protected her from sexual misuse. (While father-daughter incest is the most common, the Santa Clara County program model includes services for grandfather-grandchild, father-son, mother-daughter, and mother-son relationships, as well as for children and parents dealing with nonincestuous sexual molestation.)

The final stage of therapy involves reuniting the family, which is considered *only* when each member has grown enough in autonomy and self-esteem to make a genuine choice. Either the father or the daughter, and sometimes both, will have been separated from the family. Return of the father is not recommended unless both the child and the mother genuinely desire his return and not until both are confident that they can protect one another against any possible recurrence of sexual abuse. In a minority of cases, reunification of the family proves to be neither practical or desirable. But even so, the benefits derived from the treatment program can be seen in the increased self-confidence of the child and in the ability of both parents to build constructive lifestyles and relationships for themselves.

Specialized self-help organization. The program sponsors and supports Parents United, Inc., which provides a social outlet and an opportunity for positive identification for families that otherwise might withdraw or hide from society. Its elected leadership arranges with the treatment program coordinator to provide volunteer professional cotherapists to conduct specialized discussion groups to cover every phase of the resocialization process. The members themselves provide outreach and crisis support for each other, and they take active roles in creating a more constructive community awareness of the problems inherent in sexual child abuse.

In the resocialization process, there is a need to explore and to cement trusting relationships. This is achieved through confrontation, through disclosure, and through supportive outreach. The informal, expressive mood of the self-help environment encourages a more self-endorsing, more emotional interchange than can be provided by the professional counseling relationship.

Therapists who are not comfortable providing direct endorsement, praise, or embraces may be suspicious of the propriety and even the safety of employing such measures in a paraprofessional setting. And they are likely to be concerned about "acting out," "diluting the transference," or "indulging regressive dependency needs." Therapists who deal with abusive families should learn to be receptive to many diverse therapeutic adjuncts, if they are to avoid being overwhelmed with more demands than they can meet.

Support system for staff members. The program provides for the morale and the emotional growth of its staff. Working with incest and dealing with shattered families require tremendous compassion, optimism and resiliency. No one is immune to the feelings of outrage, righteousness, morbid curiosity, sexual arousal, resentment, hostility, despair, helplessness, omnipotent rescue fantasies, or the countless other conflicting reactions that incestuous families engender in the would-be helper. Staff members share and explore their own feelings among themselves. They discuss their emotional responses and reactions without criticism or embarrassment. Such discussions are characterized by responses of empathy, support, and even praise, which reflect the positive spirit encouraged throughout the treatment program.

Keeping these management guidelines in mind, Debbie's case can be reconstructed to show how it might have developed within a more enlightened system. The interventions and outcomes in the following case synthesis are typical of results obtained within existing treatment programs in situations similar to those experienced by Debbie and her family. This synthesis also points out the crucial role of an intake

specialist for handling incoming calls and referrals.

Debbie: A Case Study, Revised

Marilyn learned from her neighbor that Debbie had complained of sexual abuse. She called the well-publicized hot-line number for advice. The intake specialist advised Marilyn that the program was obliged to report suspected sexual child abuse. She invited Marilyn to discuss the problem anonymously. Marilyn couldn't imagine that her husband's actions could be grounds for arrest. The intake specialist suggested that often the problem is more extensive than a man may be willing to admit and that without intervention the problems tend to multiply. Marilyn remained skeptical and fearful that disclosure would jeopardize her husband's new job. Though electing to remain anonymous, she did agree to meet with someone from Parents United.

One of the fathers from Parents United talked with Richard, discussing his own experiences in the treatment program, his initial fear, and his eventual relief in reassuming responsibility and self-esteem. He described the impact on his daughter, who had been especially hurt and confused as long as he had refuted her complaints and demanded that his wife take his side. Richard admitted he was in a similar position but that he couldn't jeopardize his future with a scandalous arrest.

A mother from Parents United talked to Marilyn, explaining the dilemma mothers so often feel when they get caught up in an incestuous triangle between husband and daughter. She reflected happily on the changes that took place in her life and marriage during the process of resolving the incest crisis in her family. In the course of treatment, she explained how she had worked through her resentment toward an abusive father, as well as her feelings of inadequacy and the fear of living alone. By the time she invited her husband back, she was secure because she had *chosen* to be together again. She had not been forced to accept him out of fear, dependency, or pity. She could see now that her daughter had not provoked the seduction. Rather, her daughter had provided an attractive and vulnerable outlet for the frustrations of life and marriage that the couple had never learned to resolve. The Parents United mother urged Marilyn to get closer to her stepdaughter and listen more objectively to her story—not only for Debbie's sake, but for a more open relationship with Richard as well.

The next day Marilyn called the treatment program again, still anonymously. She was beginning to accept Debbie's accounts of repeated intercourse, and she was now even more fearful about disclosure. The intake specialist suggested an anonymous consultation with the police department. Rather than making a blind referral, the specialist phoned ahead to be certain that Marilyn's call would be taken by one of the police officers who was experienced with the coordinated treatment program and who would accept an anonymous call.

Advantages of self-surrender. The officer stressed with Marilyn the advantages of self-surrender and the consideration the family could expect in avoiding publicity, unnecessary force, or precipitous separation. Reassured by the courtesy and understanding of the police officer, Marilyn then persuaded her husband to seek help. They consulted an attorney recommended by Parents United. He endorsed the wisdom of self-surrender and outlined the probable legal consequences, based on similar cases he had represented.

The attorney called the police officer and arranged for Richard to present himself by appointment after work the next evening. Richard gave his statement and at the same time initiated a request to qualify for O.R. (own recognizance). In response to a warrant, he appeared the next day with Marilyn and Debbie at the district attorney's office. In the presence of counsel, each family member was interviewed by the police officer and CPS worker.

After careful consideration and discussion with the assembled family, and inasmuch as Debbie had ambivalent feelings about her stepmother as well as her father, it was recommended that she be placed temporarily out of the home. Placement was not recommended for 12-year-old Marcia, since there was every assurance she was not endangered.

Richard left the home voluntarily. He was arraigned the same day and released O.R., with an order that he have no contact with his wife or daughters except under clinical supervision approved by the court.

Richard missed only one day of work and continued his employment without interruption. No longer plagued by fears of humiliation and disclosure, he was able to enter actively into individual and group therapy. He made rapid progress in overcoming his fears of abandonment and his need for symbiotic (living together in intimate association) attachments to surrogate mother figures.

Marilyn had ample opportunity in Parents United and in individual counseling to ventilate her anger and resentment. After several weeks, she began meeting in joint sessions with Richard. They explored *her* wish to try for a fresh start in their marriage.

Marcia began attending the young adolescent group with her sister. Previously, she had been jealous of Debbie's hostile provocative behavior that apparently had been rewarded by indulgences and affection from their father.

Debbie spent ten weeks in placement. At first she refused to return home even when her father was away. She was resentful not so much of her father but of Marilyn, who she felt had betrayed her. Debbie was 10 years old when Marilyn came to live with them. She had hoped for a fairy godmother who would bring completeness to the shattered family. Instead, Marilyn had taken Richard's side in suppressing Debbie's early

demands for autonomy. Soon Marilyn had taken over most of the parental roles, while Richard regressed to a more passive, self-indulgent position with his new wife-mother. Debbie saw Marilyn as omnipotent and domineering. Even as Debbie continued to obey her father's demands for secrecy, she assumed without question that her stepmother was aware of and capable of stopping the incest.

The foster home placement was aborted because of Debbie's hostility toward the foster mother and her seductive relationship with the foster father. From there she went to a group home specializing in sexually abused girls, where she fared much better. She began to accept and respond to the warm relationships offered by her peer group and by several therapists, both female and male. Eventually she came to understand that both she and Marilyn had been trying to indulge Richard in his demands for infantile omnipotence.

Adjustments within family. Debbie returned home in stages: first by making the decision, them by exploring within joint sessions the adjustments involved with her stepmother and sister, and finally, by a meeting with her father where he told her she had not been at fault.

Richard's case came up for sentencing three months after arraignment. Based on the probation officer's investigation in conjunction with favorable recommendations from the treatment program, it was obvious that Richard presented no threats to society. The district attorney sought a conviction that would establish Richard's criminal irresponsibility but would not force an adversary standoff between Debbie and her father. Richard pleaded *nolo contendere* (no contest) to one count each of oral copulation, lewd and lascivious conduct, and unlawful intercourse. He was sentenced to three months in the county jail but was granted work furlough privileges so that he could keep his job. Also, he was granted "release time," to attend therapy sessions and Parents United meetings.

Within a year, the nightmare was over. Richard returned to his family with the approval of his wife and both daughters. He had learned to see himself as an autonomous adult of considerable worth and genuine influence, thereby becoming less dependent and less demanding of pseudoauthority. Marilyn was free to be herself and to assume a more balanced role in the family. The new openness and respect she and Richard had developed for each other provided a basis for a more fulfilling adult sexual relationship.

Debbie and Marcia were free to be adolescents, no longer responsible for holding the family together, nor carelessly determined to break loose. Debbie accepted and casually distanced herself from the incest, no longer romanticized with either demonic guilt or monstrous blame.

Working within a coordinated system of social and legal intervention, a group of compassionate, enlightened therapists had helped these children and their parents to move out of their mythical roles and back into the realm of human experience. No longer were they the fairy godmother, wicked stepmother, ineffectual woodsman, tormented lover, or bewitched, star-crossed princess. Once again they were members of a family, with a better chance than many to live happily ever after.

Dr. Summit wishes to thank Henry Giarretto, Anna Einfeld, Parents United, Inc., and the entire staff of the Child Sexual Abuse Treatment Program, San Jose, for their help in developing and sharing the team concept he describes in this booklet.

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INSTITUTE FOR THE COMMUNITY AS EXTENDED FAMILY
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The Project for Preventing Violence in the Home assists individuals who have been physically abused within their home. It is dedicated to increasing public awareness of the problem of domestic violence and to improving the services of the local health, social and criminal justice agencies.

The family violence program is designed to treat and prevent spouse abuse by providing services to women, children and men electing to live together as a unit and suffer physical violence. It is modeled after the Parents United program, which has dealt sucessfully with child sexual abuse.

Here is a brief summary of the Project's goals.

Provide crisis intervention to victim and children to insure their physical safety.

A self-support network including weekly group sessions. In addition, contact between members of sponsoring families already in the program with new victims as well as offenders and children.

Professional counseling on an individual, couples, and family basis for all family members.

The education, cooperation and involvement of the criminal justice system, including prosecution of offenders. Incarceration of offenders before and/or after sentencing if necessary for the protection of the victim and family. Release of the offender on their own recognizance and/or probation only on the condition that the offender may not return home until given court permission upon the successful completion of the program .

With this treatment model we hope to build the individual and social responsibility of the program's participants. The self-help component works in direct linkage and close cooperation and coordination with the criminal and juvenile justice systems. It is our belief since the Parents United/I.C.E.F. program and philosophy is largely embraced by the community in Santa Clara County, which includes social services, the criminal and juvenile justice systems, churches, private agencies, and school, that they will be receptive to this type of spousal abuse program.

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