A narrative approach to social work intervention with adolescents who have been exposed to sexual abuse

PRESENTED BY

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Laying on the rumpled sheets
Naked and alone
Swirls of blood and tears
Covering my body
Thought he cared
Thought he loved me
I thought wrong
I can hear him in the other room
Going about his business
Oblivious to what he did
He goes into the bathroom
And washes himself off
He throws away the towel
But no amount of scrubbing
Will remove the dirt from me
Like a ragdoll left outside in the mud
I will be stained forever

(Unknown)

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- All the children who have shared their sad experiences with me.

SOLEMN DECLARATION

I, Anri Gretha Adlem, declare herewith that the thesis entitled, **A narrative approach to social work intervention with adolescents who have been exposed to sexual abuse** which I herewith submit to the North-West University as completion for the requirements set for the **PHILOSOPHIAE DOCTOR** degree, is my own work, has been text edited and has not already been submitted to any other university.

I understand and accept that the copies that are submitted for examination are the property of the University.

Signature of student _____University-number _____
Signed at _____ this _____ day of _____ 2011

Declaration before me on this _____ day of _____ 2011
Commissioner of Oaths: _____

SUMMARY

A narrative approach to social work intervention with adolescents who have been exposed to sexual abuse

BY

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Degree: **Doctor Philosophiae (Social Work)**

The motivation for the study had its origin in the fact that sexual abuse in South Africa seems to be a formidable problem which has a detrimental effect on the adolescent's development and functioning. Social workers have to deal with sexual abuse often and do not always have the necessary programmes and skills acquired to follow through therapeutic intervention with these victims. Therefore this study focused on the development, implementation and evaluation of a narrative social work intervention programme where sand play techniques were integrated in the narrative process.

The research problem formulated was that many adolescents suffer from the effects of sexual abuse and therefore the aim of the study was to develop and evaluate a narrative social work intervention programme for adolescent survivors of sexual abuse. The study served to broaden the body of social work knowledge by means of meaningful quantitative and qualitative enquiry. Quantitative data were obtained through the use of questionnaires and qualitative data through the use of combined sand play and narratives as approaches. Four (4) participants were included in a series of 10-15 sand play sessions. Only the data of one (1) participant was used for data-analysis. Two (2)

sessions were used for general assessment and building of therapeutic relationship and an additional session was used for an interview with the parent(s).

The researcher undertook mixed method research where the quantitative and qualitative approaches were combined into the research methodology of the single study. Intervention research was used as basic methodology. Purposive sampling was used in the selection of the research subject for this study. Collected data was analyzed according to Tesch's approach to qualitative data analysis (Creswell, 1994).

The researcher applied the developed social work intervention programme with four (4) adolescent participants who had allegedly been sexually abused. The sand play sessions were audio recorded and evaluated by means of data analysis.

The findings of this study emphasized the psycho-social impact of sexual abuse on survivors of sexual abuse. This thesis reflects the contribution and impact that the social work intervention programme had on the adolescent survivor of sexual abuse. This programme was found to be a valuable tool that can be used in intervention with adolescents and could add to the knowledge of social workers and other professionals working with the survivors of sexual abuse.

The research can be recognized as a positive demonstration of the value of a narrative social work intervention programme. Recommendations regarding future implementation of the narrative social intervention programme have been made.

KEY CONCEPTS

- Sexual abuse
- Adolescence
- Trauma
- Psycho-social
- Narratives
- Sand play
- Prototype
- Social worker

OPSOMMING

'n Narratiewe Benadering tot maatskaplikewerk-intervensie met adolessente wie blootgestel is aan seksuele molestering

DEUR

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Die motivering van hierdie studie het sy oorsprong in die feit dat seksuele molering in Suid-Afrika 'n formidabele probleem is wat 'n nadelige invloed het op die adolessent se ontwikkeling en funksionering. Maatskaplike werkers moet dikwels met seksuele misbruik omgaan en beskik nie altyd oor die nodige programme en aangeleerde vaardighede om tydens terapeutiese ingryping met hierdie slagoffers toe te pas nie. Derhalwe het hierdie studie gefokus op die ontwikkeling, implementering en evaluering van 'n narratiewe maatskaplike intervensie-program waar sandspel-tegnieke met die narratiewe prosesse geïntegreer is.

Die geformuleerde navorsingsprobleem was dat alle adolessente aan die gevolge van seksuele misbruik uitgelewer is, -en daarom was die doel van die studie om 'n narratiewe maatksaplikewerk-intervensie program te ontwikkel vir adolessente wat seksueel misbruik is. Die studie het bygedra tot die uitbreiding van maatskaplikewerk-kennis in die bree deur middel van 'n betekkenisvolle kwantitatiewe en kwalitatiewe ondersoek. Kwantitatiewe data is verkry deur die gebruik van vraelyste, en kwalitatiewe data is ingesamel deur 'n kombinasie van sandspel en narratiewe tegnieke te gebruik. Vier (4) deelnemers is betrek in 'n reeks van 10-15 sandspel-sessies. Slegs die inligting van een (1) deelnemer is gebruik vir data-analise. Twee (2) sessies is gebruik vir algemene

assessering en vir die bou van ‘n terapeutiese verhouding, en ‘n addisionele sessie vir ‘n onderhoud met die ouer(s).

Die navorser het gebruik gemaak van ‘n gemengde metodologie waar die kwantitatiewe en kwalitatiewe benaderings gekombineerd toegepas is in die navorsingsmetodologie van ‘n enkele studie. Intervensie-navorsing is gebruik as basiese metodologie. Doelgerigte steekproeftrekking is gebruik om deelnemers vir hierdie studie te selekteer. Die ingesamelde data is verwerk aan die hand van Tesch se benadering tot kwalitatiewe data-analise (in Creswell, 1994).

Die navorser het die ontwikkelde maatskaplikewerk-intervensie program toegepas met vier (4) adolessente deelnemers wie na bewering seksueel misbruik is. Hierdie proefskrif reflekteer die bydrae en aanslag wat die maatskaplikewerk-intervensie program gehad het op die adolessente slagoffer van seksuele misbruik. Daar is bevind dat die program ‘n waardevolle instrument is wat gebruik kan word in intervensie met adolessente en ‘n bydrae kan lewer tot die kennis van maatskaplike werkers en proffesionele persone wat werk met slagoffers van seksuele misbruik.

Die navorsing kan erken word as ‘n positiewe demonstrasie van die waarde van ‘n narratiewe maatskaplikewerk-intervensie program. Aanbevelings vir die toekomstige benutting van die narratiewe maatskaplikewerk-intervensie program is gemaak.

SLEUTELTERME

- Seksuele molestering
- Adollesensie
- Trauma
- Psigo-sosiaal
- Narratiewe
- Sand spel
- Prototipe
- Maatskaplike werker

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A NARRATIVE APPROACH TO SOCIAL WORK INTERVENTION WITH ADOLESCENTS WHO HAVE BEEN EXPOSED TO SEXUAL ABUSE

CHAPTER 1
INTRODUCTION, PROBLEM FORMULATION AND OBJECTIVES

Abuse
I've been abused
And I've been used
People say it's gone and past
But it will always last
For you to see
It will always be with me
Because if you look into my mind
You'll be horrified at what you will find.
My parents I trusted
But now I'm disgusted
Why couldn't they just let me be
For I have my life to live
And plenty of things to give.
(NCH Children and Families Project, 2001:12)

1. ORIENTATION AND STATEMENT OF THE PROBLEM

Traumatic events occur and affect people during their lifetime (Martin, 2006:1). Harris, Putman and Fairbank (2008:311) add that childhood trauma is a major, worldwide public health problem. Van der Kolk (2008:2) emphasizes that childhood trauma, including abuse and neglect, is probably our nation's single most important public health challenge.

The children in South Africa face a number of challenges which involve poverty, the impact of HIV and AIDS, disintegration of families, violence, sexual abuse and exploitation (Child Sexual Abuse and Exploitation in South Africa, 2005: ii). Maree, Kruger and Delport (2003:297) describe sexual abuse as a term which over the past ten years has dramatically increased in use in South Africa. Thirion (2007:1) is of the opinion that the phenomenon of sexual abuse has clouded human existence throughout history and is claimed to be a monumental and formidable problem which knows no age,

religious, socio-economic, racial and ethnic or gender boundaries. Frawley-O'Dea (2008:2) mentions that about one third of all females and one fourth of all males are sexually abused in some way prior to the age of 18. Carey (2008:1) refers to a recent report where it is reported that childhood rape has increased by 400% in South Africa in the past decade.

Thirion (2007:4) mentions further that the effects of sexual abuse are not limited to only the victims, but affect the victims' families and communities too. Ahrens and Campbell (2002:233) highlighted the spread of the effects of sexual abuse by remarking that victims are in need of support after surviving a sexual abuse incident. The victims often turn to their families and friends for support, thereby involving them in their trauma and brokenness. The National Youth Policy (2008:2) expands further on this statement where it is mentioned that "youth are the valued possession of the nation and without them there is no future. Their needs are immense and urgent. They are the centre of reconstruction and development."

Geldard and Geldard (2005:16) mention that in reality, many young people will not experience a smooth, untroubled journey through adolescence. Britz and Joubert (2003:27) refer to literature and case studies where it was proved that sexually abused children suffer from a variety of emotional, personality and behavioural problems. The impact of the sexually abuse and the high occurrence of sexual abuse on children demand the development of an effective and efficient, structured and therapeutic intervention model for sexual abused children on the short term. There are many interesting traditional systemic or individual therapies, but according to Smith and Nylund (1997:5) narrative therapies share 'postmodern' assumptions and that is where it is mentioned that something is 'true' or 'factual.' The narrative approach is described as a way which can lead us to think about people's lives as stories and to work with them to experience their life stories in ways that are meaningful and fulfilling. The researcher therefore felt that the narrative approach could be a valuable way of intervening with adolescent survivors of sexual abuse **(ASSA)**.

According to Morgan (2000:2) narrative intervention refers to particular ways of understanding people's identities and the way they construct their reality. Alternatively, it can also refer to certain ways of understanding problems and their effects on people's lives. Morris (2006:4) defines narrative intervention as the way people create meaning through narratives or stories. She adds that narrative intervention creates change in a person's life by helping him to deconstruct the old problem story into a revised preferred story. Monk, Winslade, Crocket and Epston (1997:3) mention that narrative approaches to counselling invite clients to begin a journey of co-exploration to search for talents and abilities that were hidden or veiled by a life problem. Maree et al. (2003:299) are of the opinion that answers to problems lie within the person him- or herself and further state that people exposed to sexual abuse have the problem of complaint-saturated stories about themselves. The problem of a complaint-saturated story, according to Smith and Nylund (1997:73), is encountered when the child begins by role-playing a situation in which they are influenced by the problem. Through the narrative approach the problem will be separated from the person and the person will have the opportunity to create a new self-narrative. The therapist will initially listen to sexual abuse problem stories, but will work towards conversations that seek out alternative stories that are identified by the adolescent seeking intervention as stories which they would like to live in their lives. The therapist will be interested to seek out, and create in conversations, stories of identity that will assist the adolescent to break away from the influence of the sexual abuse they are facing.

The assumption can be made that the overall functioning of **ASSA** is negatively influenced by the impact and effects of the sexual abuse incident. In addition, Smith and Nylund (1997:75) emphasize that narrative therapy offers the child the opportunity to move backward and forward in time and allows many perspectives to come forth. When these perspectives emerge, they lead to other perspectives that engender other alternative stories. The researcher is of the opinion that the high level of sexual abuse stress exposure in adolescents is a matter of increasing concern to the human service professions.

Social workers in practice are increasingly confronted with **ASSA**. Although social workers have been trained to attend to any kind of social problem, the researcher has noticed in practice that there are social workers and other health care professionals who feel they lack the necessary skills and knowledge to deal with the problem of sexual abuse during intervention. The researcher came to the conclusion that social work intervention with **ASSA** has not been researched sufficiently and that a new innovative social intervention programme can be of use in the social work and other health professions. This was the starting point which initiated this research project and motivated the researcher to develop a programme to the benefit of the **ASSA**.

2. CHOICE OF RESEARCH TOPIC AND MOTIVATION FOR THE STUDY

The researcher was working in a sexual abuse unit at the time of the study and it was found that limited specialized services were available for victims of sexual abuse. The researcher started to explore which mediums could be effective in social intervention with **ASSA**. Although she wanted to use narratives she explored several other mediums to use additional to this approach. During the search of the literature it was decided to explore the use of sand play as a means of therapeutic support for these **ASSA**. The engagement with sand play had a profound impact on the researcher and brought about a deep realization of the power of this medium to give expression through narratives. Through this medium of play the adolescent could express inner conflicts and the sand tray could bring healing. This led to the primary motivation for this study: to develop a narrative sand play process **(NSPP)** for adolescent survivors of sexual abuse **(ASSA)** by using a combination of sand play and narratives as a technique.

It was found that sand play was a technique that extends back to the late 1920s with many events contributing to the growth and development of its application in therapy. McKenzie (2005:230) states that sand play fits with the essence of narrative in the deconstruction of maladaptive stories and co-construction of adaptive stories. The researcher chose sand play as technique as it would help the adolescent survivors of sexual abuse to engage in storytelling/narratives and to make connections between the stories they tell and the life they live. Through storytelling the adolescent could achieve a

sense of wholeness or integration with the assistance of the researcher. The imaginary world (through sand play) would make it easy for them to engage in storytelling and to make unconscious connections between their stories and their lives. Therefore the researcher focused on a narrative sand play process **(NSPP)** as a medium for developing a narrative social work intervention programme. In the following chapters when talking about the narrative social work intervention programme the researcher will address the narrative social work intervention programme from henceforth as the narrative sand play process **(NSPP).**

The seriousness of sexual abuse amongst our children in this country raises concern. Generic social work services are available to victims and families in need of care and support. Only a few organizations offer therapeutic intervention services for the victims of sexual abuse. Although these generic services are of the utmost importance, the question arises of which specialized services are being rendered for adolescent survivors of sexual abuse. Adolescence is seen as an extremely difficult and confusing developmental stage as it is a time of change, crisis and the period of transition from childhood to adulthood. These children find it difficult to verbalize their feelings and problems. The development of a unique programme for **ASSA** caused an intense interest in the researcher to conduct this study.

The researcher therefore hoped to contribute to the expansion of knowledge on the practice of narrative sand play in South Africa by exploring and developing an **NSPP** for adolescent survivors of sexual abuse (**ASSA)** by using sand play as a technique.

The following research questions were derived from the problem described:

- What are the indicators of sexual abuse among adolescents and what is the perceived psycho-social impact of sexual abuse during the developmental phase of adolescence?
- What are needs of adolescent survivors of sexual abuse **(ASSA)** regarding support and social work intervention?

- What should be included in an **NSPP** dealing with sexual abuse among adolescents?
- What will be the influence of such a narrative sand play process **(NSPP)** on adolescent survivors for sexual abuse **(ASSA)**?

3. AIM AND OBJECTIVES

The aim of this research was to develop and evaluate an **NSPP** for adolescent survivors of sexual abuse **(ASSA)**.

The specific objectives for this study were:

- To explore the indicators and psycho-social impact of sexual abuse during adolescence.
- To explore the needs of **ASSA** regarding support and social work intervention.
- To develop an **NSPP** to deal with sexual abuse experienced by adolescents.
- To implement and evaluate the influence of the **NSPP**.

4. CENTRAL THEORETICAL ARGUMENT

Adolescent survivors of sexual abuse **(ASSA)** will benefit from an **NSPP**.

5. METHOD OF INVESTIGATION

5.1 Analysis of Literature

According to Fouché and Delport (2011:134), the review of literature is aimed at contributing towards a clearer understanding of the nature and meaning of the problem that the researcher has identified and investigated. A literature study was conducted to study sexual abuse with adolescent survivors and to see how an **NSPP** could assist adolescent survivors of sexual abuse. The literature (Britz & Joubert, 2003; Maree et al., 2003; Thirion, 2007) on the topic of social work intervention with adolescent survivors of sexual abuse was limited and it was necessary to borrow from other disciplines to combine a model which could be effective and appropriate. Literature on psychology and

the medical profession was studied and explored in order to gather appropriate information. An extensive body of knowledge was found which focused on:

- the developmental phase of adolescents
- adolescents who are exposed to sexual abuse
- current therapeutic models addressing the effects of sexual abuse on adolescents.

For the purposes of this study a variety of literature such as books, professional journals, research reports, internet articles and current and completed theses were consulted. Databases like Ebsco Host, PsychLit, Proquest, the Internet and Webfeat were utilized to identify appropriate literature.

5.2 Empirical investigation

5.2.1 The research design

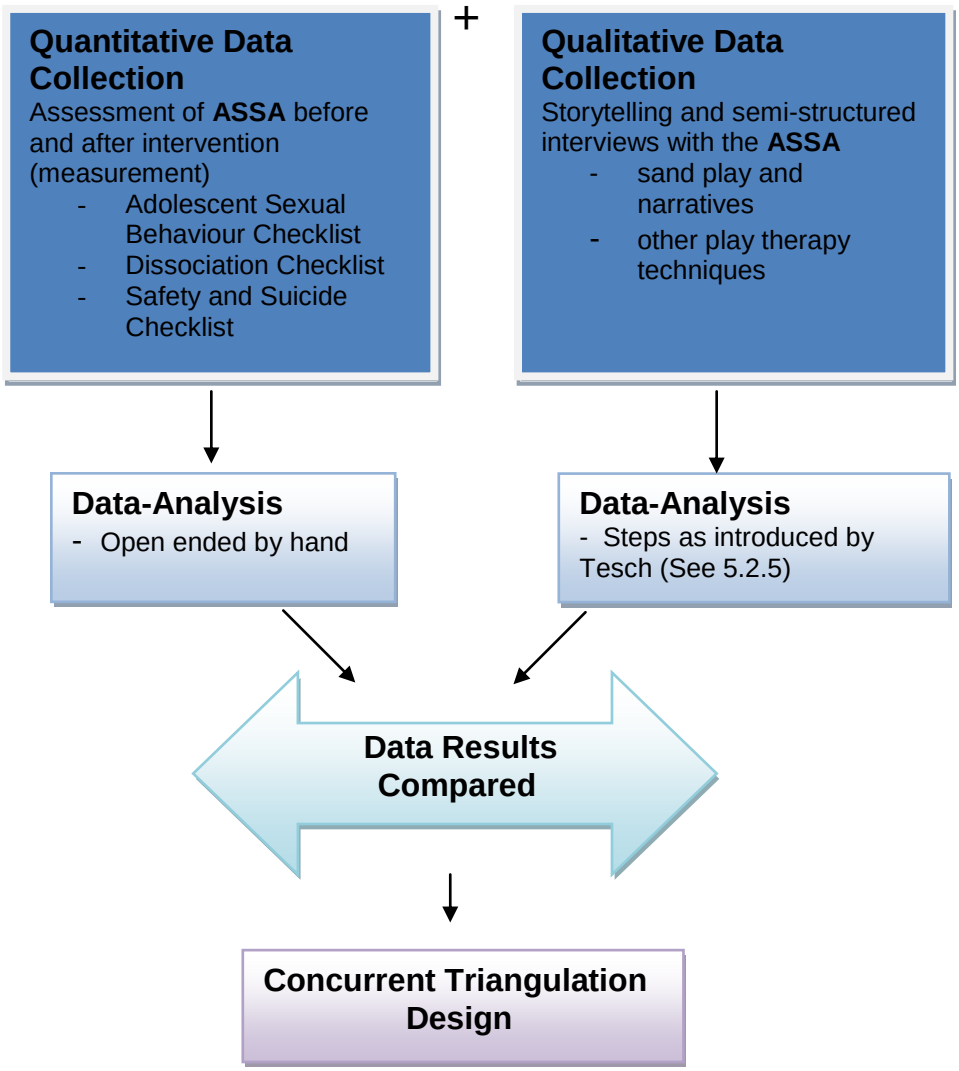
The researcher developed and validated an **NSPP** for **ASSA**. For this purpose the researcher undertook mixed method research where the qualitative and quantitative approaches were combined into the research methodology of the single study. Creswell (2008:7) describes mixed method research as both a method and methodology for conducting research that involves collecting, analyzing and integrating quantitative and qualitative research in a single study. He further states that the purpose of this form of research is that both qualitative and quantitative research in combination provide a better understanding of a research problem or issue than one research approach alone. The strengths of the quantitative research method will add to the strength of the qualitative research method. The mixed method model can result in well-validated and substantiated findings.

The researcher made use of the Concurrent Triangulation approach where the researcher collected both quantitative and qualitative data concurrently/simultaneously happening in phase 4 and 5 (pilot testing and collecting of data) of the research study (Creswell, 2009:213; Thyer, 2010:615). Both the quantitative and qualitative research in combination were used as together they provided a better understanding of the research

problem of sexual abuse than one approach alone. The design utilized was exploratory and descriptive in finding answers to the research questions (Alston & Bowles, 2003:34; De Vaus, 2002:1). A discussion of the quantitative results took place and was followed by qualitative quotations that supported or disconfirmed the quantitative results (Chapters 4 and 6).

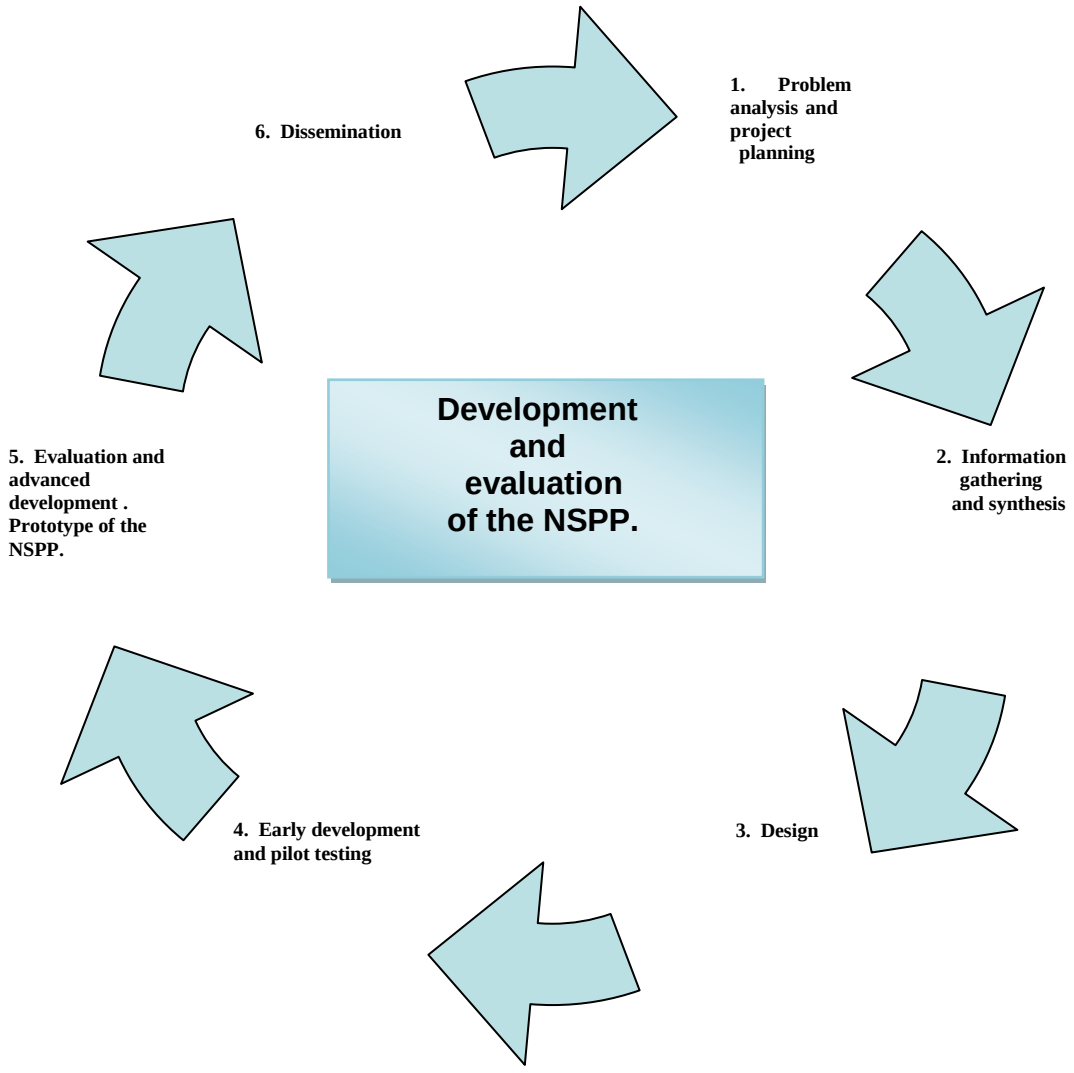
Illustration 1 visually portrays the different steps the researcher followed in regard to the research process.

ILLUSTRATION 1: VISUAL MODEL OF THE RESEARCH PROCESS



The researcher planned to develop and validate an **NSPP** and therefore intervention research was done through the design and development model as described in De Vos and Strydom (2011:476) and depicted in Illustration 2.

ILLUSTRATION 2: PHASES OF INTERVENTION RESEARCH



Phase 1: Problem analysis and project planning

During this phase the researcher identified and involved **ASSA**, identified concerns of the population where the proposed **NSPP** was evaluated (as described in phase 2 and 3),

analyzed identified problems and set goals and objectives (De Vos & Strydom, 2011:476-477).

Phase 2: Information gathering and synthesis

According to De Vos and Strydom (2011:480), the steps of this phase include the using of existing information sources, studying natural examples and identifying functional elements of successful models. The researcher conducted a thorough literature study and looked to see if similar programmes were available. In the literature and later during the presentation for social workers it was found that a combined approach which the researcher planned to implement was not familiar or in use with social workers working with **ASSA.**

Phase 3: Design

This phase is of crucial importance. De Vos and Strydom (2011:482) are of the opinion that the following have to be done during this phase:

- Designing an observational system
- Specifying procedural elements of the intervention

Phase 4: Early development and pilot testing

De Vos and Strydom (2011:483) describe this phase as the process by which an innovative intervention is implemented and used on a trial basis and refined and redesigned as necessary. The proposed programme was introduced to social workers through a presentation and implemented with two (2) **ASSA.** The programme was refined after feedback was given by social workers and the pilot testing was completed with the **ASSA** (as discussed in Chapter 4).

Phase 5: Evaluation and advanced development

According to De Vos and Strydom (2011:485) this phase consists of the following steps which the researcher followed:

- Selecting an experimental design

- Collecting data through semi-structured interviews where the researcher focuses on the "where, when, what and how" questions to help adolescents in their storytelling. Analyzing data.
- Replicating the intervention under field conditions. The participants are identified through criteria as described under 5.2.2. (Four participants took part in this).
- Refining the intervention.

During this phase the main investigation was implemented. Evaluation of the **NSPP** will be discussed in full in Chapter 6.

Phase 6: Dissemination

The intervention has been field-tested and evaluated and can therefore be prepared for dissemination to the community and organizations and other target audiences. According to De Vos and Strydom (2011:487) the potential outcomes of the research endeavour should be meticulously planned, whether it is in the form of articles, chapters in books or conference presentations.

5.2.2 Participants

According to Gravetter and Forzano (2012:138) the large group of interest to a researcher is called the population, and the small set of individuals who participate in the study is called the sample. The research population of this study consisted of all adolescents exposed to sexual abuse within Child Abuse Treatment and Training Services (CATTS) and as identified by professionals. For the purposes of the research project the researcher made use of non-probability sampling and specifically purposive sampling. Creswell (1998:191) is of the opinion that purposive sampling focuses on the special qualities, experiences and circumstances of participants which the researcher wants to investigate. Babbie (2010:192) is of the opinion that a sample can be selected on the basis of knowledge of a population, its elements, and the purpose of the study which is called purposive sampling.

The researcher identified social workers who, at the time of the study, worked with adolescents who had been sexually abused. These social workers were representatives of different organizations in the Gauteng area and they were responsible for:

- The intervention and referrals of adolescent participants. The researcher focused on an estimation of four (4) participants until data-saturation was obtained.
- The proposed **NSPP** was discussed with the identified social workers for evaluation, inputs and critique.

The criteria that guided the researcher in purposive sampling with the adolescent participants included:

- Adolescents between the ages of 12 – 16 years
- Adolescents who were exposed to sexual abuse
- Social workers who work with adolescents exposed to sexual abuse

5.2.3 Measuring instruments

As part of the research it was the intention of the researcher to utilize measurement instruments specifically designed to identify sexual abuse with the adolescent such as:

- Adolescent Sexual Behaviour Checklist: Parent Report (Friedrich, 2002) (Addendum 1)
- Adolescent Sexual Behaviour Checklist: Self Report (Addendum 2) (Friedrich, 2002)
- Dissociation Checklist (Putnam, Helmers & Tricket, 1993) (Addendum 3)
- Safety and Suicide Checklist (CATTS, s.n.) (Addendum 4)

These quantitative questionnaires were given to the **ASSA** during the pilot testing as well as the **ASSA** during the main investigation. These measuring instruments were used for the purposes of pre-testing to identify the impact of the sexual abuse on his/her behaviour and for post-testing where changes could be identified. The purpose of the assessments was to identify needs and problems of the **ASSA** and included: some techniques of the Rapha model (Assessment and Therapy with teenagers), play therapy techniques such

as sand play, questionnaires as mentioned above and narratives where the adolescent had the opportunity to tell their life story as a way to trace the history of the problem.

Intervention therapy with the adolescent focused on a combined approach of narratives and sand play. The **ASSA** expressed their problems through sand play and by telling stories about these sand trays. These mediums helped them to work through the problems and gave them the opportunity of a revised or a preferred story. The adolescent created a new self-narrative. He/she was actively involved with the problem whereby he/she participated in actions through playing out the problem in the sand, drawing the problem and play therapy techniques such as the sand play, the drawing of the problem and the writing of poems. Sand play and narratives were used to help the **ASSA** to work through their problems.

5.2.4 Procedures

The following procedures were taken through different phases of the research process as reflected in Illustration 2.

- During the research proposal **ASSA** were identified, problems were analyzed and a goal and objectives were set (Phase 1).
- Information was gathered through an in-depth literature study which was done on the various topics of adolescents and sexual abuse and social work intervention with **ASSA** (Phase 2).
- A design was developed which could assist the researcher with an observational system and during this phase the researcher focused on specifying procedural elements for the intervention. Here the researcher focused on the proposed programme (as discussed in Chapter 5) and developed a guideline of questions that can assist during the **NSPP** (Phase 3).
- Thereafter the researcher started to evaluate the proposed **NSPP** through the implementation of the pilot study. Social workers in the field of sexual abuse and therapy with **ASSA** were identified (as explained under the heading of participants) and the researcher exposed the proposed model to the professionals whereby

they were given the opportunity to evaluate the programme, give their critique and make inputs. The researcher also started with the pilot testing of this programme (Phase 4).

- After the proposed programme had been evaluated by the social workers and experts the necessary adaptations were made and refined to the satisfaction of **ASSA** (pilot testing) and experts. Then the researcher continued to evaluate which interventions were successful and which were not and which variables could affect the success of interventions. The researcher developed a prototype of the **NSPP** for social workers dealing with **ASSA** based on the needs identified by adolescents and based on the feedback of the social workers. The adjusted/final programme was implemented with two **ASSA's** over a period of about six months (Phase 5).
- After the intervention had been field-tested and evaluated it was prepared for dissemination to social workers and organizations working with **ASSA.**

5.2.5 Data-analysis

Fossey, Harvey, McDermott and Davidson (2002:728) define data-analysis as the process of reviewing, interpreting and summarizing data with the purpose of describing and explaining the phenomenon being explored. Thyer (2010:407) adds that during data-analysis new insights and themes may begin to emerge. Standardized measuring questionnaires (quantitative data) were analyzed by hand (see Chapter 4 and 6). All individual interviews (qualitative data) with **ASSA** were audio taped and after the completion of the interviews were transcribed by the researcher (phase 4). After all data had been gathered the researcher followed the steps as introduced by Tesch (Creswell, 1994:155) in the process of data-analysis for the qualitative data:

The researcher read through all the gathered information in each transcribed interview and relevant information was indicated in the margin of the specific interview where a distinction was made between main themes, unique themes which are themes that can be of interest or attract some attention and remaining themes which were placed in different columns. Collected data were coded by the researcher according to the

identified themes. Codes were written next to the corresponding division. The researcher found the most descriptive wording for the themes and transferred it into categories. Through the cut and paste method all data were organized belonging to a theme or category. As part of this process the researcher had to evaluate the data for their informational adequacy, credibility, usefulness and centrality and therefore the researcher made use of triangulation in order to improve the relevance and validity of the research findings by:

- Having the coding supervised by an independent third party.
- Pre- and post-testing through questionnaires and assessments was implemented.

Hereafter the researcher started with the writing of the report. The gathered information was submitted to a literature review to confirm, support or disprove themes, categories or storylines.

5.2.6 Ethical Aspects

According to Strydom (2011**a**:114), the researcher has also an ethical responsibility to the discipline and science. Gravetter and Forzano (2012:72) refer to **ethics** as the study of proper action. Therefore ethical approval was requested from the Ethical Committee of the North-West University and ethical approval with an ethical reference number for this study was given (see Addendum 5). The researcher reported all research findings and problems experienced as accurately and correctly as possible. According to Holloway and Wheeler (1998:39) participants who participate in qualitative research have the following rights and this was also followed strictly by the researcher:

- The intervention programme was based on firm scientific grounds in order to ensure the avoidance of harm to research participants.
- Permission was asked from the organization where the researcher worked to follow the intervention programme (see Addendum 6).
- All research participants could make a decision to participate in the research after they had received adequate information on the research study. A consent form

was signed by both the parent/caregiver and the **ASSA.** Information on the risks and expectations of the study was provided to participants (see Addendum 7).

- The research participants could participate in the research on a voluntary basis and they could withdraw at any time (included in Addendum 7).
- Research participants were assured of confidentiality and anonymity during the transcription of the interviews from audio tapes and the use of codes instead of the real names for the participants. All participants involved in the research study signed a confidentiality agreement. Written informed consent was obtained from legal guardians with regard to the audio taping of sessions with **ASSA** (included in Addendum 7).
- The termination of therapy and the intervention programme were handled with utmost sensitivity. If further therapy or treatment was needed the researcher would refer the participants for the necessary treatment.

6. LIMITATIONS OF THE STUDY

The limitations of the study were as follows:

- Limited literature on sand play and narratives as a combined approach was available. Despite a comprehensive search that was done using many different search engines, the researcher was only able to find a few international qualitative case examples of sexually abused children being helped through the chosen approaches. Literature was mainly obtained from sources on the individual approaches.

- The ability of children to express themselves was limited in sand play by the number of miniature figures available. A large number of figures should be available for children to be able to choose whatever they want. There should be a variety of miniature figures for them to be able to express whatever they want.

- A guideline was developed to assist the researcher/therapist with possible questions during the **NSPP** to address problems related to the sexual abuse. This tool was found to be a very effective assessment and therapeutic tool in which the opportunity was given to address the trauma of the child through the sand play. A high response rate was established through the questions, but this procedure was found to be time consuming.

- The researcher focused on an **NSPP** for the **ASSA**. It was found that all the participants had experienced some relationship and attachment challenges. Although time was spent on their relationships, the researcher felt that more sessions could have been made available to do therapy with the caregiver(s) individually and with the caregiver(s) and the **ASSA** jointly.

7. FORMAT OF THE RESEARCH REPORT

According to Strydom and Delport (2011**a**:278), the research report can be defined as a written document which is the end result of a series of procedures undertaken to reveal information. The report was divided into two sections and consisted of seven chapters. Illustration 3 gives an overview of the format of the research report, including the following chapters:

In **Chapter 1,** a general introduction gives an overview on the orientation, on the problem statement and on the motivation for the research. Other aspects that are included are: the aim and objectives; the central theoretical argument; method of investigation which includes a discussion on analysis of literature and the empirical investigation. The empirical investigation covers the: research design, participants, measuring instruments, procedures followed, data-analysis and ethical aspects. A short discussion follows on the limitations of the study.

Chapter 2 is a literature study and gives attention to the exploration of the indicators and psycho-social impact of sexual abuse during adolescence.

Chapter 3 supplies details of narrative sand play with **ASSA**. In order to give a theoretical foundation to these approaches the theories are described in detail.

Chapter 4 consists of data gathered from the pilot study and serves as the empirical foundation of the suggested **NSPP** for **ASSA.**

Chapter 5 presents the suggested **NSPP** programme for **ASSA.** Although, for purposes of this study, it was applied to **ASSA**, it could be applied to victims of sexual abuse in general.

In **Chapter 6** the **NSPP** programme is evaluated by presenting data collected from the pilot study and the main investigation.

Chapter 7 is the final chapter, consisting of a summary, conclusions and recommendations.

The format of the research report as discussed is summarized in Table 1.

TABLE 1: FORMAT OF THE RESEARCH REPORT

SECTION 1: NEEDS ASSESSMENT PHASE			
Chapter 1 Introduction, problem formulation and objectives	Chapter 2 Literature study - exploration of the indicators and psycho-social impact of sexual abuse during adolescence.	Chapter 3 Pilot study. Empirical data collected from the needs ssessment.	Chapter 4 Theoretical foundation of narrative sand play with adolescent survivors of sexual abuse.
SECTION 2: PROGRAMME DEVELOPMENT AND EVALUATION			
Chapter 5 The suggested **NSPP** programme for **ASSA.**	Chapter 6 Research findings and evaluation of the programme.	Chapter 7 Summary, conclusions and recommendations.	

8. SUMMARY

My reasons for conducting this study were for both personal and professional development. My professional interest in narratives and sand play was sparked, because of the healing power that was found during research on these techniques. Much literature was found from international sources but limited information was available in South Africa and therefore it is hoped that this study will contribute to the expansion of knowledge on the practice of narrative sand play therapy within the South African context. Beside the motivation and relevance of this study, this chapter has also included a summary and description of the research process followed.

The researcher undertook mixed method research as this model was proven to result in well-validated and substantiated findings. The research design was based on a Concurrent Triangulation design which includes both a quantitative and qualitative method. The techniques for data production according to different phases were discussed. Illustration 1 visually portrayed the different steps the researcher planned to follow during the research process. A discussion followed on the measuring instruments and the analysis of data. The population which focused on **ASSA** was thoroughly described in this chapter. The ethical aspects of a research study were taken into consideration as the researcher had an ethical responsibility towards the social work discipline and science. The researcher familiarized herself with the possible limitations of the study which can also serve as recommendations for further research.

The literature consulted for this study will be reviewed in Chapter 2.

CHAPTER 2
AN EXPLORATION OF THE INDICATORS AND PSYCHO-SOCIAL IMPACT OF SEXUAL ABUSE DURING ADOLESCENCE

Laying Here Awake

Do you hear me mom,
in the room right beside yours.
the only thing that separates us is dad and the wooden doors.
he touches me mama,
dont you even care?
that he's in my room so late,
and not in there?
he penetrates me,
he holds me down,
and yet you still do not come in.
but I have gotten used to it,
tomorrow it will happen again.
I grit my teeth and try not to cry.
I do not want appear weak in his eyes.
moma I'm lying here now,
he's gone back to you.
how can you not know of the things he will do?
why don't you help,
why don't you stop him.
I'll just get used to it moma,
cuz tomorrow it will just happen again (Kenny, 2011)

1. INTRODUCTION

The objective of this chapter is to explore and describe sexual abuse as well as the psycho-social impact of sexual abuse on adolescents by means of a literature study.

In order to gain relevant information, a thorough literature study was done where the adolescent's developmental changes such as the biological, cognitive, psychological, social and moral and spiritual changes were investigated. The physical, emotional and behavioural effects of sexual abuse amongst adolescents were discussed. Emphasis was placed on the psycho-social impact of sexual abuse on adolescent survivors.

2. CONTEXTUALIZING SEXUAL ABUSE DURING ADOLESCENCE

According to Minard (2009:2), sexual abuse is a topic that has attracted a great deal of attention, though many parents and professionals continue to have difficulty addressing this issue. The author is further of the opinion that alarming statistics indicate the need to deal openly with the sexual abuse of (our) children, and also to establish preventative programmes. Adamson (2003:13) is of the opinion that sexual abuse is the underlying

cause of many issues which are blighting our society and our ability to grow and evolve in the world. She is further of the opinion that sexual abuse is something that is thought to have directly affected up to one in three people. Horrifying as it is, the sexual abuse of children is not new, nor is it peculiar to South Africa (Richter, Dawes & Higson-Smith, 2004:23). Thirion (2007:179) is further of the opinion that it is clear that South African society is often a violent and abusive one, and that adolescents cannot escape this violence and abuse.

According to Moraz (2005:8), children and adolescents experience trauma in various forms. She is further of the opinion that sexual abuse is among one of the most commonly treated forms of trauma and linked to numerous negative consequences in childhood, adolescence and adulthood. Geldard and Geldard (2005:21) remarked that sexual abuse has been widely doumented as contributing to later adolescent and adult adjustment problems. Minard (2009:2) refers to the literature which suggests that sexual abuse of children, if not addressed, has negative effects on the development of the child which can inhibit the victim's growth well into adulthood.

Denov (2004:1137) is of the opinion that the research on the topic of sexual abuse has highlighted the many long-term deleterious effects that sexual abuse may generate in victims' health and functioning. Amone-P'Olak (2005:33) adds that adolescence is recognised as a particularly stressful period of development in which physical, social and intellectual transformation, adjustment and challenges of changing family and relationships, all must be coped with simultaneously. Coupled with sexual abuse this transition is not only made more difficult, but often associated with numerous mental health, behavioural and emotional consequences. These can include: depression, withdrawal, alienation, post traumatic stress disorder (PSTD), health and physiological malfunctioning. Finkelhor and Browne (1985:1) are further of the opinion that sexual abuse can alter the child's cognitive and emotional orientation to the world and create trauma by distorting the child's self-concept, world view and affective capacities. Geldard and Geldard (2005:21) refer to studies on the long-term effects of childhood sexual abuse where it was revealed that victims tend to have a high level of mental health problems,

including depression, anxiety disorder, substance abuse, sexual dysfunction and interpersonal difficulties. If left untreated, adolescent and childhood trauma can create feelings of loss of safety, can be overwhelming and can impair functioning, sometimes to the point of psychological disability (Amone-P'Olak, 2005:33). Richter et al. (2004:3) highlight the fact that no child should endure these abuses of power, the pain that ensues, and the potential loss of love and sexual pleasure in adulthood. Minard (2009:2) is of the opinion that early detection and intervention in sexual abuse cases has resulted in less damage to the victim and that the therapist must be familiar with typical indicators of abuse if proper intervention is to occur and this knowledge should be introduced to other professionals.

The following research question will be dealt with in this chapter:

- What are the indicators and the psycho-social impact of sexual abuse during the developmental phase of adolescence?

The research question will be explored with the following objective:

- To establish the indicators and the psycho-social impact of sexual abuse during adolescence.

3. DEFINITION OF KEY CONCEPTS

3.1 ADOLESCENCE

Geldard and Geldard (2005:3) define adolescence as a stage in a person's life between childhood and adulthood. It is the period of human development during which a young person must move from dependency to independence, autonomy and maturity. The young person moves from being part of a family group to being part of a peer group and to standing alone as an adult. Clark (2004:27) adds that adolescence is a unique phase of life which must be understood and dealt with on its own merits. He further states that adolescence is a psycho-social, independent search for a unique identity or separateness, with the end goals being certain knowledge of which one is in relation to

others, a willingness to take responsibility for who one is becoming and a realized commitment to live with others in community.

3.2 SEXUAL ABUSE

Child sexual abuse can be defined as:

- Sexually molesting or assaulting a child, or allowing a child to be sexually molested or assaulted;
- encouraging, inducing or forcing a child to be used for the sexual gratification of another person;
- using a child in or deliberately exposing a child to sexual activities or pornography;
- procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child (The Children's Act, 2005:11).

Child sexual abuse varies by features of the event, the experience of the child, the duration of abuse, the age of the child, the circumstances under which the abuse takes place, and the effects of the abuse on the child and the family (Richter et al., 2005:21).

3.3 TRAUMA

Trauma can be described as a horrific event "beyond the scope of normal human experience". To qualify as traumatic, an event should be subjectively perceived as threatening to a person's life or physical integrity, and should include a sense of helplessness along with fear, horror or disgust (Greenwald, 2005:9). Barker (2009:441) sees trauma as any circumstance that affects the body or psyche negatively which can lead to withdrawal, a sense of helplessness, depression, fear or tension. In this case, when an adolescent is exposed to inappropriate sexual activities, specific trauma will be experienced such as feelings of helplessness, fear and depression.

3.4 INDICATOR

According to MED (2002:730) an indicator is something that shows you in what condition something is. Hart (1998:1-2) describes an indicator as something that is a sign, symptom or index thereof. She further states that indicators can be ways to measure.

3.5 PSYCHO-SOCIAL IMPACT

Such impact is determined by the systematic collection and analysis of data required for the identification and assessment of the psycho-social problems of client systems, the influence of the environment and the formulation of an appropriate programme for social work assistance (Terminology Committee for Social Work, 2005:51).

4. ADOLESCENT DEVELOPMENT

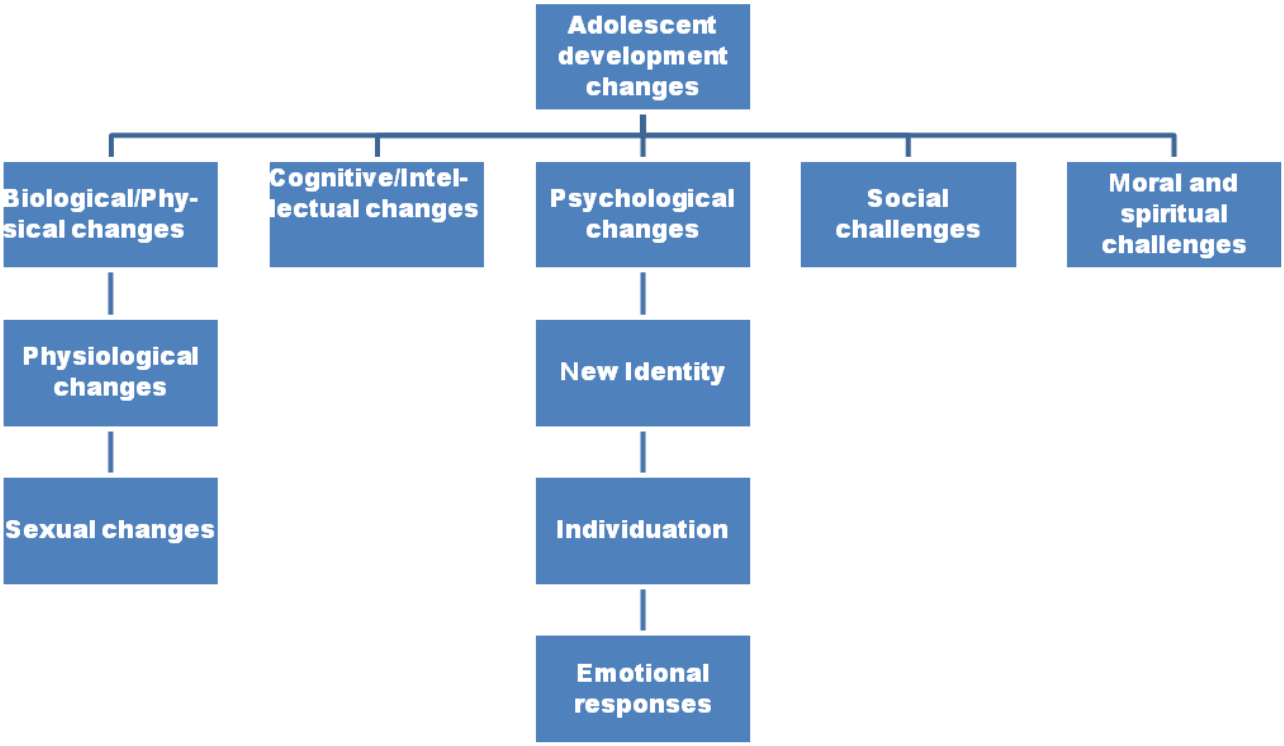
Ferrara (2002:78) is of the opinion that adolescence is a time when children are most self-conscious and preoccupied with themselves. Many teens who have been sexually abused feel that they are the only people this has ever happened to; therefore feelings of isolation, alienation and depression set in. She also refers to the impact this abuse has on the adolescent's sexuality and the enablement of abstract reasoning and decision making in situations involving moral dilemmas. Ferrara (2002:78) further states that when a child is continually exposed to abusive acts the child cannot clearly perceive what behaviours are and are not acceptable; as a result boundaries become blurred, roles become entangled, and relationships become the source of further confusion.

Adolescence poses many challenges to teens due to physiological, biological, psychological and social changes. Important processes of change need to occur within the young person if these challenges are to be confronted adaptively and with success. When an adolescent is unable to confront and deal with a developmental challenge successfully, there are likely to be unhelpful psychological, emotional and behavioural consequences (Geldard & Geldard, 2005:4). During adolescence, a youth is growing and changing in a number of ways. All these developmental changes will be affected by

sexual abuse. The researcher has summarized the normal developmental changes in Illustration 3.

ILLUSTRATION 3: ADOLESCENT DEVELOPMENTAL CHANGES

All these different developmental changes will be described in more detail.



4.1 BIOLOGICAL/PHYSICAL CHANGES

The beginning of biological growth and development during adolescence is signified by the onset of puberty, which is often defined as the physical transformation of a child into an adult. A myriad of biological changes occur during puberty including sexual maturation, increase in height and weight, completion of skeletal growth accompanied by a marked increase in skeletal mass, and changes in the body composition (Stang & Story, 2005:1). Geldard and Geldard (2005:4) add that puberty refers to the biological events which surround the first menstruation in girls and the first ejaculation in boys.

These events signal the beginning of a process of profound physical change. The biological changes of adolescence result in physiological changes and sexual changes.

4.1.1 Physiological changes

During adolescence major physiological changes take place. The young person grows in height, weight and strength, develops sexually, and changes in appearance. These physiological changes occur over a period of time and happen at different ages and different rates for different young people. Consequently, there may be issues for the adolescent who may feel embarrassed, self-conscious, awkward and out of step with peers who are developing at a different rate and they may become anxious about their appearance (Geldard & Geldard, 2005:5). Ferrara (2002:194) is of the opinion that for adolescents who have experienced sexual abuse, the physical changes that occur during puberty may be most unwelcome if not outright traumatic. The more severe the abuse was, the more likely it is that the transition from childhood to adolescence will be emotionally stressful.

4.1.2 Sexual changes

Significant and important increases in the production of sexual hormones occur during puberty. These result not only in changes to the body, but also trigger an increase in sexual arousal, desire and urge in both males and females. These changes are likely to cause discomfort for the adolescent. As the sexual drive rises, the adolescent is confronted with issues of personal sexuality and sexual identity. When assessing sexual development it is important to recognize that early sexual experience is not an indicator of rapid developmental progression. Indeed, it may be an indicator of childhood sexual trauma (Geldard & Geldard, 2005:5). Stang and Story (2005:1) refer to the sexual changes as the appearance of pubic hair, the development of breasts, and the occurrence of menarche among females; and on the degree of testicular and penile development and the appearance of pubic hair among males. Friedrich (2002:183) adds that sexual abuse is related to sexual behavioural problems. As children transition into adolescence, they get less pleasure out of daily activities and they can engage in risky behaviours (Biglan, Brennan, Foster & Holder 2004:83).

4.2 COGNITIVE CHANGES

Stang and Story (2005:6) are of the opinion that the early stage of adolescence is a time of great cognitive development. At the beginning of adolescence, cognitive abilities are dominated by concrete thinking, egocentrism and impulsive behaviour. The cognitive or mental changes that take place in early adolescence may be less easy to see, but they can be just as dramatic as physical and emotional changes. According to Barnett (2009:1), cognitive development involves the ability of the brain to begin processing more abstract thoughts and the difficult search for self-identity. This phase of development allows the adolescent to search for a sense of self. Ferrara (2002:201) is of the opinion that if an adolescent experienced sexual abuse at an earlier age, concepts related to that event can be cognitively processed, perhaps for the first time since the abuse occurred. She further states that although they might be capable of cognitive reasoning skills they must be emotionally ready otherwise more severe emotional harm can occur.

4.3 PSYCHOLOGICAL CHANGES

The biological and cognitive changes which have been described have a significant impact on psychological functioning of the adolescent. There are major psychological challenges for the young person with regard to a central feature of adolescence which involves the formation of a **new identity**. The adolescent is no longer a child, a new person is emerging. Failure to achieve a satisfying personal identity is almost certain to have negative psychological implications (Geldard & Geldard, 2005:8). **Individuation** occurs which involves the development of relative independence from family relationships, weakening of ties to objects which were previously important to the adolescent and an increased capacity to assume a functional role as a member of adult society (Geldard & Geldard, 2005:9). The adolescent developmental stage is also characterized by emotional reactivity and a high intensity of **emotional responses**. This makes it difficult for adolescents to control and modulate their behavioural responses, which at times may be inappropriately extreme (Geldard & Geldard, 2005:10). Beeler, Rycus, Hughes, Lilley, Priestino and Turban (1990:99) are of the opinion that adolescence is an emotionally chaotic period. Pipher (2009:1) concurs when he states

that adolescents tend to experience more intense emotions than adults and younger individuals. They may also experience more variation in emotion during the course of a single day than is typical of adults.

4.4 SOCIAL CHALLENGES

A major challenge for adolescents is concerned with their need to find their place in society and to gain a sense of fitting in that place. This is a process of socialization involving an adolescent's integration with society (Geldard & Geldard, 2005:11). During adolescence the child will become more independent. Townsend (2006:78-79) remarks that the centre of the adolescent's life shifts from the family to his peer group. They become the focus and main interest of his life. Kruger and Spies (2006**b**:168) are of the opinion that the adolescent tries out new relationships and accepts adult responsibilities and socially acceptable values and behaviour. The combined expectations of society, parents and peers, together with newly acquired psychological and cognitive changes, challenge the adolescent to make changes in social behaviour (Geldard & Geldard, 2005:11).

4.5 MORAL AND SPIRITUAL CHALLENGES

Geldard and Geldard (2005:14) refer to moral development of adolescents as the ways of thinking about moral matters. According to them, adolescents develop a clear idea about what they believe in and what they are prepared to stand for. Furthermore Geldard and Geldard (2005:15) are of the opinion that adolescents look within themselves to examine thoughts and feelings, and reason about them. This leads many young people to seek answers to questions of a spiritual nature. Conventional religious beliefs and participation in organized religious practices demonstrate aspects of spirituality. The adolescent's spirituality is often demonstrated in a more fundamental way through the adolescent's search for meaning in life's daily experiences.

It is clear that adolescence is a time of change, crises and the period of transition from childhood to adulthood. It is the period of human development where these changes lead to some psychological, social and emotional consequences. Furthermore the adolescent

is faced with biological, psychological and social challenges. Important processes of change need to occur within the young person if these challenges are to be confronted adaptively and with success (Geldard & Geldard, 2005:5,16).

5. PHYSICAL, EMOTIONAL AND BEHAVIOURAL INDICATORS OF SEXUAL ABUSE

Sexual abuse may result in physical, emotional or behavioural manifestations. It is important that professionals and the public know what these are, because they signal possible sexual abuse. It is also important to realise that indicators of sexual abuse varies in children of different ages. The following self-developed illustration gives an overview of indicators of sexual abuse among adolescents.

ILLUSTRATION 4: PHYSICAL INDICATORS OF SEXUAL ABUSE

Each level of indicators will be explored and discussed in more detail.

5.1 PHYSICAL INDICATORS

Finkelhor and Browne (1985:1) refer to traumatic sexualisation as the process in which a child's sexuality (including both sexual feelings and sexual attitudes) is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse. Sexual abuse includes a wide range of behaviours and activities, some of which leave no evidence. Goldstein (1999:89) adds that physical indicators in sexual abuse cases are often non-existent for many persons. Sexual abuse includes activities such as kissing, fondling, genital exposure and observation of adult sexual activity by a child. Although physical indicators may be noted by many people, a definitive determination is generally made by a medical professional. Faller (1993:1) refers to the highest probability indicators as follows:

- pregnancy in a child, and
- venereal disease in a child which may be located in the mucosa of the vagina, penis, anus or mouth.

There is little dispute about the highest probability indicators as they definitely require sexual activity. Physical indicators may also include the following:

5.1.1 Sexual behavioural Indicators

Ceci and Hembrooke (1998:168) are of the opinion that the sexualized behaviours most often observed to be related to child sexual abuse include putting objects into the anus or vagina, excessive or public masturbation, seductive behaviour, initiation of intercourse or sexual stimulation with adults or peers, and age-inappropriate knowledge. As children mature, they become aware of societal responses to their sexual activity, and therefore overt sexual interactions. Moreover, some level of sexual activity is considered normal for adolescents. According to Bright (2009:2) and Faller (1993:3), there are three sexual indicators that may signal sexual abuse:

- sexual promiscuity among girls,
- being sexually victimized by peers or non-family members, and

- adolescent prostitution.

When children report to anyone they are being or have been sexually abused, there is a high probability they are telling the truth. This can be confirmed by a medical examination which may reveal some genital, anal and oral findings.

5.1.2 Genital Indicators

According to Goldstein (1999:90), the following findings should be considered as strong indicators that sexual activity has occurred:

- hymenal disruption, presenting scars, tears or abrasions,
- injuries in the posterior fourchette in girls (area between the vagina and the anus),
- presence of sexually transmitted diseases and such things as genital warts,
- chronic irritation of the genitals,
- vaginal opening greater than 5 mm,
- injuries to the penis or scrotum, and
- presence of semen in the vagina, rectum or mouth.

Faller (1993:2) is of the opinion that it is important to note that not all girls who have a reported history of penetration show evidence of enlarged vaginal openings, tears, abrasions or bruising. Conditions such as bumps, friability, and clefts in the hymen may be a result of sexual abuse. With sexual abuse with boys, the injury should be considered indicative of sexual abuse where bite marks, abrasions, redness, “hickeys,” scratches, or bruises may be found. A further indication of sexual abuse can be the presence of sexually transmitted diseases, including herpes on the genitals, gonorrhoea, syphilis, venereal warts, or chlamydia.

5.1.3 Anal Indicators

According to Faller (1993:2) the following are high probability findings:

- destruction of the anal sphincter,
- perianal bruising or abrasion,

- shortening or eversion of the anal canal,
- fissures to the anal opening,
- wasting of gluteal fat, and
- funneling.

Very occasionally there will be a finding of total absence of anal sphincter control, indicative of chronic anal penetration. If there has been forceful anal penetration, it may result in bruising and scrapes.

5.1.4 Oral Indicators

Generally oral sex leaves little physical evidence. The only physical findings that have been noted are the injury to the palate or pharyngeal gonorrhoea. Sometimes the adolescent will sustain an injury to the soft or hard palate from being subjected to fellatio. This may cause bruising, especially pinpoint bruises called petechiae or abrasions. Children may also contract pharyngeal gonorrhoea as a consequence of oral sex, as described above (Faller, 1993:3).

5.1.5 Pregnancy

Abused teens live in unsafe situations and may also experience psychological and emotional damage, which further increases their exposure and vulnerability to coercive and violent partners and risk of pregnancy. Sexual abuse of these victims increases the likelihood of their being engaged in sex that results in a pregnancy.

It is clear that there are numerous physical factors which act together to determine the probability of sexual abuse. These factors should be taken into consideration by experts working with the sexual abuse adolescent and as soon as these indicators are identified the child must be taken immediately to a medical doctor for medical confirmation (Faller, 1993:3).

5.2 EMOTIONAL INDICATORS OF SEXUAL ABUSE

Beeler et al. (1990:99) are of the opinion that the principal task of emotional development during adolescence is development of an individual identity and this is not a task that is achieved easily. They further state that adolescence is an emotionally chaotic period. The adolescent phase is inherently stressful because of the rapid changes and difficult challenges. Pipher (2009:1) is of the opinion that adolescents tend to experience more intense emotions than adults and younger individuals. They may also experience more variation in emotion during the course of a single day than is typical for adults. Brooks (1985:401) states that data from children known to have been sexually abused show emotional disturbances to be most severe when the abuse began at an early age and was a chronic situation, or when the abused child was a teenager, even though the abuse may have been limited to one time.

Childhood sexual abuse may have a detrimental effect on the child or adolescent's emotional development. Some abuse has a profound effect and may lead to problems for the rest of their lives. Some of the emotions that the adolescent can experience after being exposed to sexual abuse are described. Illustration 5 gives an overview on the emotional indicators experienced by victims of abuse.

ILLUSTRATION 5: EMOTIONAL INDICATORS OF SEXUAL ABUSE

5.2.1 Shame

Adamson (2003:42) is of the opinion that shame is strongly associated with sexual abuse and is completely internalised. Draper (1996:56) states that because of the fact that sexual abuse is a very degrading experience, every victim feels tremendous shame, embarrassment, humiliation, and degradation. She is of the opinion that shame says, "I am a terrible person". Adamson (2003:42) further states that adolescents can feel as if they are burning with shame and may feel the need to cover it up. The shame from sexual abuse may show itself in different areas. There may be a sense of shame associated with the body. This may mean that under no circumstances do they feel comfortable revealing their body. There also may be feelings of shame and betrayal at the body for having sensual feelings. Within the act of sexual abuse, adolescents may have been exposed to or made to participate in degrading or humiliating acts that a sexually aware adult would not choose to experience. Spies (2006**a**:56) is of the opinion that shame may represent of deep emotional pain and when the survivor of sexual abuse stands in front of us, what we hear is the wailing of the inner child whose heart is breaking.

5.2.2 Guilt

Draper (1996:55) highlights that all survivors of sexual abuse feel burdens of guilt. Most adults will have difficulty understanding why an innocent young child who was clearly manipulated or forced into abuse would feel such vast amounts of guilt for something the child did not cause. The roots of the problem remain in the child's view of what happened. Children believe that if something is really wrong in the relationship, it must be their fault. Goldstein (1999:57) is of the opinion that the guilt the child feels after being seduced is often used against him as a blackmail device. Children often feel good about the offender, yet knowing that the act was wrong (either knowing at first or finding out afterwards), they carry the burden of knowing that if they tell, the offender will be arrested and/or go to jail. Glaser and Frosh (1993:129) add that sexually abused children often experience feelings of guilt and self-blame because of the intimate sexual feelings evoked by the abuse and the pleasure which some derive from the sexual contact.

5.2.3 Anger/Aggression

Draper (1996:53) is of the opinion that anyone who has been subjected to abuse suffers from a deep well of anger that has no legitimate outlet for expression. She is further of the opinion that there is so much to be angry about: for being betrayed, used and deprived of one's childhood. Adamson (2003:43-46) states that some adolescents might take their aggression out at school, becoming bullies and passing on the power and control pattern. Anyone who seems weak or vulnerable can become a target for their anger. They will flout any form of authority, they may well drop out of school or get in with a bad crowd. All of this behaviour will be led by anger that is being directed everywhere but at the person it is about. It is essential that feelings of hatred and anger towards the abuser are expressed and released. Spies (2006**a**:55) further states that sexually abused children stay angry at the child within, the child who was vulnerable, who was injured, who was unable to protect himself or herself, who needed affection and attention, and who may have experienced sexual arousal or orgasm. According to Biglan et al. (2004:76), these children are less likely to follow teachers' instructions and more likely to challenge them, making it more difficult to establish good relationships with their teachers. At the same time, their aggressive behaviour towards peers makes it more likely that peers will reject them and they will likely become friends with other rejected children and form deviant peer groups.

5.2.4 Hurt/Pain

Adamson (2003:47) is of the opinion that hurt and pain are very closely linked with anger. Abuse will create a great deal of pain on many levels. She states that when children are subjected to any form of abuse, it changes who they are forever. An abused adolescent is denied the chance of living up to the ideal. At the point where the abuse first takes place, this kind of childhood is lost to the child. There is often a sense of loss and bereavement for the innocence and naivety that the victim had. Adamson (2003:48) further mentions that loneliness and isolation will often result from abuse and there is a great deal of pain associated with this. Abuse can make one feel like an outsider who can never be part of the normal group. There is often the greatest amount of hurt when

the abuse has been perpetrated by someone who is close to the victim and there is a sense of betrayal.

5.2.5 Fear

Loffell (1996:104) mentions that victims are liable to multiple fears – of recurrence of the abuse itself, of damage due to the sexual activities, and of the consequences of disclosure. There may be the fear that the abuse has resulted in pregnancy or HIV/AIDS. Adamson (2003:50) adds that the fear is often greater once the abuse has ended. There is a fear of intimacy. The victims will build a wall around them as a protection from being hurt further. This also leads to the victims shutting out their friends and family. Everything in the world of the victim becomes frightening. Some people who have been abused are afraid of being visible or seen. There may also be a fear of authority. Sometimes they will automatically give away their power to people who are in the position of power or they may avoid them as much as possible.

5.2.6 Emotional shutdown

The emotions around sexual abuse are so strong and powerful that if they are not channelled safely, they can become a huge problem. The victim will turn these emotions against themselves or to protect themselves from these emotions, they shut down. Emotional shutdown can be extremely destructive and the victim can lose touch with humanity and reality. Emotional shutdown has many negative consequences. When the victim shuts down from feelings like hurt, shame and anger they also have to disconnect from positive ones like love, joy, compassion and enthusiasm (Adamson, 2003:51).

5.2.7 Betrayal

Finkelhor and Browne (1985:531-532) refer to the dynamic by which children discover that someone on whom they were vitally dependent has caused them harm. This may occur in a variety of ways in a molestation experience. The children may come to the realization that a trusted person has manipulated them through lies or misrepresentations about moral standards. They may also come to realize that someone whom they loved or whose affection was important to them treated them with callous disregard. Adolescents

can experience betrayal not only at the hands of offenders, but also on the part of family members who were not abusing them, but were unwilling to protect or believe them. Adolescents, who are disbelieved, blamed or ostracized undoubtedly experience a greater sense of betrayal than those who are supported.

5.2.8 Denial

Many victimized children are in denial and experience depression and through the sexual abuse they have been coerced to silence. Often the victimizer compels the child not to speak of the events. In other circumstances, the youngsters do not reveal what has happened out of a wish to maintain a secret libidinous tie within the family, or out of shame, guilt or embarrassment (Brooks, 1985:402). La Fontaine (1990:218) is further of the opinion that children are often in denial when either they coped with the abuse by burying it deep in their memory and it is only years later or in therapy that it can be allowed to emerge. There are also children who are so traumatized that they cannot speak or are so threatened by the abuser that they dare not and therefore are in denial.

5.2.9 Powerlessness

According to Finkelhor and Browne (1985:3), powerlessness refers to the process in which the adolescent's will, desires and sense of efficacy are continually contravened. Many aspects of the sexual abuse experience contribute to this dynamic. It is theorized that a basic kind of powerlessness occurs in sexual abuse when an adolescent's territory and body space are repeatedly invaded against his will. Powerlessness is reinforced when victims see their attempts to halt the abuse frustrated. It is increased when they feel fear, are unable to make adults understand or believe what is happening, or realize how conditions of dependency have trapped them in the situation. Also a situation where a child tells, but is not believed, will create a greater degree of powerlessness. It seems that powerlessness is as much a component of the coercion, frequency and duration of the abuse as it is due to the child's construction of the meaning around the abuse (Friedrich, 2002:58). Goldstein (1999:54) states that the victim is powerless, obedient or cooperative, when they become dependent on the offender for many things such as money, approval, love or care.

5.2.10 Stigmatization

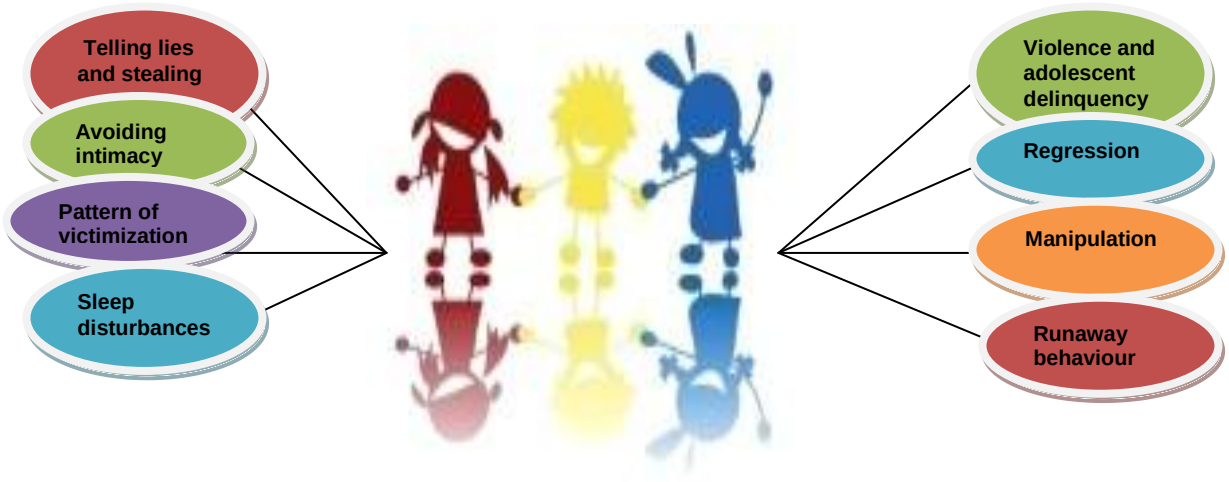
Finkelhor and Browne (1985:3) highlight that stigmatization refers to the negative connotations of badness, shame and guilt that are communicated to the victim around the experiences and that it is later integrated with the self-image. These negative meanings can come directly from the abuser who may blame the victim for the activity. Stigmatization is also reinforced by attitudes that the victim infers or hears from other persons in the family or community. Stigmatization may thus grow out of the adolescent's prior knowledge or sense that the activity is considered deviant and taboo, and it is certainly reinforced if, after disclosure, people react with shock or hysteria, or blame the child for what has transpired.

These emotional indicators speak of the intense pain and emotional turmoil the adolescents go through when experiencing sexual abuse. Therefore emotional expression in intervention will be important in order to attend to the sexual abuse trauma effectively.

5.3 BEHAVIOURAL INDICATORS OF SEXUAL ABUSE

Gabowitz, Zucker and Cook (2008:163,166) are of the opinion that complex trauma in adolescents, such as sexual abuse, often involves acting out, risk taking, and self-destructive behaviours and are therefore of the opinion that it is critical to evaluate youth within their developmental context. The following self-developed Illustration gives an example of the several behavioural indicators of sexual abuse:

ILLUSTRATION 6: BEHAVIOURAL INDICATORS OF SEXUAL ABUSE



5.3.1 Telling lies and stealing

Spies (2006**c**:273) states that most sexually abused victims are told never to talk about the abuse as nobody must know what is going on in the family or in the life of the child. Sometimes this pattern of telling lies to cover up or protect may continue into adulthood. Often the caregivers see the lying as bad behaviour and not as a survival mechanism. Stealing becomes a way of creating distraction or excitement, to recreate the feelings the victim experienced when they were first abused, namely guilt, terror or the rush of adrenalin. For some victims it becomes a way of defying authority or of taking back what was stolen from them, or evening the score and regaining personal control or something special that the child has lost through the abuse.

5.3.2 Avoidance of intimacy

Spies (2006**a**:56) states that sexually abused children go to great lengths to limit intimacy or any physical contact with others. Emotional or physical intimacy or closeness reminds the sexually abused child of the context of the abuse. While avoiding intimacy keeps the child safe, it also means missing out on the rewards that healthy relationships can bring.

5.3.3 Pattern of victimization

Adamson (2003:72) is of the opinion that when someone is a victim there is a belief of being powerless and therefore unable to stop or prevent what is happening to him/her. The victims will tend to be very passive, allowing other people to make their choices for them rather than making choices themselves, they do not take responsibility for themselves and hand it over to anyone who is willing to take it on. Victims often go from one crisis situation to another and can become addicted to the attention that these situations give them. Adolescents who were exposed to sexual trauma fall into this pattern of victimization. Bohn (2003:343) states that there is a relationship between children who were abused as a child and adult revictimization. She also refers to a statement made by a participant "Sexual abuse was the pen that wrote the script of my life".

5.3.4 Sleep disturbances

According to Barker (2009:1), the child can experience sleep problems after sexual abuse. Suppressed memories are experienced in sleep as nightmares (particularly of a sexual nature) or as flashbacks when awake causing fear and anxiety in response to trigger events. Randle (2009:1) adds that it is not uncommon for memories of sexual abuse to surface through dreams. For various reasons, these memories can be buried. One reason may be that the abuse was too difficult for a person to deal with at the time that it had occurred. The memories may be psychologically blocked through unconscious defence mechanisms, namely repression. This may explain why one does not have any conscious memory of this event. Reoccurring dreams are usually signals that important information is trying to be conveyed.

According to Ferrara (2002:211) flashbacks and memory recall can be frightening and intimidating to the adolescent for several reasons. Memories themselves may be frightening, as the teenager recalls life-threatening comments, threats and coercive statements made by the perpetrator; thus the adolescent is forced to re-experience scary emotions. The adolescent may be reminded of feeling shame and embarrassment about the abuse. They may also be reminded of the pain which they may have experienced

during earlier abuse, resulting in a perceived association between sex, pain and a current relationship.

5.3.5 Violence and adolescent delinquency

Adolescents, like all humans, are social by nature and this sociability predisposition leads them to engage in interaction with others human beings. These social interactions and their resultant negotiations can lead to interpersonal tensions that can, under the right conditions, manifest in interpersonal violence. Physical and sexual abuse, temperament and victimization can arise from and within the many interpersonal and intrapersonal relationship interactions that make up an adolescent's social world. Early childhood experiences such as sexual abuse can substantially impact whether or not an adolescent engages in acts of violence (Polk, 2009:1-3).

Goldstein (1999:75) is of opinion that when delinquent behaviour is seen in the child it can surface in many ways. The child may be acting out pent-up anger about what has happened to him and this may show itself in violent attacks. Another common form of delinquent behaviour is seeking thrills. For the child who is actively involved in selling himself to others, sex becomes banal and commonplace. Goldstein (1999:78) further states that the child needs some activity to stimulate himself and often looks for thrills in committing crimes which involve damage, burglary, joyriding or car theft. Aggression may also surface with the child committing a crime against his abuser.

5.3.6 Regression

Spies (2006**a**:56) indicates that sexual abuse victims may find it difficult to relate to their own peer group. They may demonstrate developmental stages incongruent with their age. The loss of childhood impacts on the child's personality, making the child appear more serious and more mature than usual for his or her age. Goldstein (1999:82) refers to regression as the acting of the adolescent victim in a way appropriate to a younger developmental level, through which they have already passed, or switching abruptly from one developmental level to another. Bedwetting is another sudden change of regression

in behaviour. The child with this problem will have already passed through the 'nominal' age for such a problem and suddenly begin to bed-wet during the night.

5.3.7 Manipulation

Children who have been sexually abused soon find that they have a commodity that is in demand and gives them a power they never knew they had. It is not uncommon to find upon discovering some need – be it as simple as a desire for some physical closeness- that the child may seek out the offender and initiate the sexual activity in return for the satisfaction of the expressed need (Goldstein, 1999:85).

5.3.8 Runaway behaviour

Rew, Taylor-Seehafer and Fitzgerald (2001:234) are of the opinion that sexual abuse has been identified as a common reason why adolescents run away from their homes. Johnson, Rew and Sternglanz (2006:223) add that these adolescents who spend more time on the streets due to runaway behaviour are at greater risk for further victimization. Goldstein (1999:75) is further of the opinion that this escape is often the only way the child can cope with the abuse.

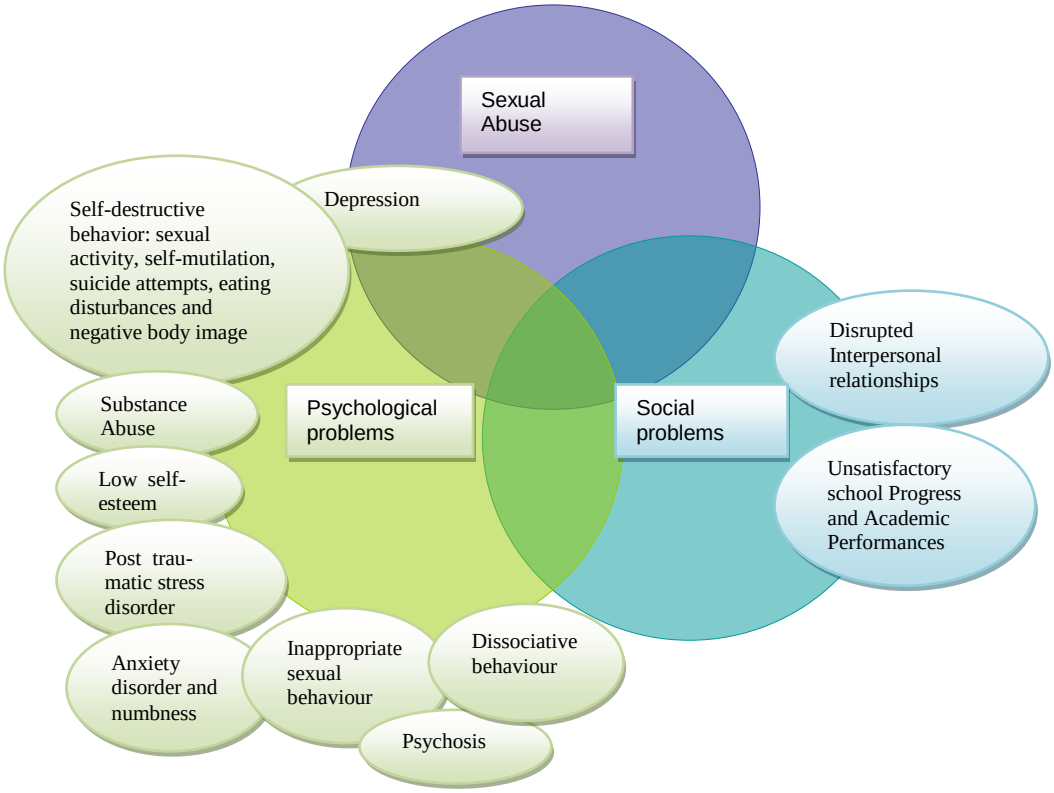
Many of these behavioural indicators of sexual abuse are not solely the result of sexual abuse, but they make it clear that sexual abuse is damaging. For some of these adolescents containing, trying to forget, or coping with the consequences of sexual abuse have a significant impact on their behaviour. The strongest argument for social work intervention and for taking action when children are sexually abused, is the suffering as seen in the above mentioned indicators. Together with these different behaviours the adolescent experiences different emotions and each individual will have their own responses and cocktail of issues that are born out of their experience. It is important to realise that these behaviours and emotions differ, but also overlap.

6. THE PSYCHO-SOCIAL IMPACT OF SEXUAL ABUSE ON ADOLESCENTS

According to Maltz (2003:i), sexual abuse can seriously hinder normal social growth and healthy sexual development. In adolescence and young adulthood, victims often

withdraw from social interaction or act out in ways that are harmful to self and others. She further states that sexual abuse can cause a lot of psycho-social problems. These children may show symptoms of depression, self-destructive behaviour, substance abuse, low self-esteem, Post Traumatic Stress Disorder, exacerbated fears, anxiety, sexual problems, and difficulty in social interactions (Lewis, 2009:1; and Maltz, 2003:i). The literature also indicates that sexual abuse of a child constitutes a major risk factor for later psychopathology. Geldard and Geldard (2005:46) are of the opinion that adolescents can present with behavioural disorders which are psychological in origin. Where adolescents are not able to deal adaptively with stressors like sexual abuse, pathology is likely to develop. Some of these problems can be divided into psychological and social problems. The following self-developed illustration visualizes the linkage between these problems.

ILLUSTRATION 7: PSYCHO-SOCIAL PROBLEMS RELATED TO SEXUAL ABUSE



This illustration clearly indicates the different psycho-social problems related to sexual abuse. These problems require a more detailed discussion.

6.1 PSYCHOLOGICAL PROBLEMS

6.1.1 Depression

According to Barker (2009:1), depression is the most commonly reported symptom which the victim can experience. Burton, Rasmussen, Bradshaw, Christopherson and Huke (1998:59-60) are of the opinion that children address their previous trauma and guilt

associated with their sexually abusive behaviour. It is essential to monitor depressed children for signs of suicidal ideation. Ferrara (2002:202) adds that the depression is perhaps the most widely cited disorder associated with adolescence. Depression can manifest itself in acting out behaviour as well as withdrawal behaviour. Symptoms associated with depression include types of self-harm, severe withdrawal, suicidal ideation or suicide attempts. Often depression is masked in disruptive behaviours and acting out behaviours. Possible indicators of depression can be summarized as follow:

feeling sad, hopeless, discouraged, or "down in the dumps"
increased irritability
loss of interest in or enjoyment of pleasurable activities
significant reduction from previous levels of sexual interest or desire
loss of appetite or increased appetite
insomnia or excessive sleep
extreme agitation or slowing down of movements and responses
decreased energy, tiredness or fatigue
sense of worthlessness, guilt, or self-blame
difficulty thinking, concentrating, or making decisions
easily distracted
memory loss
recurrent thoughts of death or suicide (Draper, 1996:72)

6.1.2 Self-destructive behaviour

Spies (2006**a**:57) is of the opinion that frequent sexual activity, self-mutilation, suicide attempts and dysfunctional eating patterns can be defined as intentionally self-destructive behaviour on the part of sexually abused children. They may feel guilty for the sexual abuse and try to punish themselves through self-degrading activities.

6.1.2.1 Sexual activity

In the event of sexual abuse the child's association was obtaining physical contact and nurturing in childhood and therefore he or she may continue to look for closeness only in sexual ways. These children may even become promiscuous or try to meet non-sexual needs through sex. Many sexually abused children have difficulty distinguishing between affection and sex. The impact of sexual abuse can be seen when children display behaviour such as sexual preoccupation and repetitive sexual behaviour such as

masturbation or compulsive sexual play. Many sexually abused children use sexual promiscuity as an attempt to prove to themselves that their sexuality can be their own (Spies, 2006**a**: 57).

6.1.2.2 Self-mutilation

Spies (2006**c**:272) mentions that self-mutilation can become a way through which victims attempt to control their pain of sexual abuse, the effects this has had on their lives, as well as the changes that need to take place in themselves. Spies (2006**c**:272) states that abused children may injure themselves physically by cutting themselves with knives or other sharp instruments, or burning themselves with cigarettes, or hitting themselves repeatedly. They were exposed to abuse, and they continue the pattern themselves, because they have not had any other possible experience of being valued as a person.

6.1.2.3 Suicide attempts

Friedrich (2002:151) is of the opinion that there is a relationship between sexual abuse and suicidal ideation. Moran (2009:1) says that perhaps sexual abuse amplifies the risk of a persistent desire for escape and cessation of physical pain proceeding into an older age. Geldard and Geldard (2005:49) are of the opinion that an adolescent who chooses suicide as option for coping, is obviously seriously psychologically disturbed. For many this may be a result of stress, anxiety and depression. It appears that upon reaching the teen years, if a child has experienced or continues to experience sexual abuse, the ultimate method of ending that abuse is to commit suicide. Many adolescents develop a sense of helplessness due to the continuous abuse and see no way out of the situation, other than death.

6.1.2.4 Eating disturbances and negative body images

Schaaf and McCanne (1994:607) are of the opinion that childhood sexual abuse may be one of many possible factors that can precipitate eating disturbances. It is further suggested that another long-term effect of child sexual abuse is an increased risk of anorexia nervosa and/or bulimia. There are similarities between women with eating

disorders and victims of child sexual abuse, including their gender, low self-esteem, powerlessness in relationships, substance abuse problems, depression and behavioural histories. According to Spies (2006**c**:273), anorexia and bulimia can be an attempt to say no to sexual abuse to assert control over their changing bodies.

In a study by Schaaf and McCanne (1994:608) it was shown that sexual abuse and body image disturbances are related. They suggested that any type of forced sex is likely to have at least a short-term negative impact on body image. Research has shown that body disturbances are developed by many women with a history of sexual abuse, which should be expected since the body is the site of the original trauma. Oppenheimer (in Schaaf & McCanne, 1994:608) found that sexually victimized women often have feelings of inferiority or disgust about their femininity and sexuality that may lead to concern about their body weight, shape and size. They see themselves as fat, ugly and unworthy in adolescence.

6.1.3 Substance abuse

Rew et al. (2001:228) are of the opinion that adolescents who had experienced sexual abuse are more likely to use alcohol and other drugs than non-abused adolescents. While undoubtedly many victims of sexual abuse may go the route of heroin and cocaine addiction to blot out the pain of their suffering, this is by no means the biggest problem. Far greater is the number of sexual abuse victims who are addicted to prescription drugs. Many victims of sexual abuse will suffer from depression or panic or anxiety attacks. When they go to a doctor complaining of these conditions, they will usually be given anti-depressants or tranquillisers. These pills will often mask the symptoms of feelings in the short term, but many are very addictive and the withdrawal symptoms can be far worse than the original symptoms they had to deal with. Adamson (2003:68) adds that the overriding motivation seems to be to find something to block out the pain and the emotions associated with the abuse.

6.1.4 Low self-esteem

Johnson et al. (2006:224) are of the opinion that one's self-concept as a sexual person may be influenced by sexual abuse experiences. Barker (2009:1) adds that the victims can feel unworthy of love or happiness and feel they deserve abusive relationships and unhealthy lifestyles. They may present themselves with negativity and lack of self-love. Spies (2006**c**:270) mentions that when children are sexually abused, their personal boundaries, their right to say no and their sense of control in society are violated. In essence, these children become powerless. The abuse humiliates them to such an extent that it gives them the message that they are of little value. Sexual abuse shatters the victim's self-esteem and causes them to be left with an unrealistic view of themselves. Ferrara (2002:202-203) adds that the younger child is, at the onset of abuse, at the greater risk of severe long-term adjustment and emotional problems. Self-esteem develops during early childhood, based on the quality of the child's interactions with primary caregivers. If interfamilial abuse starts at a young age, a basis for self-esteem is not established, whereas if abuse occurs during adolescence, the adolescent can fall back on a foundation of self-esteem that was developed as a child.

6.1.5 Post-traumatic stress disorder

Moraz (2005:2) mentions that post-traumatic stress persists after a traumatic incident has ended and continues to affect an adolescent's capacity to function. If post-traumatic stress continues and the adolescent's neurophysiologic responses remain chronically aroused, even though the threat has ended and the victim has survived, then the term post-traumatic stress disorder (PTSD) is used to describe the victim's enduring symptoms. Geldard and Geldard (2005:22) states that post-traumatic stress disorder can exist with adolescents where the traumatic events have resulted in physical harm to the child. As a result of post-traumatic stress, the traumatic event may persistently be re-experienced by the young person through recurrent and intrusive memories or dreams. They sometimes also may have persistent feelings of arousal, hyper-vigilance, irritability and difficulty in concentrating. Durham (2003:22) refers to post-traumatic stress disorder

as another theoretical and diagnostic categorisation that has been used in attempting to understand the impact of child sexual abuse. This involves characteristic symptoms following significantly fearful and stressful events, which include flashbacks where the event is re-experienced, sometimes numbing, other times with increased arousal, and avoidance of stimuli associated with the event.

6.1.6 Anxiety disorders and numbness

Draper (1996:76) refers to the dictionary definition of anxiety that reads:

"A painful or apprehensive uneasiness of mind, usually over an impending or anticipated ill. An abnormal and overwhelming sense of apprehension and fear often marked by physiological signs (as sweating, tension, and increased pulse), by doubt concerning the reality and nature of the threat, and by self-doubt about one's capacity to cope with it."

Geldard and Geldard (2005:48) state that suffering from an anxiety disorder is not just a matter of being too anxious, but refers to levels of anxiety which are more pervasive than the anxiety generally experienced in normal life. Young people who have been sexually abused often exhibit the polarity of anxiety/numbing behaviours. These youths are hyper vigilant, scanning the environment for threats to their safety; conversely they may have learned to shut down their feelings. Adolescents who have been abused through most of their developmental phases have learned to maintain a defensive posture to protect themselves. They have learned the most debilitating lesson of child abuse: people who love you hurt you.

6.1.7 Inappropriate sexual behaviours

According to Minard (2009:3), children who were sexually abused may become involved in sexual acting-out behaviours and there may be changes in their attitude or behaviour regarding sexuality. Johnson et al. (2006:225) add that risky sexual behaviour can be linked to sexual victimization. Burton et al. (1998:103) describe inappropriate sexual behaviours as those which contradict one's value system or are in any way disrespectful

to the other person and this includes objectification, force, coercion and manipulation. Sexually abused adolescents have the choice to act or not to act upon their sexual thoughts and feelings due to their development level.

6.1.8 Psychosis

Geldard and Geldard (2005:50) are of the opinion that psychosis involves a loss of ego boundaries with gross impairment of reality testing. Symptoms include hallucinations and/or delusions. Where hallucinations are evident they occur in the absence of insight by the individual. There is evidence that genetic factors play a role in the development of psychotic illnesses. However, psycho-social factors involving stress or substance abuse are likely to act as triggers that bring about the initial and subsequent episodes in vulnerable people. During an acute episode of psychosis adolescents are particularly at risk of self-harm. They may have hallucinations which command them to harm or kill themselves. One of the most common psychotic illnesses is schizophrenia and this can develop during adolescence. In a case of sexual abuse where the adolescent experience acute psychological stress, psychosis may present.

6.1.9 Dissociative behaviour

This is a psychological defence against overwhelming emotions, a child's defense system carried on into adulthood. This disorder is seen more commonly amongst survivors of childhood sexual abuse than other patients. It may present as suppressed memory (psychogenic amnesia), denial of self, or a feeling of being outside self (Barker, 2009:2).

Ferrara (2002:224) is of the opinion that dissociative behaviour can be a survival form from an unavoidable event, particularly when physical removal from harm is not possible as when a child is helplessly trapped and must endure abuse from a perpetrator. According to Durham (2003:22), dissociative behaviour has been associated with the impact of child sexual abuse. He further states that a dissociative response to child sexual abuse is a functional adaptation, an amnesic barrier repressing the impact of the experience.

6.2 Social Problems

6.2.1 Disrupted interpersonal relationships

Relationships probably pay the highest price for childhood sexual abuse. In most other areas of life victims are able to maintain the adult facade mode. Within a relationship they engage with their emotions, which will rap the reader into the child aspect and here lurks the damage. Very few relationships will be unaffected by the abuse issues (Adamson, 2003:59). Moraz (2005:5) highlights that with victims who have been exposed to severe stressors, the quality of the parental bond is probably the single most important determinant of long-term damage. Her research has shown that as many as 80 % of abused victims have disorganized/disorientated attachment patterns, including unpredictable alternations of approach to and avoidance of their parents, as well as other conflict behaviours.

Barker (2009:2) identifies the following defects in interpersonal relationships:

- Impaired ability to form intimate and trusting relationships with men and women. Since the mother figure may be seen by the child as collaborating or at least failing to protect, survivors may feel anger towards both parents and may have difficulty relating to women.
- Women victimised as children are more likely to become victims as adults and are more likely to be physically or sexually abused.
- Men who have been abused as children are more likely to become the perpetrator and this may be so for a small number of women survivors.

Adamson (2003:59-60) further elaborates that some people simply perpetuate the whole pattern of abuse by choosing a partner who is controlling or even abusive. Other people go to the opposite extreme and become very controlling in relationships as a result of abuse. They may believe that as long as they are “in control”, they will not be hurt again. Hereby they create hurt for themselves by alienating people who love them but they cause untold hurt and damage to their families, passing the pattern and legacy on. Many

victims do not find it easy to get into relationships. The fear of being hurt is stronger than the desire to get their needs met and this pattern is particularly strong in abuse cases, because there will be a great deal of hurt and pain still figuring and a fear is always created out of past experiences. According to Geldard and Geldard (2005:23), the adolescents are also traumatized by the loss of peers such as boyfriends and girlfriends through rejection and these experiences may influence their emotional state and behaviours.

6.2.2 Unsatisfactory school progress and academic performances

Slade and Wissow (2008:1) state that childhood maltreatment such as sexual abuse has the potential to delay the academic progress of students. In a study done by them, children who were sexually abused, received lower ratings of performance from their school teachers, scored lower on cognitive assessments and standardized tests of academic achievements, obtained lower grades, and were suspended from school and retained in grade more frequently. These children are also prone to difficulty in forming new relationships with peers and adults and in adapting to norms of social behaviour. Slade and Wissow (2008:2-3) are further of the opinion that emotional and behavioural problems may result in impaired performance of competencies, effects that operate either through learned interpersonal style or through cognitive and behavioural functions that are needed for optimal interpersonal style. For instance, children in households with frequent interpersonal conflict and/or sexual abuse may develop a heightened sensitivity to threats and a hostile pattern of response to perceived and actual threats from others. These children could be more likely to behave in disruptive ways that increase their risk for suspensions out of school or other interruptions to classroom learning. Emotional and behavioural problems may also result in cognitive impairments like greater concentration difficulties, poorer motivation, impaired short-term memory, or higher impulsivity and impaired executive function that result in reduced ability to perform well on school assignments and tests.

7. CONCLUSION

This chapter explored the psycho-social indicators of sexual abuse and gave an overview of the multiple traumas which sexual abuse can cause to adolescents and therefore it is important to take steps to identify and minimize the effects of each trauma that may present itself. Adolescence is an extremely difficult developmental phase where biological, psychological, social and emotional challenges, changes and related consequences are experienced. Adolescent survivors of sexual abuse suffer from numerous negative behavioural, emotional, psychological and social consequences as clearly discussed in this chapter. Professionals and caretakers should be knowledgeable of how trauma manifests in adolescents and be able to spot the signs. By being aware of these indicators as mentioned and maintaining a positive attitude in working with adolescents, the professionals and caretakers can prevent further damage being done by intervening immediately. Knowing how to identify and to interpret these indicators is a way of helping (our) adolescent clients**.**

8. SUMMARY

Sexual abuse is seen as a monumental and formidable problem and is seen as one of the most commonly treated forms of trauma and linked to numerous negative consequences in childhood, adolescence and adulthood. Adolescence is seen as a time of crisis, change and period of transition from childhood to adulthood.

This developmental phase poses many challenges due to physiological, biological, psychological and social changes. Important processes of change need to occur within the young person if these challenges are to be confronted adaptively and with success. When an adolescent is unable to confront and deal with a developmental challenge successfully, there are likely to be unhelpful psychological, emotional and behavioural consequences. During adolescence, youth are growing and changing in a number of ways. All these developmental changes will be affected by sexual abuse.

The literature reveals that survivors of sexual abuse experience a broad range of long-term effects and these effects will be modified by the individual's experience subsequent to the abuse. Sexual abuse has a profound effect on the way these children think and feel about themselves and other people. These beliefs have a huge and enduring impact on their lives.

Indicators of possible sexual abuse are categorized in physical, emotional and behavioural indicators of sexual abuse which can be experienced by the adolescent. Each adolescent will present with different indicators of sexual abuse. It is important to notice that the sexual abuse causes a variety of physical, emotional and behavioural problems. The trauma imposed on the child during sexual abuse is horrendous and has serious implications.

Sexual abuse also has come to be widely regarded as a cause of mental health and sexual problems. Sexual abuse further involves a profound betrayal of human trust and affection that negatively influences future relationships.

Professionals should therefore understand the changes, challenges, behavioural, emotional and psycho-social impact of sexual abuse on the adolescent to have a clear understanding of the ways through which the child attempts to survive with the scars of the abuse and to address the existing effects of the sexual abuse within the adolescent. Therapeutic intervention is therefore most important.

The following chapter will give a theoretical outline of the narrative approach and sand play as a technique as the researcher chose these mediums to develop an **NSPP** for **ASSA**.

CHAPTER 3
NARRATIVE SAND PLAY WITH ADOLESCENT SURVIVORS OF SEXUAL ABUSE

I am a stained body. I have been stained by rape and confined in this body. My body is disconnected. My body is cut, bruised, and complicated. In the same moment, I am fluid and mobile. Like water, I have no grounding and my feet do not have platform to rest on. I float, move my limbs, and try to keep my head in the air so I can breathe. As water moves, it forms itself to the shape of the container that traps it. I am contained water. My soul, my spirit, knows its potential and it aches to seep into different structures. It yearns to freeze, to evaporate, and to float above the body into which it has moulded. But the memories hold and contain me. Memories of rape spite my body, spite my spirit. These memories, like oil, cut into the water. This body is disconnected. I yearn for connection and wholeness with my sexual body (Minge, 2007).

1. INTRODUCTION

Sexual abuse is a term which has increased in use dramatically in South Africa over the past ten years. Sexual abuse influences the human being in totality (Maree et al., 2003:297). Maree et al. (2003:297) are further of the opinion that sexual abuse has an impact on the awareness of the self, intimate relationships, sexuality, parenthood, the career life and the spiritual well-being of the person. Therefore sexual abuse is a complex problem to deal with in therapy especially with adolescents.

According to Spies (2006**a**:44), the early sexual involvement of children with adults in sexual activities exposes the child to premature sexualisation and may have long-term negative effects. She is further of the opinion that all sexual abuse is in one way or another damaging, and the trauma does not end when the abuse stops. Spies (2006:45) states further that support to the sexually abused child during his or her healing process is important and that professionals should have knowledge of sexual abuse and its effects. Looking at this information it is clear that children who have been exposed to sexual abuse need to engage in therapy. Erdem (2000:2) is of the opinion that children who have been sexually abused often come to treatment displaying multiple behavioural, cognitive and affective symptoms. According to Rotter and Bush (2000:172), play is a

medium of communication, hence it is replete with opportunities for gaining a deeper understanding of a child. Russo, Vernam and Wolbert (2006:229) add that play therapy has been acknowledged as a unique method by which to help young people communicate and express their emotions.

The researcher decided to use narrative therapy and sand play as a combined approach to address adolescent survivors of sexual abuse (**ASSA**). Maree et al. (2003:297) refer to White who indicated that people interpret their experiences through narratives or stories to give meaning to these experiences. The researcher decided to use sand play as a play therapy technique whereby these children can tell their sexual abuse stories through play as medium and to give them the opportunity to construct a new self narrative. Therefore a discussion will follow on both these techniques.

2. NARRATIVE THERAPY

2.1 Background

Michael White and David Epston initially developed narrative therapy in 1990 as a form of family therapy. It is also a part of a larger paradigm shift within postmodernism, known as the *linguist turn* (Vaandrager & Pieterse, 2008:392). It is a constructionist therapeutic model that allows clients to deconstruct their stories. According to Vaandrager and Pieterse (2008:392), the linguist turn is concerned with the language of representation rather than actual objects or referents. Besley (2002:125) is of the opinion that the movement towards narrative can furthermore also be seen as a response to the "formalism and scientific pretensions of structuralism" by the poststructuralist movement. Narrative therapy is philosophically based in post-structuralism, and has always represented and professed to be an alternative to the "pragmatic, empiricist, instrumental therapies and health-care systems that have come to dominate the global psychotherapy scene."

Narrative therapy originally developed in the family therapy tradition. Narrative modes of inquiry contributed to a renewed interest in ideographic approaches which are the case

study approach and the use of information from personal life histories. These have been helpful in generating hypotheses in discovery research and in building inductive patterns in theory development. These methods are considered to be more suited to understanding human experience. It is also mentioned that there are differences in the ways in which people have engaged with the narrative metaphor in therapy and that they engage differently with specific narrative practices. According to the author there seems to be a continually evolving diversity of thought and practice in the field (Dulwich Centre, 2011).

Narrative therapy is a new field within the broader psychological framework. Narrative inquiry is associated with ethnographic grounded theory and phenomenological methods as they share a narrative logic of argumentation, rich in inductive descriptions and a process of interpretive analysis based in part on whole relationships. They are also similar in assuming collaborative relationships between the researcher or inquirer and the human subject who is the source of self-interpreted meanings. It is also stated that there are a great range of traditions with which narrative therapy is linked. In the same article Epston and White are of the opinion that many of the ideas and practices of narrative therapy have been developed through conversations with those who have consulted narrative therapists. These people's contributions to many ideas and practices and ways of working that have come to be known as narrative therapy seem important to be acknowledged (Dulwich Centre, 2011).

2.2 Terminology

An explanation and some definitions will follow on some of the concepts used in this chapter.

2.2.1 Postmodernism

This reaction to modernism is a philosophical approach to modes of knowing, analysis and understanding that originated in reaction to prevalent ideas of certainty, predictability, universal truth and empirical inquiry. It is further stated that postmodernists assert that human beings cannot understand the universe objectively and that our perceptions of

reality originate from and depend in various ways on the assumptions of the observer (Maree, 2007:177-178).

2.2.2 Narrative

According to Maree (2007:178), narrative is the most natural way for human beings to express the inherent structure of their personal experience. A client uses narrative under the guidance of a counsellor to make sense of experiences and events.

2.2.3 Constructivism

In constructivist assessment and counselling, specific attention is paid to tracing connections between the experiences of clients and various elements from their respective system of influences from the past, present and future (Maree, 2007:178).

2.2.4 Externalization

Externalization is an approach to therapy that encourages persons to objectify and, at times, to personify the problems that they experience as oppressive. In this process, the problem becomes a separate entity and thus external to the person or relationship that was designated as the problem (Miller, Cardona & Hardin, 2006:11).

2.2.5 Problem-saturated story

The story that a client presents to a therapist in which the problem is so dominant that there at first appears little sign of any alternative story (Monk et al., 1997:305).

2.2.6 Alternative story/transition

The story that develops in therapy in contradiction to the dominant story in which the problem holds away (Monk et al., 1997:301).

2.2.7 Counterplot

The significant events in the development of the alternative story (Monk et al., 1997:302).

2.2.8 Sparkling moment

The moment in any problem-saturated story when the client demonstrates a surprising achievement in defeating or limiting the influence of the problem in his/her life. This is the same as a unique outcome (Monk et al., 1997:306).

2.2.9 Play therapy

Play therapy has been acknowledged as a unique method by which to help young people communicate and express their emotions in counselling through play (Russo et al., 2006:229).

2.3 Description of narrative therapy

According to Vaandrager and Pieterse (2008:391), narrative therapy assists persons to resolve problems. This is done by enabling them to:

- separate their lives and relationships from those knowledge(s) and stories that they judge to be impoverishing,
- challenge the ways of life that they find subjugating,
- re-author their own lives according to alternative and preferred stories of identity, and according to preferred ways of life.

According to Freedman and Combs (1996:1), the narrative metaphor leads therapists to think about people's lives as stories and to work with them to experience their lives as stories. It also helps us to work with them to experience their life stories in ways that are meaningful and fulfilling. Using the metaphor of social construction leads us to consider the ways in which every person's social, interpersonal reality has been constructed through interaction with other human beings and human institutions and to focus on the influence of social realities on the meaning of people's lives." Monk et al. (1997:3) point out that through the narrative approach the client begins a journey of coexploration in search of talents and abilities that are hidden or veiled by a life problem.

Morgan (2000:2) is of opinion that when you hear someone refer to “narrative therapy” they might be referring to particular ways of understanding people’s identities. Alternatively, they might also be referring to certain ways of understanding problems and their effects on people’s lives. Winslade and Monk (1999:3) describe narrative therapy as a deceptively simple therapy. It is based on the idea that we all generate stories to make sense of ourselves and of the circumstances of our lives. However, they add that we are not the sole authors of our stories. Many of the dominant stories that govern our lives were generated in our early experiences. Some of these dominant stories regularly influence what we think about ourselves and create some problems for us. McKenzie (2005:18) supports this view by saying that individuals tell their life experiences in stories. It is believed that people from childhood organize their experiences into stories. The stories people tell themselves are powerful, because they determine what is remembered in people’s lives and thus organize their experience and ultimately shape their behaviour. He further emphasizes that a change in narrative is required to produce a change in behaviour. White and Epston (1990:16) argued that we cannot have direct knowledge of the world and can only know life through experience. As a result the therapist will try to understand the client through his or her stories.

Morris (2006:4) is further of the opinion that the narrative assists in deconstructing the “old problem” story into a “new alternative” story. Sahin and McVicker (2009:2) mention that the problem-saturated story refers to a client’s dominant story about a problem that does not allow an alternative story to be considered. When the dominant stories of individuals have damaging meanings, the narratives can be altered by highlighting life events that were formerly untold. One way to facilitate the discovery of subjugate stories is by re-authoring. Monk et al. (1997:305) referred to the re-authoring as, “developing an alternative story in therapy”. Maree et al. (2003:299) are of the opinion that answers to problems lie within the person himself and further state that people exposed to sexual abuse have problem or complaint-saturated stories about themselves.

The purpose of a narrative-orientated intervention with **ASSA** is to involve these children and their parent/caregiver(s) in considering the meaning or story that has developed as a

result of their experience with sexual abuse. A narrative-orientated approach is based on social-constructivism. Therefore the emphasis on working with adolescents is not limited to achieving a life free from the effects of sexual abuse. Rather, it is important to re-author with the adolescents a preferred way of organizing their experience and identifying preferred ways of living.

2.4 Principles and philosophy underlying Narrative Therapy

According to DePetro (2011:1), narrative therapy is not an extension of traditional Freudian therapy. It has evolved from a philosophy of postmodernism based somewhat on the work of the philosopher Immanuel Kant who rejected empirical thinking and embraced instead a new philosophy of Constructivist thinking. She adds that empiricism holds that there is an objective TRUTH which can be learned, versus Kant's idea that what we call 'truth' is a group of useful hypotheses collaboratively agreed upon in a society; working premises if you will. According to her, more information, over time, uncovers more truth. Freedman and Combs (1996:22) state that adopting a postmodern, narrative, social constructionist worldview offers useful ideas about how power, knowledge, and 'truth' are negotiated in families and larger cultural aggregations. According to them, it is more important to approach people and their problem with attitudes supported by these ideas than it is to use any particular 'narrative technique.' They pinpointed four ideas to relate to this worldview which are:

- Realities are socially constructed.
- Realities are constituted through language.
- Realities are organized and maintained through narrative.
- There are no essential truths.

It is said by Smith and Nylund (1997:3) that although the aspects of postmodernism are dear to them the idea is that not one person or approach has the 'definite answer.' Although they are orientated by postmodern assumptions and utilize a narrative metaphor, traditional therapies can also be quite effective. These postmodern assumptions contend that knowledge is socially or consensually constructed. That is so

when we say that something is ‘true’ or ‘factual’. This can mean that a sufficient community currently accepts this information as ‘true’ or ‘real.’ This is not meant to suggest that postmodernism implies ‘anything goes’ – that whatever one person or community considers ‘fact’ or ‘truth’ is just as valid and acceptable as another person’s or group’s definition (Smith & Nylund, 1997:5).

A narrative approach lends itself to working with those who have experienced being victims. Being a victim means that one has had the experience of losing power, of being powerless and the impact of, and meaning attributed to the experience can undermine a person’s sense of identity and integrity (Howard & Wirts, 1999:2). Practices and principles in a narrative approach, which minimize the therapist’s power and empower the client, include the following:

- Seeing the client as expert in his/her own life (rather than the therapist taking an expert position).
- An emphasis on ‘personal agency’.
- Collaboration.
- Avoid the use of diagnosis and labelling, (but still being able to explore what a diagnosis may mean for the client).
- Transparency in the use of questioning.
- Situating questions in a context.
- “Taking it back” practices (Howard & Wirts, 1999:2).

Wong (2002:1) summarizes these principles of the approach according to six main characteristics:

- It is **dialectic and paradoxical.** It embraces the paradox that evil and good co-exist, despair and hope live together. He mentions that the synthesis of opposites gives rise to a new condition.

- It is **synergic**. The therapist does not remain detached as a reflecting mirror or a sounding board. Throughout the course of the process, the therapist actually becomes a part of the client's life and vice versa.

- It is **symbolic**. Expressing our deepest longings, symbols are what dreams are made for. More importantly, symbols tap into our spiritual potentials and reveal glimpses of rare moments.

- It is **holistic**. The transformation needs to involve cognition, behaviour, emotion and spirituality. It touches every aspect of the client's life.

- It is **heroic**. It does not seek easy victories, nor does it aim at superficial solutions. It demands taking a courageous stance in life; it requires an unwavering willingness to confront and slay one's most dreaded dragon.

- It is **pragmatic**. It needs to manifest itself in new directions, new goals and new patterns of living. The client needs to be 'born again'.

According to Howard and Wirts (1999:2), the practices and principles result in a minimising of power in the relationship between the therapist and client. This is the first step towards power and control in their own lives, a step which stands in opposition to the position of being victimised.

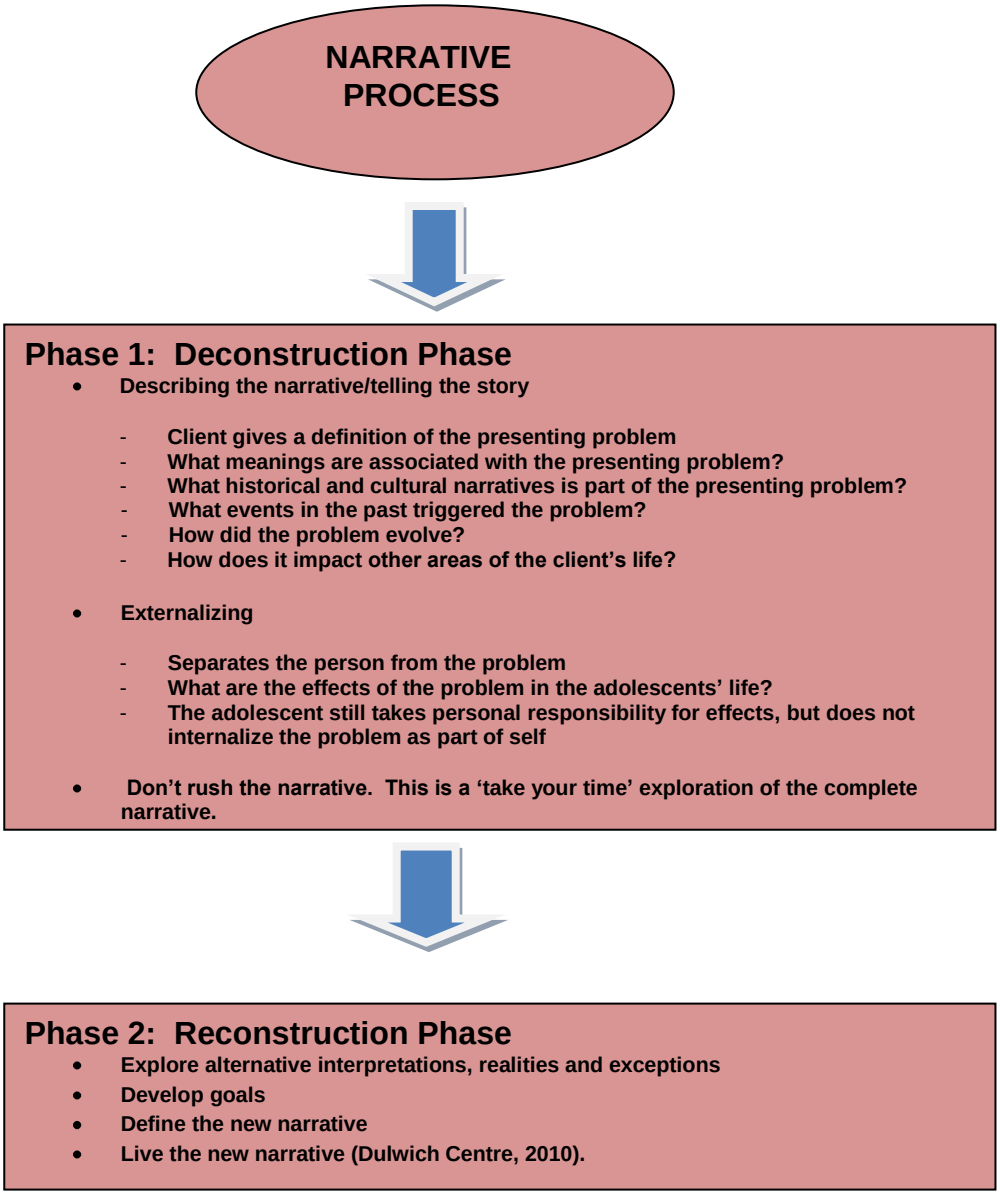
2.5 Narrative Process

Narrative therapy is a non-blaming approach to human problems. The approach focuses on people's ability to externalize problems which mean that they are not considered as the 'problem.' By creating some space around people, they are better able to use their abilities, including skills of living and self-knowledge, to deal with life's challenges. Individual values, attitudes, competencies, perceptions, and goals are brought forward as a part of alternative stories and used to reframe problem stories (Peine & Allen, 2011:1).
It is further mentioned by Peine and Allen (2011:2-3) that the multiple stories which people are living at any time differ and are acted out in the broader context of one's family, community and culture. They are also of the opinion that dominant stories often have far-reaching influences on daily coping and living and even the path of life. Through

narrative interventions the therapist looks for covered up stories which may assist in highlighting them and bringing them forward, ridding the client of the destructive influence of overwhelming problems and overworked storylines.

The following illustration gives an indication of the narrative process which will be utilized with **ASSA**:

ILLUSTRATION 8: NARRATIVE PROCESS



The narrative process consists of two main phases as seen in the illustration, namely the deconstruction phase where the client will tell the story and externalize the problem and the reconstruction phase where the client will explore alternatives and develop a new narrative. A short discussion on the Narrative Process will follow:

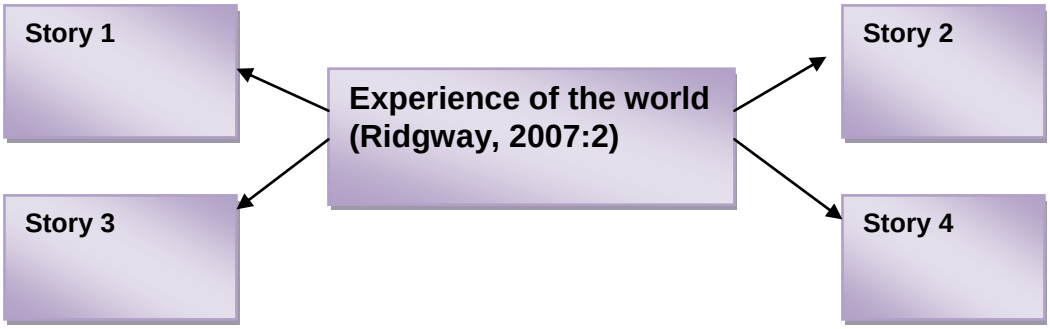
2.5.1 Describing the narrative/Telling the story

The narrative process can be illustrated further to describe each phase. Illustrations 9-13 were compiled by the researcher by integrating some ideas derived from Ridgway (2007:2).

ILLUSTRATION 9: EXPERIENCES IN THE WORLD

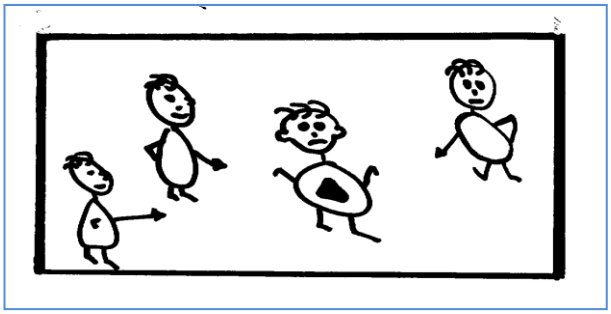
The many mountains represent all the things that have happened in our lives, from far back in the past until right now (Schubert, 2011:1). Ridgway (2007:2) states that such stories outline who we are, where we have come from, where we are going and what we think about in life. The story is always a way to organize and give meaning to experiences. Associated with the story is the implied text. Schubert (2011:1) further mentions that we can choose some events in our lives and tell stories that give an explanation of how they link together. We choose these events and construct our explanation based on what we have learned about life and those around us. According to Ridgway (2007:2), our stories may have different versions as we have different moods and audiences. He demonstrates this as follows:

ILLUSTRATION 10: DIFFERENT STORIES FROM THE SAME STORY



Ridgway (2007:2) explains that one story will often be accorded a dominant position among the different stories and this dominant story will be 'problem-saturated'. During this stage the **ASSA** will have the opportunity to tell the sexual abuse story and the impact it had on his/her life or how it was experienced.

ILLUSTRATION 11: OVERTAKEN BY PROBLEMS

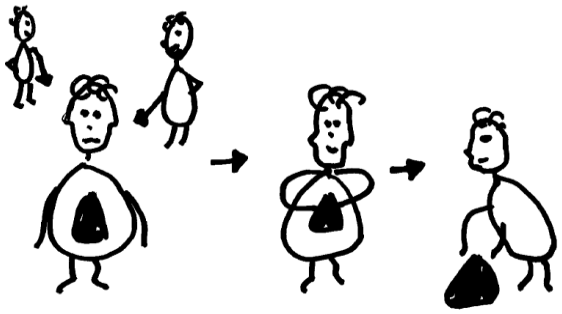


The illustration was included by the researcher based on the work of Schubert (2011:1). The picture is trying to show what it feels like when your decisions about life, relationships in your life, your feelings and thoughts have been taken over by the problem. When this happens, life feels 'saturated' by the problem. We may feel that our identity is the same as the problem and we may feel a lot of negative feelings about ourselves. People then lose contact with their sense of their own space in the world. The heavily trodden pathway through mountains seems to reinforce how inevitable the situation is and how unlikely it is that it will change. All the problems underlying the sexual abuse which happened to the **ASSA** will be verbalized and explored through narratives and sand play.

2.5.2 Externalizing

The initial goal of the narrative process is to name a problem within its social context, and then begin the process of externalizing it (Peine & Allen, 2011:5). Schubert (2011:2) defines externalization as the process where we give the person a chance to name the 'problem' for themselves. It is an opportunity to understand how far the effects of the problem reach, but also what they do not touch. It is a position of asking questions about the problem and acknowledging that we have rights. She further states that by asking the right kind of questions, one can give the person an opportunity to reveal their understanding of what the problem is getting up to and what they are getting up to in response to it.

ILLUSTRATION 12: EXTERNALIZING THE PROBLEM



Ridgway (2007:6) elaborates by saying that the therapist will speak in such a way that the problem is placed outside the client. Peine and Allen (2011:5-6) are of the opinion that once a person is able to see an alternative for the problem story and begins speaking of 'the problem as an influence', they often find significantly more stories for problem solutions come to the fore. Conversations may increase alternative solutions and reveal sources of new developing stories. The sexual abuse event will be seen as the problem and not the adolescent him/herself. The **ASSA** will have the opportunity to address his/her feelings and emotions and problems as something that he/she can control outside of him-/herself.

2.5.3 Focusing on constructing 'unique outcomes'

During this stage the therapist will focus on 'unique outcomes.' We will look for the exceptions to the general rule and inquire as to how the unique outcome came about (Ridgway, 2007:7). Schubert (2011:2) refers to the 'sparkling moments' which are

described as those little or big occasions where the person acted on some deep hope or in accordance with some deep value, but, because those moments are not found in the explanations of the person that have been repeated over and over they might say that they do not really show who they are or may be referred to as an exception. Because they have not been incorporated into the dominant explanation of the person, the moments become discounted, belittled, demeaned or almost hidden away.

Schubert (2011:2) emphasizes that the narrative therapist must focus on the following aspects when working with the unique outcomes:

- to describe what happened during one of these moments,
- to give a name to this experience,
- to think about what hope or value that initiative might be connected to,
- to think of other times in their life when they experienced something similar,
- to remember people in their lives who recognized these initiatives or shared hopes.

During this stage we will focus on the strengths, values and dreams of the **ASSA** in order to build on a life free of sexual abuse.

2.5.4 Re-writing stories

According to Schubert (2011:2), the narrative therapist will guide the client to use the information that is already there to re-write the ways in which a person can talk or think about themselves. She further describes it as the process where the person will step into unfamiliar ground, beginning to speak about themselves in ways that crackle with warmth within their frozen sense of self. Gradually, these faltering, wavering, dismissed and diminished moments become more richly described and more strongly linked together. The person discovers him-/herself in a new light.

ILLUSTRATION 13: ALTERNATIVE/NEW STORY

Peine and Allen (2011:11-12) mention that when an alternative story is integrated into an existing (often problematic story) a number of strengthening procedures can be used which will be mentioned briefly:

- Find witnesses and an audience for the new story.
- Using re-remembering conversations to enrich the presentation of the alternative story.
- Use reciprocal sharing or linking to other lives by finding individuals who would share the same preferences, commitments, beliefs or values as the new story.
- Make therapeutic documentation of important achievements related to the new story.
- Learn to write therapeutic letters to significant others and the therapist.
- Integrate new rituals and celebrations into the new story.
- Find a support group of individuals for your new story and constantly have your new story reinforced.

Through this process we access new territory in our history and discover themes in those '*Sparkling moments'* – our preferred initiatives and hopes – feeling how these moments have a legitimate connection to our identity and possibilities into the future (Schubert, 2011:2).

2.6 Advantages and disadvantages of the narrative approach

To date, there have been several formal **criticisms/disadvantages** attached to narrative therapy over what are viewed as its theoretical and methodological inconsistencies, among various other concerns.

- Narrative therapy has been criticized as holding to a social constructionist belief that there are no absolute truths, but only socially sanctioned points of view, and that narrative therapists therefore privilege their client's concerns over and above 'dominating' cultural narratives.

- Several critics have raised concerns that narrative therapy has made gurus of its leaders, particularly in the light that it's leading proponents tend to be overly harsh about most other kinds of therapy. Others have criticized narrative therapy for failing to acknowledge that the individual narrative therapist may bring personal opinions and biases into the therapy session.

- Narrative therapy is also criticized for the lack of clinical and empirical studies to validate its many claims. They say that narrative therapy's focus on qualitative outcomes is not congruent with larger quantitative research and findings which the majority of respected empirical studies employ today. This has led to a lack of research material which can support its claims of efficacy (Wikipedia, 2010:4)

The **advantages** of the narrative approach are summarized by Freedman and Combs (1996:xii-xiii) as follows:

- The therapist comes from the 'not-knowing' position and learns from the clients as their stories unfold. They do not have to feel that they have to solve all the problems or have answers to all the questions.

- There is collaboration with the client in a team rather than feeling alone in the process.

- Externalizing of the problems helps to see the clients as who they are, while seeing them as stories allows for other possibilities.

- During the process the therapist helps to define the plot and counterplot and the client is allowed to choose which is preferred.
- Clients are seen as people and problems as problems. The problem never defines the person's entire being.

2.7 The narrative approach and sexual abuse

There is a sense of tremendous loss and grief associated with the experiences of child sexual abuse. The effects often extend into adulthood, creating an environment where additional losses are experienced and despair and alienation deepen (Miller et al., 2006:3-4). To confirm or disregard a case of suspected sexual abuse is a demanding task for any helping professional, owing to a large extent to the victim's difficulties in talking about what happened. The disclosure is surrounded by shame and taboo, fear and confusion (Hyden & Overlien, 2005:57).

The ways in which children respond to trauma and abuse have a foundation. They are based on what the child gives value to: this might be a dream, or a hope, or some vision of what life could be about. When abuse is eventually exposed, many children are blamed for their silence, and accused of lying and deserving what happened to them. Little or no attention is ever given to the hopes and dreams that underlie children's responses (Ncube, 2010:4).

According to Miller et al. (2006:10), narrative therapy has been utilized and found to be effective with many clinical issues that have been presented in therapy. They are further of the opinion that overall narrative therapy has been useful in the treatment of child sexual abuse. It provides not only a map for exploring the individual current stories of clients and ways that they can live out their preferred stories, but also allows for the exploration of the impact on larger systems of the clients. Hunter (2010:177) further says that narrative therapists help survivors of sexual abuse to make meaning of their experiences by developing more functional narratives of their lives, through the stories that they choose to tell about themselves.

Mossige, Jensen, Gulbrandsen, Reichelt and Tjersland (2005:378) point out that to understand children's difficulties in narrating their sexual abuse experiences is important in multiple disciplines. A central aim of therapeutic work with children is often to help children narrate their experiences and particularly events that are difficult to share with others. From a psychological and developmental viewpoint, it is considered important that children are able to narrate traumatic experiences.

How does sexual abuse come to an end? Research regarding this phenomenon seems more or less absent in the scientific literature. Lorentzen, Nilsen and Traeen (2008:164) answer this question by saying that by interviewing and talking to survivors of sexual abuse the therapist can elucidate how people reflect upon and understand the experiences they have had. They further mention that by interviewing the child survivor of sexual abuse the therapist will:

- Help the child to understand him-/herself,
- interpret what happened to him/her, and
- create meaning.

It is further suggested that the survivor should be an expert on his/her own narrative, and he/she must be given room and power to tell his/her stories as openly and genuinely as possible (Lorentzen et al., 2008:166).

According to Miller et al. (2006:10-11), narrative therapy has been utilized and found to be effective with many clinical issues that have been presented in therapy. Three overarching themes emerge within all of the articles that the authors believed represented the most profound and change producing aspects of the theory/therapy. These themes include the following:

- The therapist's stance of listening and creating the space that fully allows the story to be told.
- Recognition of the dominant stories that are being told by society and that the clients are experiencing as oppressive and hurtful. (By) deconstructing these

stories brings some hope and confidence and helps the clients to re-story their experience according to their own preferred story, rather than what was imposed upon them by other systems.

- Externalizing the problem. The problem becomes a separate entity. They separate themselves from the experience of sexual abuse and see themselves as having moved beyond that experience.

Narrative analysis has a great deal to offer social work research and practice, as it has opened up new horizons for interpretative investigations focusing on social, discursive and cultural forms of life (Hyden & Overlien, 2005:58).

3. SAND PLAY

3.1 Introduction

Erdem (2000:32) emphasizes the significance of play and is of the opinion that play creates a natural medium of self-expression and functions as a safe medium for children to organize their experiences to practice life tasks and adapt to their environment. Children play out their cognitive, social, interpersonal skills and build the bridge between concrete experience and abstract thought. Traumatised people may find that they need more tangible ways to express their thoughts and emotions. Rabelo (2004:91) is of the opinion that play therapy is an expressive and projective mode of psychotherapy involving the unfolding and processing of intra- and inter-personal issues through the use of specific sand tray materials as a nonverbal medium of communication, led by the client and facilitated by a trained therapist. Landreth (2002:529) states that through play, the child can be in control of life experiences in ways that are not possible in the world of reality outside of play. He further states that emotionally significant experiences can be more comfortably and safely expressed through the symbolic representation that toys provide. This process is viewed as one in which the client plays out feelings, bringing them to the surface, getting them out in the open, facing them and either learning to control them or abandoning them when appropriate.

Rotter and Bush (2000:174) describe sand play as a tool that accesses innermost feelings in a nonintrusive way. Sand play therapy is a therapeutic tool that allows the client to create a three-dimensional picture in a sand tray with toy miniatures. It also allows the person to express feelings without speaking (Moon, 2009:64).

3.2 Background

According to Gil (2006:73), Margaret Lowenfeld was about 21 years old when she read a book by H.G. Wells entitled "Floor Games." She purchased the equipment Wells suggested and kept it in what her child clients called the 'wonder box.' During 1929, she added zinc trays to her basic equipment – one filled with sand, and the other with water. She stored her miniatures in a cabinet, and found that children quite naturally brought the miniatures to the sand trays and built scenarios in the sand, which she called 'worlds.' Lowenfeld eventually called this process the 'world technique.' Lowenfeld demonstrated the world technique at several national conferences as early as in 1939. Dale and Lyddon (2000:136) are of the opinion that most therapists and writers identify British paediatrician Margaret Lowenfeld as the first person to describe sand play as a therapeutic technique and Swiss Jungian analyst Dora Kalff as the most influential person to refine this technique, formulate and articulate the associated theoretical principles, and train many practitioners worldwide. Kalff, a Swiss Jungian child analyst, was immediately captivated and became one of Lowenfeld's best students. She inspired many Jungian analysts as she taught and lectured widely on the effectiveness of what she renamed 'sand play.' She virtually introduced this method in the United States and she influenced many Jungian analysts to use sand play; many people also associate sand play with strict Jungian principles, which in some ways may have made this technique less accessible to the wider professional community. Contemporary clinicians continue to develop, present and promote a range of expanded approaches to sand therapy (Gil, 2006:74). Dale and Wagner (2003:18) are of the opinion that Lowenfeld used sand play primarily as a way to communicate with clients, while Kalff focused on its symbolism according to Jungian theory.

3.3 The value of sand play

Russo et al. (2006:231) are of the opinion that sand play and storytelling/narratives are therapeutic techniques that are used to elicit significant themes in clients' social and emotional lives. The imaginary world of the client often makes it easy for them to engage in storytelling and to make unconscious connections between their stories and their lives. They are further of the opinion that clients use play and language to express their stories and worldviews. Kukard (2006:24) adds to this and is of the opinion that sand play can be regarded as a self-healing process. An experience or trauma is expressed, defined and eventually integrated into the conscious world of the child during sand play. The child is offered the opportunity to express his/her inner feelings and thoughts and to resolve and integrate them if needed. Sand play helps tune the mind to the voice of the soul. She further emphasizes that sand play can be a powerful tool when dealing with life experiences and traumas.

According to McNally (2001:2), sand play offers deeper access into the child's dynamics and has the power to touch the depths of the personality. She further states that just as the dreamer awakes refreshed, so the child is refreshed after sand play, because the stories help the child work through unconscious pressures in fantasy. A child deals with his inner reality and develops mastery in the outer world.

Since the researcher plans to work with adolescents the question can be asked if adolescents would benefit from the sand play as a technique. Boik and Goodwin (2000:11) argued that sand play can be used across languages, ages and developmental levels, because the symbols of the objects used in the sand play can serve as a common language. Flahive (2005:4) adds that adolescents may accept the sand play therapy, because of its materials. The sand tray includes various miniatures that represent different symbolic images. These miniatures may be perceived as a collection of figures instead of 'childish toys.' As Kukard (2006:24) mentioned, sand play as medium can be a powerful tool when dealing with traumas and will therefore serve as medium in dealing with **ASSA.**

3.4 Terminology

3.4.1 Sand Play

Sand play is defined as a psychotherapeutic technique that allows a client to arrange miniature figures in the medium of a sandbox or sand tray to create a sand world corresponding to various dimensions of his or her personal and social reality (Dale & Wagner, 2003:18).

3.4.2 Sand world narrative

The child tells a story to clarify the personal meanings of the sand world. In this way, the client is viewed as an active constructor of his or her personal worldview, and sand play is the medium he or she can use to change it (Dale & Wagner, 2003:18-19).

3.4.3 Consciousness

According to Davids (2005:8), consciousness concerns those things we experience immediately and directly. She also described consciousness as concerning those things we perceive through the senses, in other words, we become conscious of the world around us by what we see, hear, taste and smell.

3.4.4 Unconsciousness

Unconsciousness relates to those things we have forgotten or repressed. The unconscious encompasses everything that one knows, but that one is not thinking of at the moment; was once conscious of, but has forgotten; everything that is perceived through senses, but not taken note of by the conscious mind, as well as thoughts, feelings, memories and wishes (Davids, 2005:8).

3.5 Description of sand play

Sand play is a psychotherapeutic technique, which allows a client to create a sand world corresponding to various dimensions of his or her personal and social reality by arranging miniature figures in the medium of a sandbox or sand tray. By focusing on the unique

meanings the client uses to explain his or her symbolic sand world, the therapist seeks to better understand the client and his or her difficulties (Dale & Lyddon, 2000:135). Dale and Wagner (2003:18) argue that sand play provides a picture of the child client's inner world, perceptions about the world and relationships with others and expresses the client's emotional world and feelings about others.

3.6 Principles and philosophy underlying sand play

According to Cunningham (2007:1), relational sand play therapy embraces all of the following Kalffian theoretical principles:

- Unconscious processes are expressed in concrete, visible form.
- Energies in the form of 'living symbols' are touched upon in the personal and collective unconscious, and healing then happens spontaneously at the unconscious level.
- The Jungian individuation process leading to Wholeness is visible in sand play.
- The freeing up of blocked psychic energy may be visible in the tray.
- Sand play facilitates a regression to the mother-infant unity and healing on the matriarchal level of consciousness.
- The recovery of the Feminine is profoundly healing.
- Play is the mediator between conscious and unconscious and the avenue to the expression of preverbal material.
- The constellation/manifestation of the Self, "this inner order, this pattern of wholeness" is the most important moment in development of the personality and in healing.
- The relativization of the ego to the Self is crucial.
- The therapist holds a developmental perspective on any given series of trays.
- The transference may be recognizable in the sand play itself.

According to Taylor (2009:57), both Kalff and Lowenfeld believed the goal of sand work was to uncover the nonverbal, but Kalff believed that the creation of a series of sand trays led to healing at deeper unconscious levels. Lowenfeld was much more actively engaged with the client during the creation of the sand tray, talking with the client, asking questions, and making interpretations; whereas, Kalff believed such dialogue was intrusive and focused more on the completed tray with the role of the therapist being one of an observer.

It is stated further by Taylor (2009:58) that the philosophy rests on the resilient nature of the individual and the already present strengths that can be employed to solve current and future problems. Taking the focus of therapy off the problem, the therapist works to assist the client in identifying personal strengths, much like searching for hidden treasure. Not ignoring the past, the therapist validates personal pain and difficulties and brings to clients awareness of their abilities and coping skills to endure, conquer, and overcome past difficulties. Clients are often surprised by the very different focus on strengths in the present and how these can be employed in the future rather than delving into stories of past problems and traumas. Sand play therapies seek to help clients by 'empowering them to be the masters of their own lives."

3.7 The sand play process

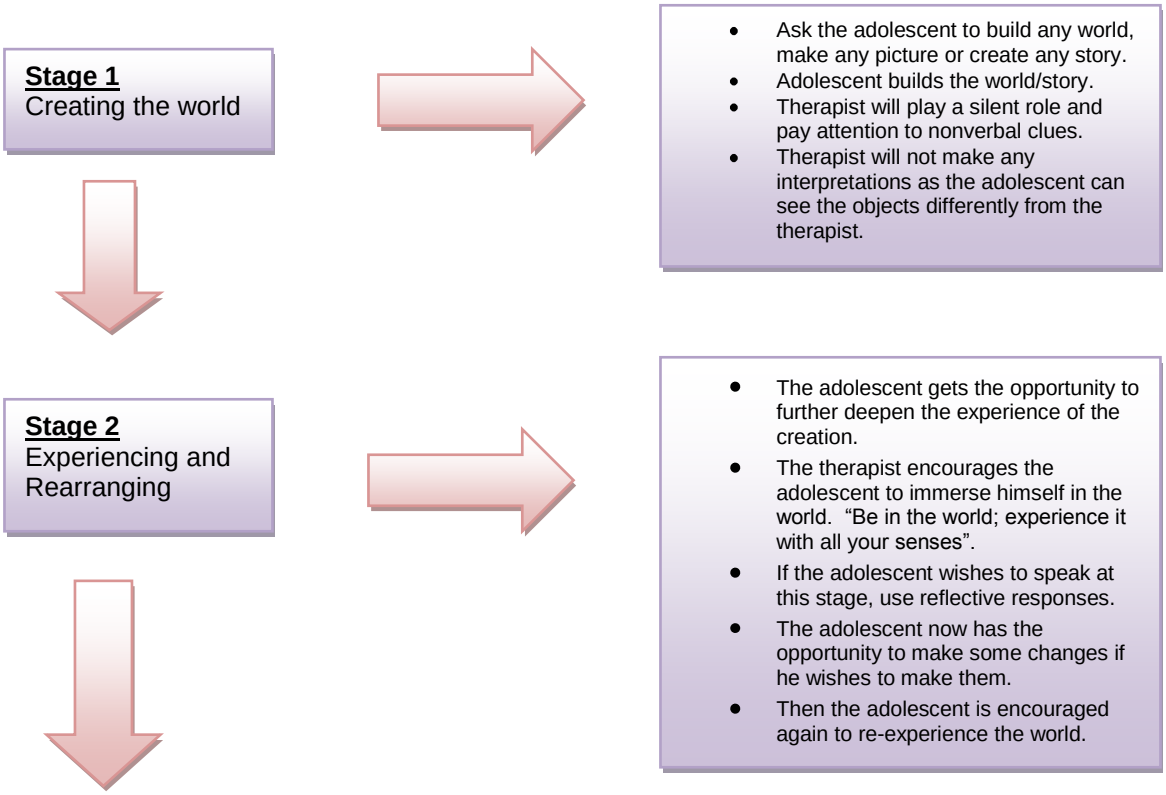
Sand play is described by Falck (2005:7) as a therapeutic approach that uses sand, water and miniature figures as the means to explore the client's internal world, to express difficult issues, and to build on existing strengths. She further states that proponents of sand play suggest that it is a natural mirror for the individuation process and allows access to the person's innermost feeling core through the symbolic expression of subliminal material. Sand play can be a therapeutic approach in itself. In Kalffian sand play (a Jungian-influenced approach) the child is invited to build a sand world of his/her own choice, and the therapist supports the creation through a non-directive stance.

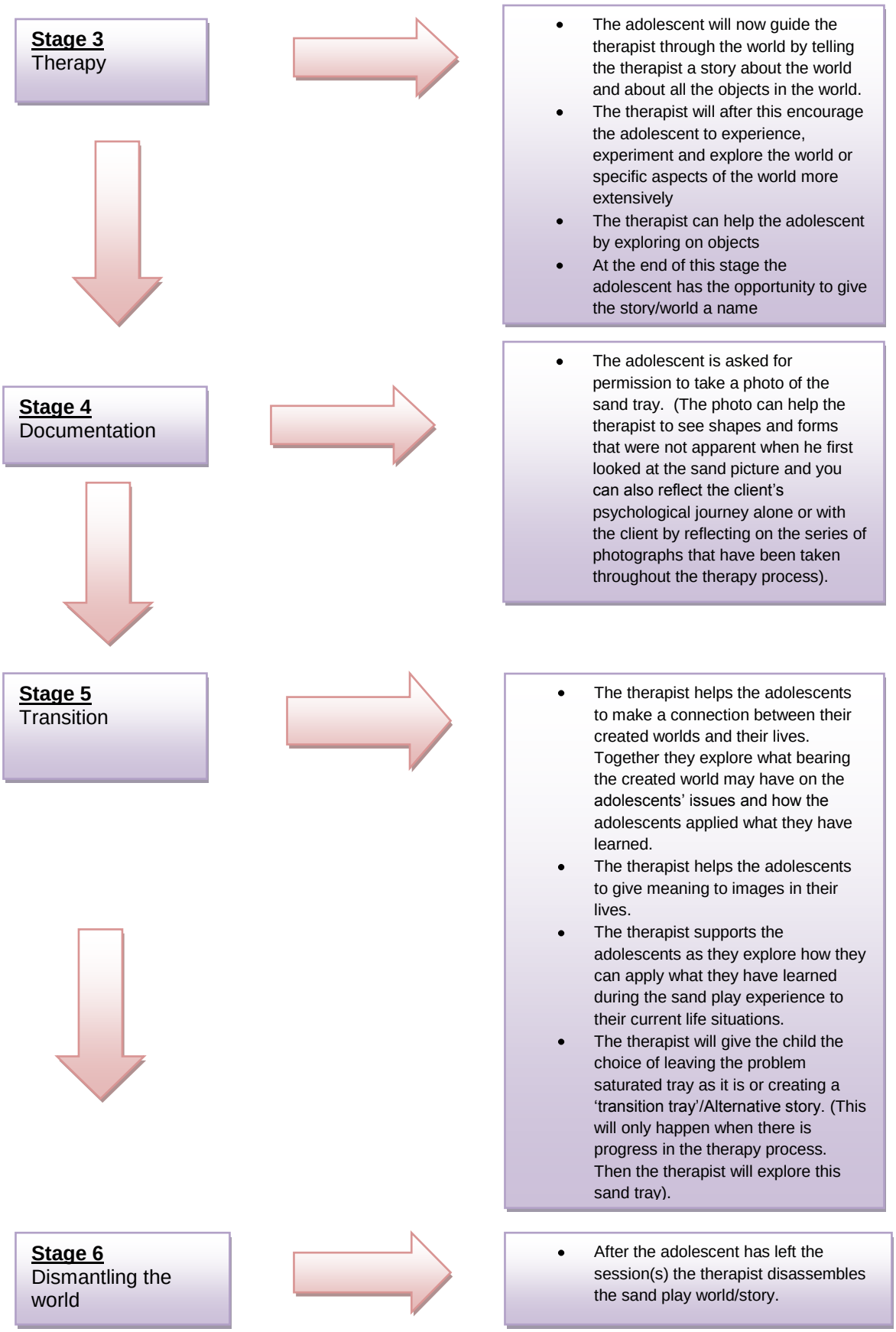
According to Boik and Goodwin (2000:57), some of the most common instances when sand play is used are when the client:

- Is stuck in her/his process,
- Is unable to find words to express feelings or thoughts,
- Is blocked in her/his feelings,
- Has poignant dreams she/he doesn't understand,
- Is confused,
- Is struggling with a decision she/he needs to make,
- Has a perplexing problem to solve, and
- Has a trauma to work through that she/he seems ready to face.

Once the preliminary groundwork has been laid and it has been determined that the client is prepared to play/work in the sand tray, the therapist and client are ready to begin with the sand play process. The different stages in the sand play process as described in Boik and Goodwin (2000:54-84) will be followed and are illustrated in Illustration 14:

ILLUSTRATION 14: THE SAND PLAY PROCESS




Stage 3
Therapy
The adolescent will now guide the therapist through the world by telling the therapist a story about the world and about all the objects in the world.
The therapist will after this encourage the adolescent to experience, experiment and explore the world or specific aspects of the world more extensively
The therapist can help the adolescent by exploring on objects
At the end of this stage the adolescent has the opportunity to give the story/world a name
Stage 4
Documentation
The adolescent is asked for permission to take a photo of the sand tray. (The photo can help the therapist to see shapes and forms that were not apparent when he first looked at the sand picture and you can also reflect the client's psychological journey alone or with the client by reflecting on the series of photographs that have been taken throughout the therapy process).
Stage 5
Transition
The therapist helps the adolescents to make a connection between their created worlds and their lives. Together they explore what bearing the created world may have on the adolescents' issues and how the adolescents applied what they have learned.
The therapist helps the adolescents to give meaning to images in their lives.
The therapist supports the adolescents as they explore how they can apply what they have learned during the sand play experience to their current life situations.
The therapist will give the child the choice of leaving the problem saturated tray as it is or creating a 'transition tray'/Alternative story. (This will only happen when there is progress in the therapy process. Then the therapist will explore this sand tray).
Stage 6
Dismantling the world
After the adolescent has left the session(s) the therapist disassembles the sand play world/story.

The researcher followed this process where the child had the opportunity to build a sand world of her/his own choice. Although a non-directive approach was followed, the researcher explored a wide variety of literature to gain a clear picture and to assist the child with the narrative of the world. To assist the therapist in helping **ASSA** through the different stages of the sand play process a set of possible questions were developed that could be of guidance for therapists to help them in telling narratives (see Addendum 8).

3.8 Advantages and disadvantages of the sand play therapy

According to Dale and Lyddon (2000:145-147), sand play therapy has several distinctive characteristics and **advantages**. Some of the most significant features include the following:

- Its emphasis on nonverbal communication, which can be very helpful for children and others who have linguistic limitations.
- Sand play can also be very appropriate when working with abused clients who either have great difficulty talking about the abuse or for whom the abuse occurred during preverbal stages of their development. Dale and Lyddon (2000:146) are further of the opinion that verbalization is not necessarily a goal of this technique, but that the sand play can encourage disclosure of previously unspoken experiences.
- Sand play can also be useful with highly verbal clients who have difficulty discussing certain emotional experiences.
- Sand play is relatively nonthreatening due to its familiar material (sand and toys) and lack of rules or expectations.
- Sand play may be particularly beneficial to use with children who are experiencing a sense of loss of control due to a wide variety of conflicts. Abused children have a chance to be in charge and develop a sense of personal control.
- Sand play therapy provides a medium for the expression of feelings and inner experiences.

- Sand play is applicable to a wide variety of psychological issues and clients.
- Sand play has also been modified for diagnostic and therapeutic use with clients with dissociative disorders.

According to Freedle (2006:50) some of the **disadvantages** of sand play can be:

- That some clients can 'freeze' beside the sand tray and
- Persons who have physical problems or problems with fine motor control may find sand play difficult.

In the theory not much more was said about the disadvantages of sand play.

3.9 Sand play and sexual abuse

Although external signs of abuse are often identified first, the impact of the abuse trauma manifests itself internally as well (Mathis, 2001:4). Falck (2005:16) is of the opinion that sexual abuse is most often perpetrated by someone known and trusted by the child. This, along with the physical and emotional trauma of the abuse itself, and the stigma associated with this kind of abuse create a unique treatment constellation. While there are many different approaches to treating sexually abused children, many experts agree that for young children play therapy is preferred, since play is children's natural way of communicating what they are experiencing. Sand play is one specific type of play that researchers and therapists have found to be useful for children who have experienced sexual abuse (Mathis, 2001:4-5).

Sand play may be appropriate when working with abused children who either have great trouble talking about the abuse or whose verbal skills are insufficient to effectively express their experience or for whom the abuse occurred during preverbal stages of their development. With these techniques, children can say a great deal through expression without needing to talk verbally (Falck, 2005:16). Mathis (2001:5) asserts that sand play gives the freedom and safety needed for sexually abused children to express their trauma since there are no rules or pressure to speak. It gives them a 'free and sheltered place'

to express and resolve the dissociation, conflict, and pain which are the result of the sexual abuse.

According to Falck (2005:16), highly charged emotional experiences, such as the trauma of sexual abuse, are encoded in the limbic system as a form of sensory reality. She is of the opinion that some theorists argue that for a person's experience of this trauma to be fully resolved, it must be processed through sensory experience. The capacity of sand play to tap this sensory, unconscious material may make it a potent tool in sexual abuse trauma intervention. During sand play distressed children often use the sand tray as an arena for dramatic play to act out, and as a resolution for, difficult and overwhelming materials. Falck (2005:1-18) further adds that sand play can:

- Support acknowledgement of previous unspoken experiences,
- Give the abused child a chance to be in charge and acquire a stronger sense of personal control, and
- Help with the expression of emotions.

4. THE INTEGRATION OF NARRATIVE THERAPY AND SAND PLAY

According to McKenzie (2005:230), social constructivism is based on the assertion that the mutual or shared meaning-making between therapist and client is expressed through a system of language and is an appropriate theoretical perspective from which to approach the use of sand play and storytelling in therapy. She further states that play therapy conducted within a constructivist model is quite effective with young clients, and the storytelling paradigm fits with the essence of narrative and constructivist forms of counselling in the deconstruction of maladaptive client stories and the co-construction of adaptive stories.

Narratives or storytelling can be used as a technique. Through storytelling the adolescent can achieve a sense of wholeness or integration with the assistance of the therapist. The imaginary world (through sand play) of adolescents makes it easy for them to engage in storytelling and to make unconscious connections between their stories and

their lives. This approach can be used in healing, teaching and simply encouraging interest in therapy by adopting the client's story to a therapeutic, educative or counselling outcome. The integration of narrative therapy and sand play necessitates a process carried out in stages. In the first stage the adolescent is asked to construct a picture in the sand tray, followed by a second stage where the client is asked to tell a story about the sand world. The therapist may then ask the client questions in an attempt to relate the story to the client's real world experience (see also table 2 on the integration of the sand play and narrative process).

During narrative sand play the adolescent firstly focuses on the "problem-saturated" sand tray. Together the adolescent and the therapist look at the events that caused the trauma, which is linked to a sequence across a period of time according to a plot (Morris, 2006:5). This is played out through the sand play process and the adolescent guides the therapist through the stories as he/she sees his/her worlds. As the adolescent and the therapist move through the assessment and therapeutic intervention they look for an alternative story to break away from the problems the client was facing, and towards the end of the therapy they create new possibilities and changes as fully described in the sand tray process.

Table 2 offers a summary of how the narrative and sand play processes can be integrated and how they were applied in this study.

TABLE 2: THE INTEGRATION OF THE NARRATIVE AND THE SAND PLAY PROCESSES

Sand Play Process	Narrative Process
Phase 1: Chaos **Reflects emotional turmoil in client's life and may be characterized by placing many objects in the tray. Can occur in first sand play session or continue over several sessions (Russo et al., 2006:230)** **Stage 1: Creating the world** • **Adolescents build the world as they see it (Boik & Goodwin, 2000:58).** **Phase 2: Struggle** **Battle initially occurs with no winner, but gradually**	**Phase 1: Deconstruction Phase** • **Describing the narrative** - **Client gives a definition of the presenting problem.** - **What meanings are associated with the presenting problem?** - **What historical and cultural narratives are part of the presenting problem?**

<table>
<tr>
<td>becomes organized to the extent that a hero may eventually emerge to signify the dominance of good and evil (Russo et al., 2006:231).
Stage 2: Experiencing and rearranging
• Adolescent deepens the experience of his creation.

Stage 3: Therapy
• The adolescent is the guide through the world telling the therapist the story about the created world.

• At this stage they look at the impact of the problem on the adolescent's life, relationships, history of the problem.

• Naming the problem, look at its effects, evaluate the effects.

Stage 4: Documentation
• Review on psychological journey for both adolescent and therapist (Boik & Goodwin, 2000:64-80).</td>
<td>- What events in the past triggered the problem, how did the problem evolve, how does it impact other areas of the client's life?

• Externalizing

- Separates the person from the problem.

- What are the effects of the problem in the adolescent's life?

- The adolescent still takes personal responsibility for effects, but does not internalize the problem as part of self.

• Don't rush the narrative. This is a take–your-time exploration of the complete narrative.</td>
</tr>
<tr>
<td>Phase 3: Resolution Phase
Life returns to normal with a balance between the figures or the placement of the figures. In this stage the adolescent's sense of completion, wholeness, or an integration of formerly chaotic emotions may be demonstrated (Russo et al., 2006:231).
Stage 5: Transition
• Therapist helps adolescent to make a connection between the created worlds and lives

• Give the adolescent the choice of leaving the problem-saturated tray as it is or creating a transition tray (Alternative story).

Stage 6: Dismantling the world (can happen in each session (Boik & Goodwin, 2000:82-84).</td>
<td>Phase 2: Reconstruction Phase
• Explore alternative interpretations, realities and exceptions.

• Developing of goals.

• Defining the new narrative.

• Living the new narrative (Dulwich Centre, 2010).</td>
</tr>
</table>

This integrated approach towards the narrative and sand play processes are, for purpose of this study, referred to as the narrative sand play process **(NSPP).**

Utilizing the **NSPP** may hold the following advantages for the **ASSA:**

- To use the language of play to represent their social worlds and to convey to their therapist the narratives they had constructed to explain their circumstances.
- The therapist can help in the deconstruction of these narratives and reconstruction of more adaptive perspectives on the adolescents' world.

5. DISCUSSION

Sexual abuse influences the human being in totality. Therefore there is a need for children who have been abused to be involved in therapy and it is a complex problem to handle in therapy. The researcher chose narratives and sand play as techniques to deal with **ASSA**.

The narrative approach is a way where the child can express the inherent structure of his/her sexual abuse experience. This approach will help to consider the meaning of the story that has developed as a result of sexual abuse. Through therapeutic intervention the **ASSA** will be guided to re-author and develop an alternative story free from the effects of sexual abuse. Sand play as a medium gives the child the opportunity to play out feelings, disclose these feelings and face them in a non-intrusive way. The researcher therefore chose to use these techniques in combination. These combined techniques could give the **ASSA** the opportunity to assign meanings to their problem through narratives and the sand play world would make it easy for them to engage in storytelling.

In the first phase of the process the **ASSA** created the problem-saturated tray story and externalized the sexual abuse problem from him-/herself as a person. In the next phase the **ASSA** had the opportunity to build an alternative story. The researcher asked questions that could elicit unique outcomes on the basis of which an alternative sand tray story could be created. The sand play narratives could be used from session to session to indicate progress and explore setbacks.

6. SUMMARY

Using the **NSPP** can provide therapists with additional insight into the perspectives of **ASSA** that can result from their decreased defensiveness associated with projective techniques. When using these integrated techniques, therapists must understand that their clients are using play and language within the context of social constructivism to express their stories and worldviews. It is in this process that the therapist becomes

involved in the meaning-making experience and develops the ability to better understand and therefore help the adolescents. The adolescent can benefit from the narrative sand play process as the sand play can help them to verbalize the story or experiences, give them a sense of control over the sexual abuse problem and externalize the problem from the person.

This chapter consisted out of a discussion of both of these techniques which included the following themes: introduction, background, terminology, principles and philosophy underlying the techniques, the process, advantages and disadvantages of the technique and the technique in its relation to sexual abuse. The chapter was concluded by focusing on the integration of narrative therapy and sand play. Through storytelling the adolescent can achieve a sense of wholeness or integration with the assistance of the therapist. The imaginary world (through sand play) of the adolescent makes it easy for them to engage in storytelling and to make unconscious connections between their stories and their lives. The integration of narrative therapy and sand play recommend a stage-like process. The stages were discussed thoroughly.

The **NSPP** was developed by the researcher in a draft format and then pilot tested with the aim of refining the suggested **NSPP** as a prototype**.**

Chapter 4 will report on the pilot study and its results.

CHAPTER 4

THE PILOT STUDY

Daddy's Little Girl

I miss the times where you would hold me, love me and say it
apparently those days no longer exist to you.
All the scars and bruises I have are memories of what you did
How could you do this, do this to me?
Your little girl.
The one you once loved and cared for,
held her tight and kissed her goodnight
You said you would do anything to protect me, I believed you.
I don't understand why I had been so foolish.
I took in every word you said, every last drop
and I see now that it was all a waste.
I hide my pain in tears and cut wrists,
Nobody asks what happened,
No one cares about me.
The thoughts of suicide run through my mind.
And what do you do?
nothing.
You don't care about the little girl you once knew,
but nevermore will.
So as I sit here, drowning in my tears,
You stand there, arm in arm with her.
Saying you love her and you'll care for her,
She'll never believe it, never.
I'll make sure that innocent girl never does.

(Walker, 2011)

1. INTRODUCTION

The overarching goal of this study was to develop an **NSPP** where narratives and sand play as techniques were used to deal with sexual abuse experienced by adolescents.

In order to undertake scientific research on a problem, Strydom (2011**b**:236) is of the opinion that the researcher should have thorough background knowledge about it. He refers to the pilot study as one way in which the prospective researcher can orientate himself to the project he has in mind. Strydom (2011**b**:237) refers to a pilot study as "the procedure for testing and validating an instrument by administrating it to a small group of participants from the intended test population". A pilot study can be regarded as a small-scale trial run of all the aspects planned for use in the main inquiry. Bless, Higson-Smith and Kagee (2007:184) define a pilot study as "... a small study conducted prior to a larger

piece of research to determine whether the methodology, sampling, instruments and analysis are adequate and appropriate".

Consequently this chapter will focus on the unique procedures the researcher followed in the pilot study in order to formulate the exact research problem, planning and range of the proposed investigation.

2. THE COMPONENTS OF A PILOT STUDY

Delport and Fouché (2011:446) advance the following view of a pilot study: "a pilot study is the stage of a project in which the researcher collects a small amount of data to 'test drive' the research procedures, identify possible problems in the data collection protocols and set the stage for the actual study." Strydom and Delport (2011**b**:395) also state that the pilot study allows the researcher to focus on specific areas that may have been unclear previously or to test certain questions and this will help the researcher to make modifications with a view to qualifying interviewing during the main investigation. Strydom and Delport (2011**b**:395) assert that all four aspects of a pilot study, namely the literature study, the experience of experts, the feasibility of the study, and testing the measurement instrument, should be followed to arrive at a feasible main study. These aspects were followed strictly in this study. A thorough discussion of all these components, as executed in this study, will follow.

2.1 Study of the literature

According to Strydom (2011**b**:237), the researcher can only hope to undertake meaningful research if he is fully up to date with existing knowledge on his prospective subject. Babbie, Mouton, Vorster and Prozesky (2001:565) are of the opinion that every study should be placed in the context of the general body of scientific knowledge with a clear indication of where the report concerned fits into the picture. Having presented the general purpose of the study the researcher should then bring the reader up to date with previous research in the area. Creswell (2009:29) and Thyer (2010:626) refer to a literature study as locating and summarizing studies about a topic.

In order for the researcher to develop an **NSPP** to deal with adolescent survivors of sexual abuse **(ASSA)**, a thorough literature study was conducted as part of the pilot study. The researcher explored and described sexual abuse as well as the psycho-social impact of sexual abuse on adolescents. In order to gain all this information a study was done on the adolescent's developmental changes and challenges such as the biological, cognitive, psychological, social and moral and spiritual changes. The physical, emotional and behavioural indicators of sexual abuse amongst adolescents were also discussed (see Chapter 2). The literature study served as a broad orientation and form of knowledge enrichment for the researcher before commencement of the prospective research project (Strydom, 2011**b**:238).

The literature study is important for the clear formulation of the problem, but also for executing the planning and implementation of the main investigation. The literature study conducted by the researcher helped with both a clearer formulation of the problem and with executing the planning for the implementation of the research programme.

2.2 The experience of experts

Despite the wealth of literature which may exist in any discipline, this usually represents only a section of the knowledge of people involved in the specific field. It is valuable for prospective researchers to utilise the knowledge and experience of experts since the field of social work is broad, people tend to specialise or have been active for many years in that specific area (Strydom, 2011**b**:238). Monette, Sullivan and De Jong (1998:93) add that as much as possible should be learned from the experiences of others. Neuman and Kreuger (2003:461) are of the opinion that we can learn from what others have found so that the researcher can benefit from the efforts of others.

The researcher planned a short workshop on the proposed **NSPP** for **ASSA.** Social workers, working in this field, were identified through snowball sampling. Invitations were sent to 12 social workers and a total of six attended the workshop on 29 July 2009 for their input, critique and evaluation. The social workers who attended the workshop were representative of different organizations in the Gauteng area such as the Johannesburg

(Jo'burg) Child Welfare Society, UNISA, social workers in private practice, Abraham Kriel Childcare and Maria Kloppers Children's Home. The researcher mainly invited experts whose experience and opinions she could utilise in this study. Table 3 summarizes the contents of the workshop.

TABLE 3: WORKSHOP CONTENTS

1. Conceptualising and theory ***** Adolescence * Sexual Abuse * Narrative Approach
2. The role of the therapist
3. The usefulness of sand play as technique to explore the narrative experience of the adolescent survivor of sexual abuse (ASSA).
4. The integration of the narrative approach and sand play.
5. The sand play process and different stages.
6. Addenda which included examples of a recording form which can be used for the sand play process and the following instruments: ***** Adolescent Dissociation Checklist (Putnam, Helmers & Trickert, 1993). * Adolescent Sexual Behaviour Checklist **–** Parent Report (Friedrich, 22). * Adolescent Sexual Behaviour Checklist – Self Report (Friedrich, 2002). * Safety and Suicide Checklist (CATTS, s.n.)

A PowerPoint presentation was given and a thorough discussion conducted on the above mentioned information and each social worker received a handout consisting of relevant measuring instruments and information included in the study.

2.3 Feasibility of the study

Feasibility is defined by Bless and Higson-Smith (2000:18) as whether or not the proposed study is manageable, taking into account the available time, financial means, the size of the sample and the method or instrument of data collection. Monette, Sullivan and De Jong (2008:93) insist that the problem should be sufficiently clear and that

practical issues involving the feasibility of the project must be in order. Strydom (2011**b**:239) adds that apart from the study of the relevant literature and the experience of experts, it is also necessary to obtain an overview of the actual, practical situation where the prospective investigation will be executed.

The pilot study took place at the offices of Jo'burg Child Welfare in the specialized Child Abuse Treatment and Training Services (CATTS), where the researcher was the Manager of the unit at the time of the study. The researcher requested permission to conduct the study within the CATTS unit where some adolescents within the organization would participate in the project. The researcher further requested that other participants, who would be identified by other social workers in various welfare organizations, could be accommodated within the organization where the researcher was working and planned to conduct her study. Permission to conduct the study within Jo'burg Child Welfare Society (CATTS) was given by the Assistant-Director of the same organization (see Addendum 6).

The two adolescent participants who were a part of the pilot study were at that stage clients of the Jo'burg Child Welfare Society. The adolescent participants had easy access to therapy as they were picked up for their scheduled interviews weekly as all the other child clients of the organization. Arrangements with the schools were made to see these adolescents during the week.

2.4 Testing the measuring instrument

If the specific measuring instruments have been tested carefully during the pilot study, fewer problems should be experienced during the main investigation (Strydom, 2011**b**:242-243). He further highlights that if the measuring instrument has been thoroughly tested during the pilot study, modifications can be made for the main investigation.

The researcher guided two participants through the **NSPP** during the pilot study. The exact procedure was followed in the main investigation including the extra questionnaire as mentioned earlier.

2.4.1 Suitability of the interview schedule or questionnaire

It is stated by Strydom (2011**b**:242) that the pilot study offers an opportunity to test the interview schedule with, for example, the kind of interviewer and respondent that will be used in the main study. He also mentions that the pilot study is valuable for "refining the wording, ordering, layout, filtering, and so on, and in helping to prune the questionnaire to a manageable length". Strydom (2011**b**:242) further elaborates that the pilot study can indicate effectively whether a certain question or the total questionnaire is correctly worded and he also emphasizes that the physical appearance of the questionnaire is very important. Neuman and Kreuger (2003:281) highlight that the questionnaires should be clear, neat and easy to follow.

The questionnaires used for the study focused on the sexual behavioural indicators of sexual abuse, dissociation and suicide indicators. The participants found these questionnaires easy to understand and completed them thoroughly. Although some of the questionnaires were lengthy they gave the researcher a holistic view of the impact of the sexual abuse on the adolescents' overall functioning.

2.4.2 Suitability of the procedure and data-collection

According to Strydom (2011**b**:243), the pilot study can also give a clear indication of whether the selected procedure is the most suitable one for the purposes of the investigation. Bless and Higson-Smith (2000:97) are of the opinion that a research project stands or falls by the quality of the facts on which it is based. They highlight further that realizing the importance of constructing an appropriate and accurate instrument for measuring and collecting data is an absolute necessity.

A discussion of the quantitative results took place which was followed by qualitative quotations that support or disconfirm the quantitative results (Chapter 6). The mixed method model can result in well-validated and substantiated findings. The researcher collected both quantitative and qualitative data concurrently. Furthermore the design was exploratory and descriptive in finding answers to the research questions. Both these quantitative and qualitative approaches were followed in the pilot study to help understand the behaviour of the adolescent survivor of sexual abuse **(ASSA)**. This procedure seems to be suitable as this gave the researcher the desired results for the purposes of the pilot study.

The quantitative information was collected by means of the questionnaires (see addenda 1-4). The qualitative information was collected through the **NSPP** (Chapter 6).

3. DATA-ANALYSIS

According to Strydom (2011**b**:246), an interested researcher will process the data collected during the pilot study and address each obstacle one by one. Strydom (2011**b**:246) further advises that the analysis of the data should be done in such a manner as to ensure that the intended statistical analysis of intended themes can be done. Sarantakos (1998:293) further states that through the pilot study data must be corrected before actual data collection can take place.

The researcher used standardized measuring questionnaires which were analyzed by hand. Data-analysis for qualitative data was followed by the steps as introduced by Tesch and described in Chapter 1. As data-saturation was reached very early in the research process a summary of the information on the quantitative and qualitative data as found during the pilot study is fully presented in Chapter 6 with supporting storylines and submitted to a literature review. Although four participants participated in the study only the information of one participant was used and she was part of the pilot study.

4. VALUE OF THE PILOT STUDY

It is the opinion of Sarantakos (1998:293) that the purpose of the pilot study is to discover possible weaknesses, inadequacies, ambiguities and problems in all aspects of the research process, so that they can be corrected before actual data collection takes place. Neuman and Kreuger (2003:180) add that the reliability of the study can be improved by using a pilot study.

As mentioned before, the exact steps that were followed in the pilot study were planned for the main investigation with the exception of the extra questionnaire to be added in the assessment part of the **NSPP.** It must be mentioned that this questionnaire was not used in the pilot study, but in the main investigation only. Additionally a combined narrative and sand play questionnaire in the form of a guideline throughout the intervention programme was utilized during the main investigation. This questionnaire is summarized in Chapter 5 under Table 8.

4.1 Estimation of costs and duration of the main investigation

It is emphasized by Strydom (2011**b**:245) that time and money are of prime concern in the feasibility of any project. Information emerging from a pilot study can enable a tentative estimate to be made of the cost and length of the main investigation.

The researcher found that the combined narrative and sand play approach was time consuming, but to the benefit of the client. It was of great importance that the **ASSA** work through all the stages and therefore this was taken into consideration for the main investigation.

4.2 Involvement of the researcher

The pilot study represents the first-hand, direct involvement of a researcher with the social environment in which the investigation will take place. The researcher should acquire practical experience of the relevant community during the pilot study and take cognisance of the complexity and dynamics of the particular field of research (Strydom,

2011**b**:245). The researcher was well trained and experienced in play therapy and was working in a specialized unit where survivors of sexual abuse were supported daily. Therefore the researcher found it easy to work on a therapeutic level with the **ASSA**.

5. RESULTS OF THE PILOT STUDY

At the beginning of the pilot study the researcher utilised the knowledge and experience of experts in the specific area and thereafter the actual therapeutic process with the **ASSA** was followed. The researcher started the pilot study with a short workshop with these professionals. The contents of the workshop were discussed earlier in this chapter.

5.1 FEEDBACK FROM WORKSHOP

After the completion of the presentation on sexual abuse, narrative therapy, sand play and the integration of narratives and sand play which the researcher planned to follow, the social workers had the opportunity to give some input and critique and evaluated the **NSPP.** The researcher had developed a workshop feedback questionnaire which consisted of specific evaluation questions on the presentation that was used for this purpose (see Addendum 9).

During and after the presentation most of the questions that were put by the social workers were to gain clarity on the procedure of the proposed programme. All six attendees indicated in the evaluation that the combined approach would be their technique of choice in intervention with **ASSA.** Some of their comments are summarized in Table 4.

TABLE 4: FEEDBACK FROM THE WORKSHOP

Comments
"This is a good approach in terms of finding themes to work with adolescents as they are quite difficult to deal with in terms of their attitude and the conflict they are in".
"To utilize both the left and right brain hemispheres".
"I think it's very effective, much potential".
"New technique for more effective intervention".
Recommendations that were made for this programme were as follow:
"To keep more to the first person (personal) when the child does, don't hold the child back".
"Be prepared for alternatives that come up, for example when the child gets stuck".

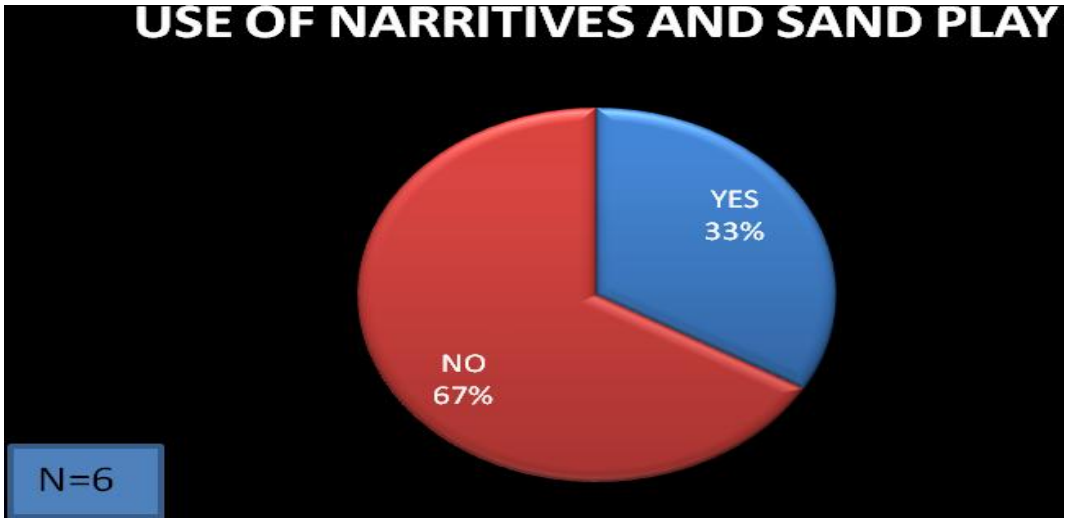
The proposed programme seemed to be a new approach for social workers as they use different approaches in working with **ASSA**, but had never before used the combination of narrative therapy and the sand play technique. It was indicated that they would either use the sand play technique or the narrative approach, but there was no indication given that they had used a combined approach. The suggested draft programme, which included measuring instruments, was made available during the workshop in order to determine the appropriateness and accuracy of the instruments. The feedback questionnaire consisted of the following questions:

- Do you currently use play therapy or the sand tray with adolescent survivors of sexual abuse?
- Which of the following would best describe your overall approach to therapy?
- What techniques/modalities do you use with adolescent survivors of sexual abuse?
- On a scale of 1-5, with 1=not useful and 5=very useful, how would you rate the effectiveness in your opinion of the proposed programme?
- Why would you choose to use the proposed programme or not?

A discussion followed of each question posed to this group of social workers.

Question 1 aimed to find out if the social workers use either narratives or sand play as a medium in play therapy with **ASSA**. Their feedback is summarized in Graphical presentation 1:

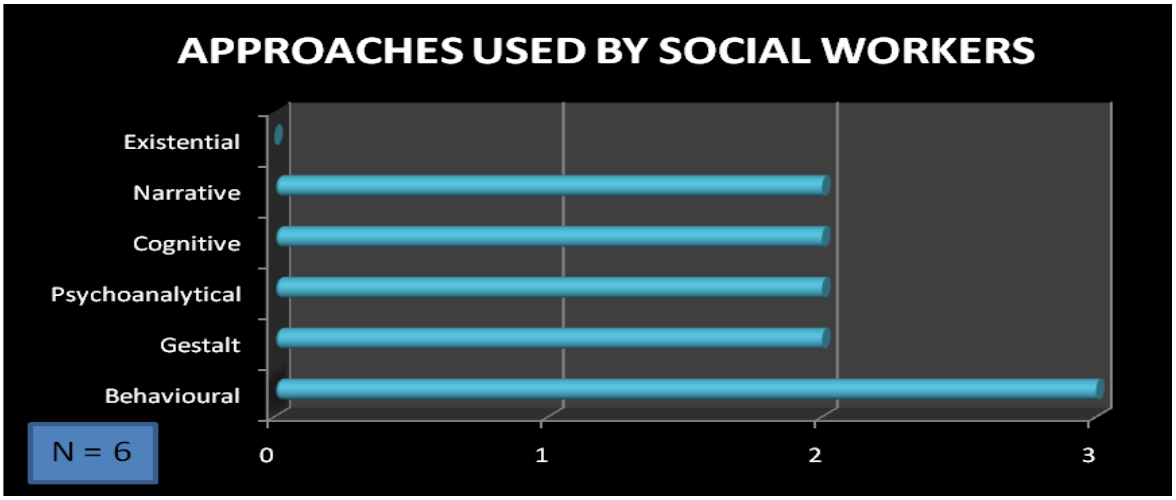
GRAPHICAL PRESENTATION 1: THE USE OF NARRATIVES OR SAND PLAY AS MEDIUM



Sixty-seven percent (67%) of the social workers indicated that sand play and narratives as mediums of therapy were not used frequently by them in therapy with children. Social workers indicated other mediums which they use through the therapy process.

The **second question** focused on the approaches that are most often used by social workers in therapy and the outcome was as follows:

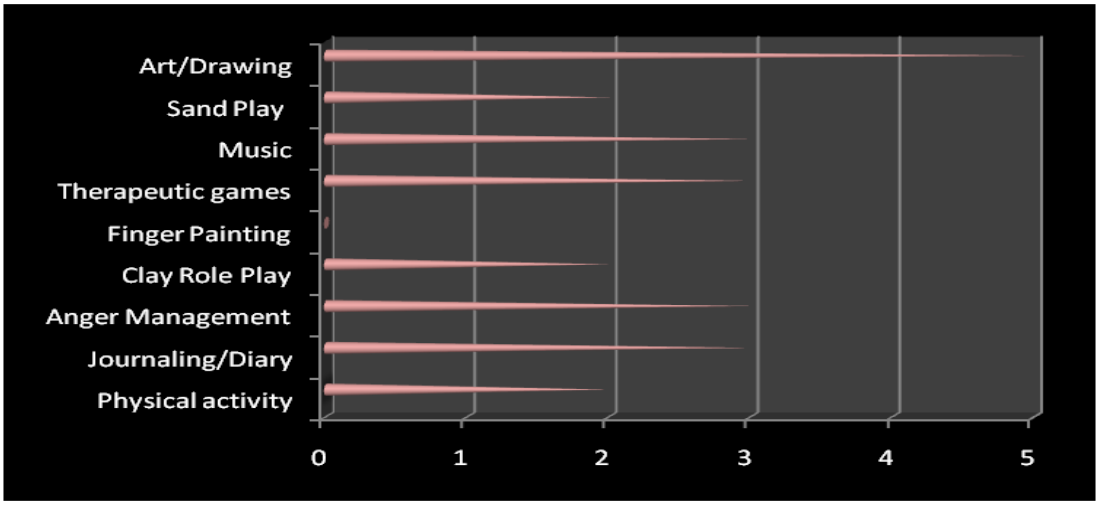
GRAPHICAL PRESENTATION 2: APPROACHES USED BY SOCIAL WORKERS IN PLAY THERAPY



The six social workers could indicate more than one approach they use in therapy. The outcome of this question gave an indication that social workers make use of a variety of approaches when doing therapy with children as indicated by the illustration above. Mostly they make use of the behavioural approach. The professionals also gave an indication of using the approach of Ericson and intervention through Hypnotherapy and the System's theory.

Question 3 aimed to find out what techniques/modalities the social workers use with **ASSA** and the following illustration gives an indication of the outcome.

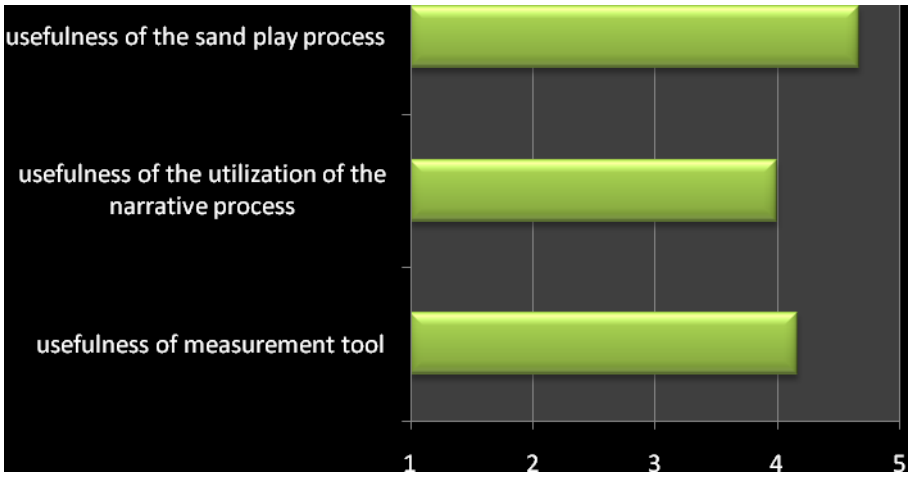
GRAPHICAL PRESENTATION 3: TECHNIQUES AND MODALITIES USED BY SOCIAL WORKERS IN PLAY THERAPY WITH ASSA



The social workers could identify more than one technique/modality they use during therapy. The illustration gave an indication of which techniques are used by professionals in therapy. Looking at the illustration above it is clear that professionals mainly make use of art/drawing, the technique of anger management, journaling, clay and therapeutic games. Although some did indicate the use of sand play, this technique is not used as much as some of the others.

The purpose of **Questions 4-6** was to establish the opinions of the individual social workers on the proposed programme which the researcher was about to follow in the pilot study. The types of questions that were used were scaled questions. These questions are a type of multiple-choice question where the participants could mark a certain point on a scale between 1-5. The following graphical representation supplies an indication of their opinions of the usefulness of the sand play process, the utilization of the narrative process and the measurement tool:

GRAPHICAL PRESENTATION 4: OPINION ON THE USEFULNESS OF THE NSPP



4	Insert number	4	4	4	4	4	4	measurement tool
5	Insert number	5	4	3	3	5	4	narrative process
6	Insert number	5	5	4	4	5	5	sand play process

The social workers had the opportunity to evaluate in their opinion the usefulness of the sand play process where four of them gave a point of 5/5 and two rated a 4/5. On the usefulness of the utilization of the narrative process two social workers rated a 5/5, two rated a 4/5 and 3 rated a 3/5. The usefulness of the measurement tool was rated by all six social workers as a 4/5.

Question 7 aimed to find out if social workers would utilize the **NSPP** when working with **ASSA** and the outcome indicated that all social workers were positive about using the proposed **NSPP** in future when dealing with **ASSA.**

From these questionnaires and input from social workers it was clear that:

- A combined approach of narratives and sand play was unknown to them.
- They mainly used other modalities and techniques in therapeutic intervention with **ASSA.**
- The **NSPP** would be considered for future use for **ASSA.**

5.2 TESTING THE PROPOSED PROGRAMME WITH TWO ASSA

The proposed research programme was presented with two **ASSA** in exactly the same way as planned for the main investigation. The proposed **NSPP** is summarized in Chapter 5 where an overview is given of the programme. A short summary will follow on the implementation of the programme with the two **ASSA** during the pilot study:

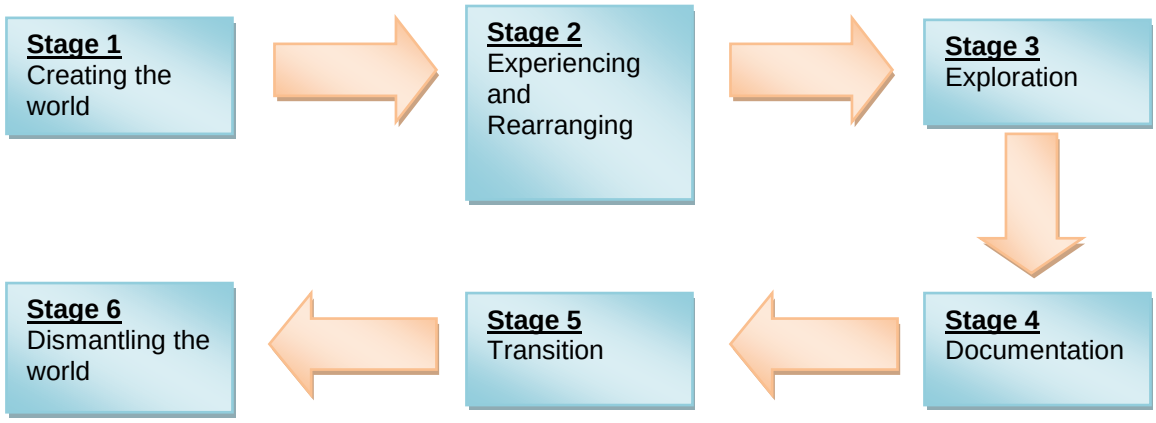
TABLE 5: SUMMARY ON THE IMPLEMENTATION OF THE PILOT STUDY

Session 1-3:	• Assessment and building of a relationship. • Completion of the measuring instruments. • Activities such as drawings to explore about the adolescent's socio-emotional well-being, attachments and overall functioning.
Session 4-12	• Following the sand tray process as discussed in Chapter 3. As soon as the adolescent was ready to leave the 'problem-saturated' tray the therapist helped her to focus on the 'transition' tray.
Session 13-14	• Focused on future goals, strengths and values. Utilizing post-test questionnaires.

All the stages in the Narrative Sand play process **(NSPP)** can be done within the time limit of one session or a series of sessions, depending on the adolescent. The different stages in the sand play process as described in Boik and Goodwin (2000:54-84) were

followed and were fully discussed in Chapter 3. A short summary of the sand play process is illustrated in illustration 15:

ILLUSTRATION 15: SUMMARY OF THE SAND PLAY PROCESS



The researcher followed the proposed **NSPP** according to these stages. Feedback will be given on what was found during the pilot study thoroughly in Chapter 6 while following these procedures.

5.2.1 Evaluation of measuring instruments/questionnaires with ASSA

During the pilot study conducted with two **ASSA** the measuring instruments were pretested and adjusted. Firstly the adolescent participants and parents/caregivers were assessed by the researcher and subjected to the completion of the:

- Adolescent Sexual Behaviour Checklist: **Parent Report** (Friedrich, 2002:301)
- Adolescent Sexual Behaviour Checklist**: Self Report** (Friedrich, 2002:304)
- Adolescent Dissociation Checklist (Putnam et al., 1993)
- Safety and Suicide Checklist (CATTS, s.n.)

These questionnaires identified the sexual behaviour and psychological impact of sexual abuse on the adolescent and were completed before and after intervention. Illustration 16 highlights some of these indicators that were present with participant 2.

ILLUSTRATION 16: DESCRIPTION OF THE MEASURING INSTRUMENTS/QUESTIONNAIRES

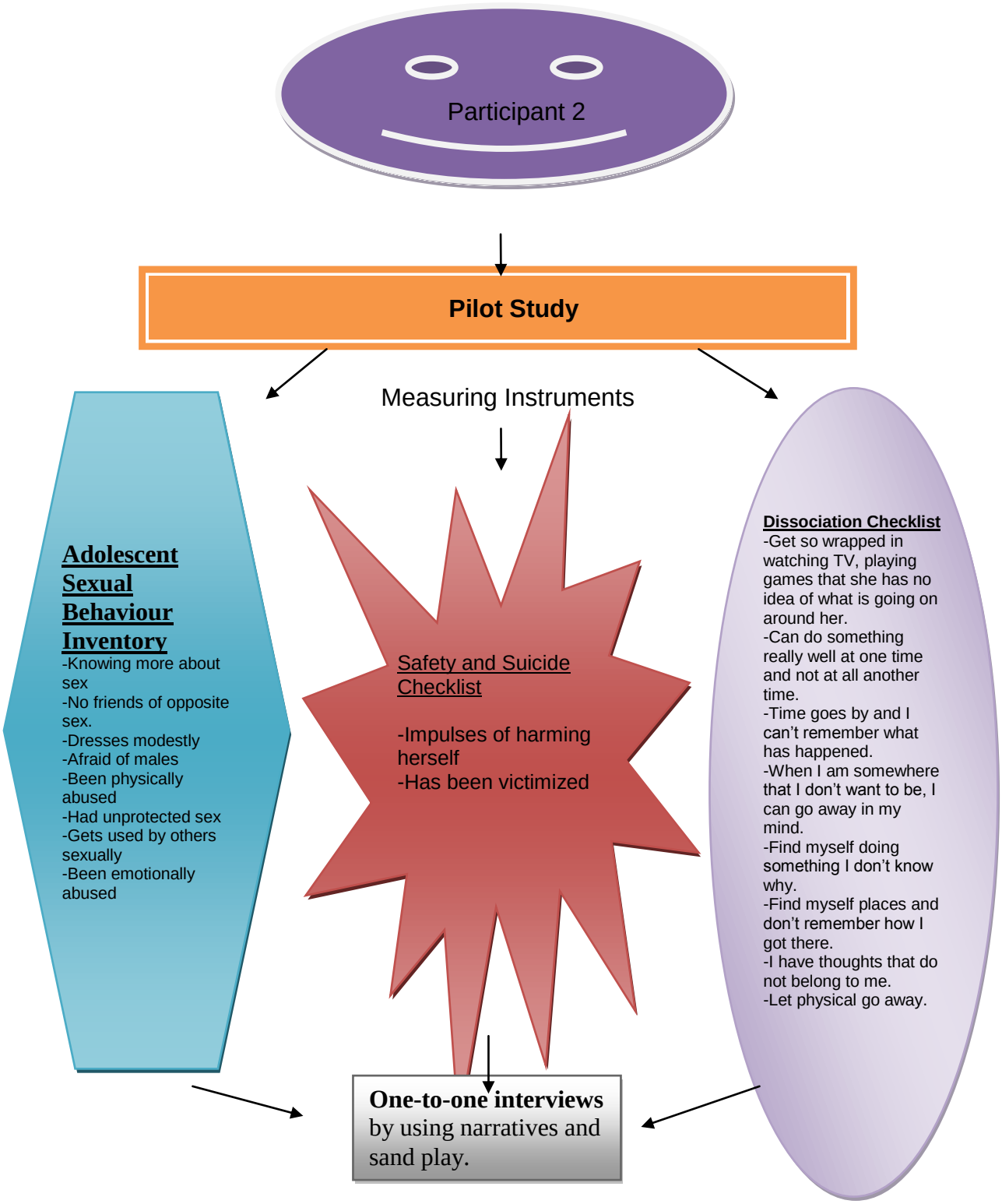


Illustration 16 summarizes the measuring instruments used during pre- and post-testing. These questionnaires measured:

- Some behavioural indicators of sexual abuse.
- These did not test positive for suicidal behaviour and
- The dissociation checklist reflected a normal score.

A thorough discussion of these data will also be reflected in Chapter 6. During the pilot study with **ASSA** there was no negative feedback from either the adolescent participants or the parents/caregivers during the completion of these questionnaires. All questionnaires were completed thoroughly. As mentioned earlier the researcher found that an additional questionnaire should be added for the purposes of the actual research process in order to gain a better understanding of the emotional and behavioural challenges the adolescent survivor of sexual abuse is faced with. As this questionnaire was only implemented in the main investigation (with two participants) it will not be discussed as the quantitative and qualitative data of only one participant in the pilot study were used for data-analysis.

5.2.2 Evaluation of the one-to-one interviews

After the first session with the parent a range of semi-structured interviews followed with the adolescent survivors of sexual abuse. The adolescent participant told her story through the sand tray, but the researcher developed a guideline which consisted of a range of questions which can be of help in their storytelling about the sexual abuse (Addendum 8).

The following illustrations give an outline of the demographic information of the participants who participated in the pilot study as well as a summary of the methodology followed during the pilot study.

ILLUSTRATION 17: DEMOGRAPHIC INFORMATION OF PARTICIPANT 1

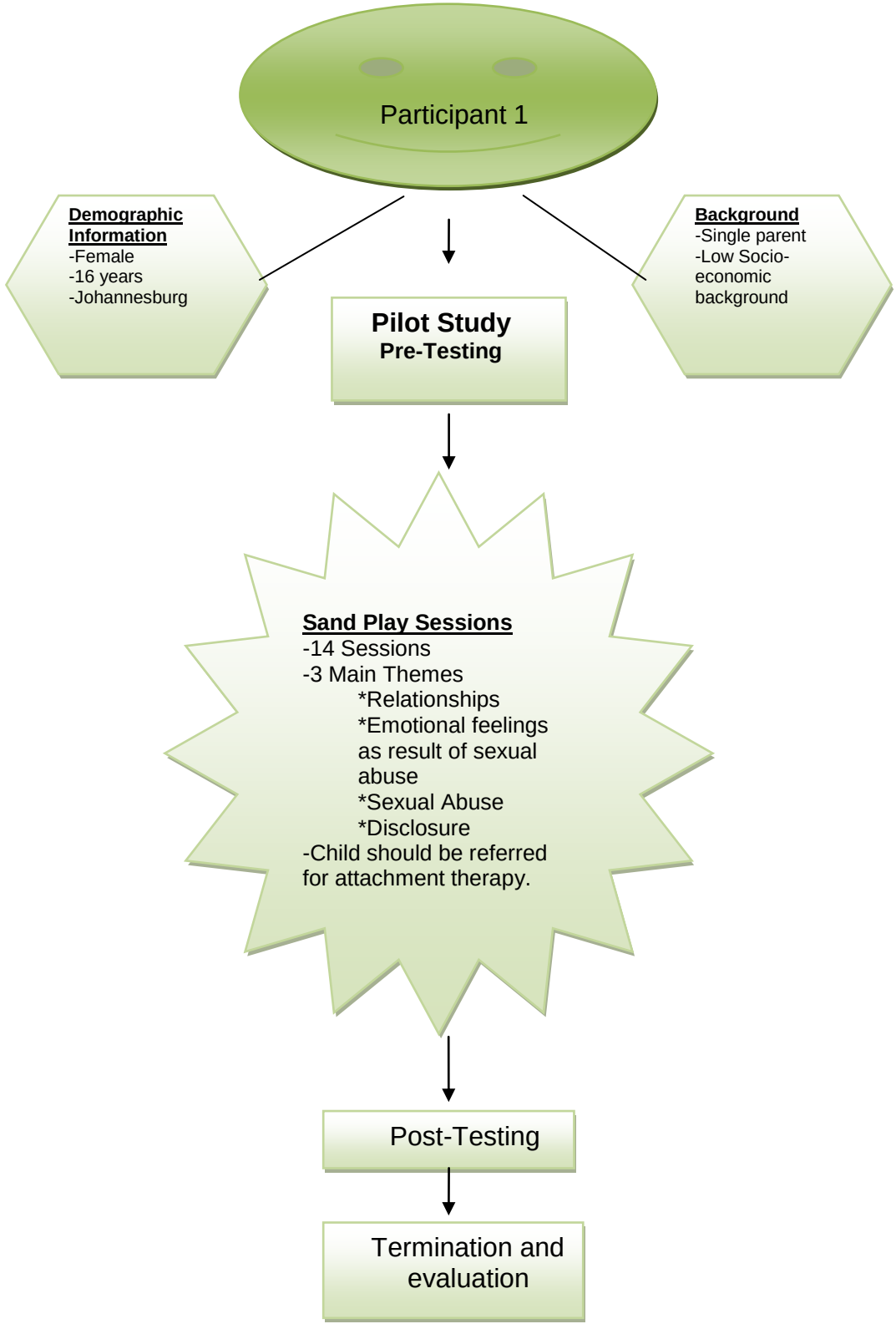
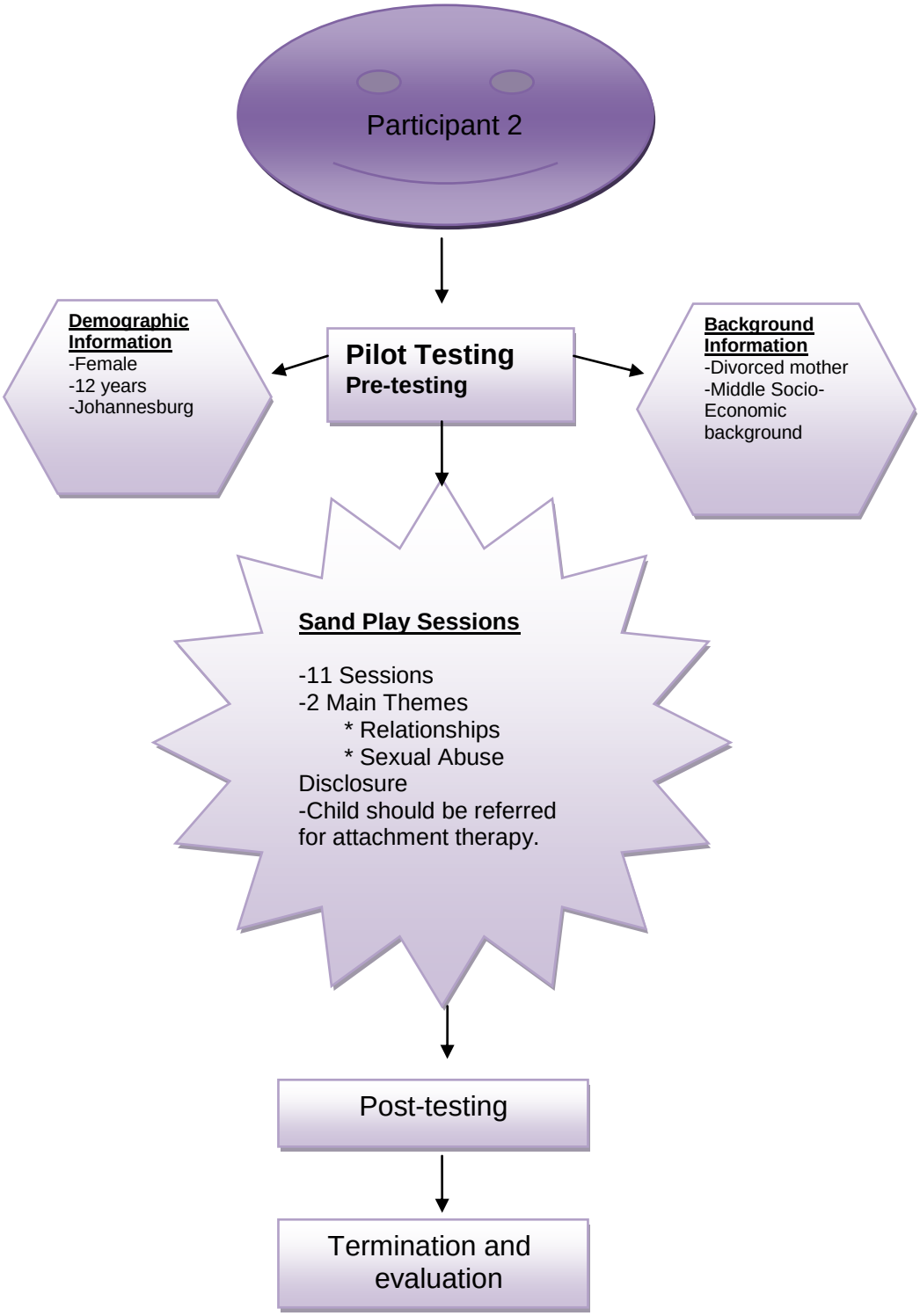


ILLUSTRATION 18: DEMOGRAPHIC INFORMATION OF PARTICIPANT 2



Now that there is a clearer picture of the participants in the pilot study a short overview on the sessions of participant 2 will follow. Only the data of the mentioned participant will be presented briefly as the information of participant 1 will be thoroughly presented in Chapter 6 for the purposes of data-analysis. Table 6 consists of photos and a short overview of the different sessions with participant 2. This table gives an indication of the **NSPP** which was followed with participant 2 during the pilot study:

TABLE 6: SUMMARY OF NSPP WITH PARTICIPANT 2

Participant 2		
Sand Tray	**Name of Sand Tray/Theme**	**Overview on process**
	"World"	**The sand tray is about the participant's house and family. She plays out family life and focuses on relationships**
	"Zoo"	**The participant tells a story about her and her family who visit the zoo. She also brings in fantasy characters that live in this world.**

	"Good and bad character island"	**She plays out different children's stories. Living in her own fantasy world.**
	"Natural Resources"	**The therapist only gave her natural products to build her world with. She builds nature as part of a Discovery programme. She connects some of these objects in the sand tray with her family and for the first time mentioned the abuser.**
	"Natural Resources"	**A second session was used for this sand tray where the therapist explored about the sexual abuse incident after the participant disclosed that the abuser was in this world.**

	"History"	**The participant builds the sexual abuse and played it out in her sand tray. The therapist explored on the history of the problem.**
	"History"	**Further exploration on this sand tray with the help of the narrative questionnaire handout (See Addendum 8)**
	"New Beginnings"	**Started with the alternative story. She could decide how she wants to take back her life from "it". She builds her family and the ocean with different fish. She explained it as her way to move forward and to forget about the past. We started to explore about her strengths, qualities and characteristics.**

	"Support"	**Building the counterplot on the alternative story after participant felt that the abuse did not have so many negative effects on her life and that she was ready to move on. The theme of the sand tray focused on how she survived against "it". She focused on all the positive elements in her life family, friend, school and animals and mentioned and builds her positive characteristics around these elements.**
	"Help and support"	**Continued with the alternative story. She used the same story and we explored about her qualities and strong characteristics.**
	"Support and new developments"	**During the last sand tray the child built a sand tray where she wanted to teach the abuser a lesson. The one part represented her family. They are happy and are her support. In the other corner she builds the abuser surrounded by the police. She thinks in future he must either be locked up or looked after. She is not sure if they must make a case. This seems to be a possibility. Now she wants to focus on her dream to have a good education.**

Eleven sessions were conducted with this **ASSA** during this **NSPP** and a short discussion will follow on the progress during this process:

- Session 1-3: The participant played out family life and her relationships with members within the family.
- Session 4: During this session the participant built a story on nature and during this session she disclosed that she had been abused.
- Session 5-7: We continued on the nature sand tray and explored about the abuse. She also built a sand tray which she called “History” where she played out the sexual abuse.
- Session 8: During this session we moved over to the ‘transition’ tray, the alternative story as the participant indicated that she was ready to move on.
- Session 9-10: We focused on values, strengths and goals for the future and building the counterplot.
- Session 11: The participant forgave the perpetrator as she was ready to leave him behind and in her sand tray focused on her new beginnings.

Table 7 gives an explanation of the themes that were present and identified during the therapy process with the participant and which agree with literature as discussed in Chapter 2:

TABLE 7: THEMES IDENTIFIED THROUGH NSPP DURING THE PILOT STUDY

THEMES	SUBTHEMES
INDICATORS AND BIO-PSYCHO-SOCIAL IMPACT OF SEXUAL ABUSE	**PHYSICAL INDICATORS** • Genital Indicators **EMOTIONAL INDICATORS** • Shame • Guilt • Anger/Aggression • Hurt/Pain • Fear • Emotional Shutdown • Low Self-esteem • Betrayal • Powerlessness Additional • Sadness and Loneliness • Trust • Withdrawal **BEHAVIOURAL INDICATORS** • Self-destructive behaviour • Telling lies and stealing **PSYCHOLOGICAL PROBLEMS** • Anxiety **SOCIAL PROBLEMS** • Interpersonal relationships • School progress and academic performances

All these indicators as mentioned in the table above are indicators that were identified with the participant as a result of sexual abuse. After following the **NSPP** with these **ASSA** most of these indicators were eliminated as the participant:

- Felt empowered and had a sense of power
- Felt better about herself
- Felt less pain, anger and shame and
- Is positive about her schoolwork and has dreams for the future
- Is willing to work on peer and family relationships.

From the pilot study it was clear that:

- The questionnaires which were used, gave a clear indication of which emotional, behavioural, sexual and psychological problems were experienced by the **ASSA.**

These questionnaires were also used after the completion of the **NSPP** which measured the progress of the **ASSA** after the therapy process.

- Sand Play as technique helped the participants to play out and verbalize their stories and trauma related to sexual abuse in a non-threatening way.
- Using narratives in the sand play is seen as very successful as it addressed a number of challenges as projected through the **NSPP** all the problems the participant experienced were coming from the mind of the child.
- The developed narrative guideline interview schedule which was used as a guideline through the **NSPP** and which will be available as tool after the research process, helped the therapist to gain all information and to address all areas of trauma experienced by the **ASSA.**

6. DISCUSSION

The researcher orientated herself to the research project by doing a pilot study where the **NSPP** was tested and validated with two (2) **ASSA.** The four components which are important for a pilot study were followed.

Firstly the researcher did a very thorough literature study. The literature study contributed to clear formulation of the problem in order for the researcher to execute planning and implementation of the **NSPP** in the main study. During the pilot study the researcher had the opportunity to utilise the knowledge and experience of experts. The suggested **NSPP** was introduced and presented and it was found that the proposed programme would be something new in their social work intervention with **ASSA**. It was also indicated that these techniques will be considered for use with **ASSA** after being researched. The researcher looked into the feasibility of the study. The proposed programme was followed with two **ASSA** during the pilot study. Here the measuring instruments were tested and the **NSPP** was implemented. It was clear that the relevant data could be obtained from the participants through the measuring instruments and the

NSPP. Through the pilot study a need for an additional questionnaire which focused on overall behaviour as a result of sexual abuse, was identified.

The researcher found the **NSPP** to be an effective way of dealing with the problem of sexual abuse for the adolescent. The sand play helped them to verbalize their narratives more easily. The sand play narratives assisted in working through most of the identified problems underlying the sexual abuse problem.

7. SUMMARY

During the pilot study the researcher had the opportunity to test the various aspects of the **NSPP** on a small scale. The participants were taken through the whole planned research process. All questionnaires were found suitable, but the researcher modified the programme by only adding an extra questionnaire which focused on behavioural indicators as it was felt that the existed questionnaires did not cover all behavioural indicators adequately. An **NSPP** was followed as procedure for data collection. The researcher combined a narrative guideline questionnaire to assist the therapist in the process of data collection. The **NSPP** was found very effective and with the mentioned modification it would be implemented in the main investigation.

Chapter 5 will give a step-by-step overview of the suggested **NSPP** as developed for therapeutic intervention with the **ASSA.**

CHAPTER 5

THE SUGGESTED NSPP/PROTOTYPE

"In almost every field of human achievement creativity is usually the distinguishing characteristic of the truly eminent. The possession of high intelligence, special talent and high technical skills is not enough to produce outstanding achievement."(Neethling, 1996:27)

1. INTRODUCTION

In this chapter the theoretical background that was described in the previous chapters will be put into action. The **NSPP** through the use of sand play was compiled from the opinions of various authors and integrated with the data collected from assessments and the opinions of the researcher. This programme focuses on assisting adolescent survivors of sexual abuse **(ASSA)** by using narrative therapy combined with the sand play process **(NSPP).**

The pilot study ascertained that relevant data could be obtained through the suggested **NSPP**. The researcher developed a prototype of this **NSPP.** For the purposes of this study prototype is described as an original type, form or instance serving as a basis or standard for later stages. It can also be seen as an original, full-scale, and usually working model of a new product or new version of an existing product (MED, 2002:1134). Through this process the researcher established trustworthy relationships with the participants and through the use of the narratives effective communication patterns were established. The pilot study gave the researcher an idea of what problems might arise and information on the time and the cost that might be involved. This information made it possible for the researcher to be fully prepared for the main investigation. This made the implementation of the proposed **NSPP** much easier.

2. GENERAL INSTRUCTIONS, PLANNING AND INFORMATION REGARDING THE NSPP

To be able to implement the **NSPP** the researcher had to familiarize herself with the content and the structure of this process. A lot of research was done on narratives and the sand play process. According to Davids (2005:18), the basic equipment for sand play consists of a shallow rectangular tray, sand, water and realistic miniature figures. An assortment of miniature figures must be provided. Davids (2005:19) recommended that the figures include "everything that is in the world, everything that has been, and everything that can be". A wide variety of figures is provided to facilitate a wide range of psychological expression. As the researcher was previously involved in play therapy she already had a big collection of small toys. For the purposes of this study more miniature figures were collected before the **NSPP** started to ensure that a big variety was available from which the **ASSA** could choose for their different sand play stories.

The researcher has also seen several **ASSA** where these techniques were pre-tested and modified. The researcher developed an interview schedule which could assist her and other social workers in dealing with **ASSA** by using narratives and sand play. This questionnaire consisted of all the questions that could help the **ASSA** to tell his/her story and to work through the 'problem-saturated' sand tray and to develop a "transition sand tray." The following Table 8 is an example of these questions that were developed and assisted the researcher through the **NSPP.**

TABLE 8: GUIDELINE FOR SAND TRAY QUESTIONS

SAND TRAY QUESTIONS

The therapist will not ask the exact questions which are given as examples, but the questions will be in response to moment by moment shift in the conversation, and the therapist will not always follow the idealized structures that are offered.

TYPES OF QUESTIONS

WHO

- Who is this?
- Who else is also here?
- Who knows what is happening here?
- Who is using...?
- Who is looking after...?
- Who are the friends/supporters?

WHAT

- What is this?
- What is happening here?
- What is this one saying?
- What is he doing?
- What is going to happen?
- What makes them feel happy/unhappy?
- What else is happening? / Is there anything else happening?
- What supports it?

HOW

- How does it happen?
- How do they feel?
- How do they live?
- How does he survive?
- How do you feel about...?

WHERE

- Where is he coming from?
- Where is he going?
- Where did this happen?
- Where is his mother/father/family?
- Where on your body is it happening?
- Where in your body do you feel it?

WHEN

- When is this happening/ did it happen?
- When are you feeling like this/feeling different?

EXAMPLES OF THESE QUESTIONS

- Tell me a story about this world.
- What is happening here?
- What are these objects? (Explain the role of each object)
- What are the objects doing?
- What are the objects saying?
- How do the objects live?
- Who supports them?
- Who is looking after the objects?
- How do the objects feel?
- How do you feel about each object?
- Is there any object that can represent yourself?
- Is there a figure that reminds you of the problem?

POLARITIES

- What will happen if you take ... away? How does A/B feel?
- What will happen if you add something?
- What is the same between A and B?
- What is the difference between A and B?
- What is the reason that A feels like this and B like this?
- What is happening with A and what is happening with B?
- Why is A doing this and B doing this?
- What is A saying to B?
- What is happening in the area between A and B?

EXTERNALISING THE PROBLEM

It is important that the client remembers that the client is not the problem, but that the problem is the problem.

The therapist can ask the client to make a sand tray of the problem and to give the problem a name.

- What conclusion have you drawn, because of this problem or what is the problem telling you about yourself?
- What behaviours have you found yourself resorting to in relationship to the situation described?
- What feelings does this situation encourage?
- What is the problem telling you?
- In what tone of voice is the problem speaking to you?
- How does the problem work? Do you know that the problem is coming? Are there any signs of the problem coming?
- How long does the problem continue?
- What words would you use to describe your relationship with the problem?
- What gets in the way of developing the kind of relationship you would like to have with the problem?
- What type of relationship would you like to have with the problem?

FURTHER EXPLORATION AND PERSONIFICATION OF THE PROBLEM/DEFINING PROBLEM

The therapist will explore as much as possible.

- How are you living with the problem?
- What are the problem's tricks?
- How does the problem operate?
- How does the problem speak? In what tone of voice? How do you feel when:
    - It speaks like that?
    - What are the intentions of the problem?
    - What does the problem believe?
    - What are its plans?
    - What does it like or dislikes?
    - What are its rules?
    - What does it want to reach/purposes?
    - What are the problem's desires?
    - What are its motives?
    - What are the problem's techniques? How does it work?
    - What are the problem's dreams?
    - Who is helping and supporting the problem?
    - What is the problem's deceits or lies?
    - What would you say about the nature and character of the problem?
    - What feelings does it leave with you?

EFFECTS OR RESULTS OF THE PROBLEM

The therapist again focuses on the problem. The client can be asked to make a sand tray of the problem.

- How has the problem affected you?
- What has persuaded other people to think or say about you?
- How does it convince them of these things?
- How does it get you to think about yourself?
- How does it want you to respond? (ability to have fun, future, schoolwork and friends).
- How does it make you forget what is really important to you?
- How does it get in the way of fun?
- Does it prevent you from trusting others?
- How does it prevent you from trusting others?

A useful checklist to use in mapping effects of the externalized problem is to think in terms of *length, breadth and depth.*

Length – history of the problem

- How long has the problem been around?
- When was the first time it happened?
- What do you remember about the time before the problem came into your life?
- How did the problem come into your life?
- Who or what helped the problem to come into your life?
- When would you say the problem was the strongest in your life?
- When would you say the problem was the weakest in your life?
- Who did you tell about the problem?
- What did you tell ... about the problem?
- What impact or influence has the problem now on your life?

Breadth – extent of the problem

- How widely has this problem spread its effects in your life?
- Does it stay at home or does it go with you to school/other places?
- Does it affect your feelings about you sometimes, all the time?
- How does it influence your relationship with your friends?
- How does your problem influence your relationship with your parents?
- How does the problem influence your relationship with adults or teachers?
- Has it got you closer or further to….?
- How does the problem influence your schoolwork?
- How does the problem influence your social life?
- How does the problem influence your physical health?
- How does the problem influence your everyday life?
- How does it influence your habits, achievements, sports, feelings, self-concept etc?

Depth – intensity of the effects of the problem

- How deeply has the problem affected you?
- How heavily does it weigh on you?
- How does it influence your spirit?

- How does it influence your thoughts and feelings?
- Does the intensity of the problem vary? If so, when is it the hardest to handle and when is it easiest to handle?

Additional

- What story might the problem tell the client about whom he is and how he arrived at the description of himself?
- What sort of future might this sexual abuse predict?
- How will the problem tell the client to see himself, others and his actions in such?
- How will the problem tell the client to act towards him and others?
- What will the problem tell the client about his abilities and qualities?

EVALUATING THE EFFECTS OF THE PROBLEM

Evaluating the operations and activities of the problem and the principal effect on the client's life.

For each effect you evaluate it according to the following questions.

- What is that like for you? What is your experience of this?
- How are these developments for you? (Positive or negative)
- Is that a good or a bad thing?
- Does this please you or not? Are these activities ok with you?
- What is your experience of that? (Positive or negative)
- Is that something you would like more or less of?
- What is this like for you and your family?
- I've got a clearer picture on what the problem has been up to. How does it make you feel?
- What are its plans? What are its demands from you?

JUSTIFYING THE EVALUATION

- Why do you see it like that?
- What do you feel about the development?
- What makes it ok/or not?
- What story about your history might you share to throw some light on what you feel ... about this development?
- Can you tell me a story to understand why the problem's plans aren't ok for you?

INTERRELATIONSHIPS (OTHER BEHAVIOURS)

- Are there other problems that the problem teams up with?
- What does this idea have you doing?
- What ideas, habits and feelings feed the problem?
- If we look at the influences/effects of this problem, does it match your hopes for the future?
- How does the problem worm its way into your life?
- What does the voice of the problem whisper in your ear? How does it manage to be convincing?

OPEN SPACE QUESTIONS TO CONSTRUCT UNIQUE OUTCOMES

- Has there ever been a time that the problem could have taken control, but it didn't?
- Was there a point in which, ever for a moment you felt hopeful regardless of the problem?

ALTERNATIVE STORY

According to Winslade and Monk (2007:61-62), the following procedure can be followed for the alternative story:

- Pinpoint recent actions that do not fit with the problem story.
- Ask the client how he/she achieved these actions.
- Ask about similar actions in the past.
- Inquire about the thoughts and feelings that preceded and followed these actions.
- Seek out descriptions of the qualities or values required for such actions.
- Invite the client to give the counterplot a name.
- Explore the history of the counterplot in the client's life.
- Identify a person(s) who might have noticed, appreciated, or assisted the person's actions.
- Invite speculation about the meaning of these events and of the responses of others.
- Draw connections between events.
- Ask whether the client is pleased with the alternative story and why.
- Interrupt talk that drifts back into the problem story.
- Invite the client to speculate about the direction life would take if the new story continued to develop.
- Ask about the next steps for which the person might be preparing.

Pinpoint recent actions that do not fit with the problem story

To indicate the influence of the child on the life of the problem we highlight the special qualities, knowledge and skills of the child as well as any intentions, commitments, attitudes or actions that can be construed as working against the influence of the problem. Unique qualities, such as determination, bravery or a vivid imagination, become vital to the child's quest to free himself

from the confines of the problem.

Start by saying something like: You have told me that the problem causes e.g. fear, discomfort etc..., but you have also told me that it does not have an effect on... or I've heard the following good qualities about you...

- Does this mean that you are willing to stand against the problem?
- What are you doing in your life that changes the way the problem works in the scene?
- Do you want the problem to continue or stay in your life?

Ask the child now to build a world in the sand tray where: he/she shows how he/she survived until now, shows how he/she is taking back his/her lives and shows what happens when he/she is the 'boss' of the problem.

After the child created the world the following questions can be asked:

QUESTIONS

THICKENING THE COUNTERPLOT

- Do you prefer to stand up against the problem alone or with someone's help?
- Who played a part in your taking back your life for yourself?
- What do you think the problem would rather see you do?
- What do you think the problem thinks now that you are standing up against him?
- What would the problem like to see happen?

Ask how the person achieved these actions

- How did you achieve these actions? (Mention the qualities, skills etc.)
- What were the steps in you doing this? What did you do first? Then what?
- How did you prepare yourself to see things in a new way?
- As you look back at the accomplishment what do you think were the turning points that made this possible?
- Were there certain/particular things that you said to yourself that supported this new resolve?

Ask about similar actions in the recent past

- How is your situation different from when the problem controlled your life?
- Can you think of similar actions/situations in your life when these qualities were present in your life?
- Have you used it at other times or is this the first time?

Ask about thoughts and feelings that preceded and followed these actions

- How do you feel about the change?
- How is this different from how you felt before?

Seek out descriptions of the qualities or values required for such actions

- What does it say about you as a person that you (changed story)?
- What characteristics does it show?
- What qualities are evident to you now that you've taken the steps to put the problem out of your life?
- If your life is no longer eclipsed by the problem, what experiences will shine through again?

Invite the client to give the counterplot a name

- What would you call this project that involves.../changed life?

Explore the history of the counterplot in the client's life

Here again the therapist can explore the effects of the alternative story, evaluate the effects and justify (see above mentioned questions under the effect).

- What **effect** will these new beliefs/vision/dreams have on your relationship with your parents?
- Your school?
- Your relationship with your friends/boyfriend?
- What effect will these new beliefs/vision/dreams have on your overall functioning? Is it better/worse than before? Explain.
- How do you feel about these beliefs/vision/dreams?
- How do you find these new developments (positive/negative)? **(Evaluation)**
- Why do you see it like that? **(Justification)**
- Why do you feel like this about the developments?

Identify other audiences to the counterplot who might have noticed, appreciated, or assisted the client's actions.

The therapist must assist the client to "hold unto" or stay connected to the new alternative story and this can be done by inviting audience to witness the alternative story.

- Who would have witnessed the change in you? / Who would be least surprised that you have changed so much?

Invite speculation about the meaning of these events and of the responses of others

- What do you think he/she would say about you as a person or the sort of qualities you have as a person? / What might they say about this?
- If he/she was here and I could ask him/her about you, what do you think she would tell me about these skills of yours?
- When did he/she first notice them?
- What is the person thinking?
- What led to these ideas?
- When did they first think of this?
- What did they say?
- Why did they say this?

Draw connections between events

You have told me about different times in your life where these characteristics/beliefs/values could be identified:

- How is it similar?
- What is the connection between these events/ or how do they relate?

Ask whether the young person is pleased with the alternative story

If you look at this sand tray with the alternative story:

- Are you pleased with the story?
- Explain to me why you are pleased/ or not?

Invite the client to speculate about the direction life would take if the new story continued to develop

Ask about the next steps for which the person might be preparing

- Now that you discovered these things, do you have a different vision for the future?
- What do you think your next step(s) might be?

Other

- Do you think that the problem might try to make a comeback and try to ruin your life again?
- How would you head off the pass if you saw it coming?
- How do you feel about all these new developments?

CLOSURE

Rituals and celebrations mark significant steps in the journey away from a problem story to a new preferred version of life (Morgan, 2000:111).

The client can be asked to build a last story in the sand tray where he/she portray any “forgiveness ritual”. The client will tell the story of this ritual and the therapist will only ask questions to strengthen the ritual.

In a last session the parent(s) can be invited with the child to the session where:

- The therapist and child can discuss all the sessions by looking at all the photos of the different sand trays. The meaning of this is to look at the positive change in the sand tray process.
- At this session the parent(s) will have the opportunity to listen and see changes. They can also use this opportunity to give positive inputs on how they have observed changes.

It was found that these questions assisted the researcher to explore the sand story thoroughly and gave the **ASSA** the opportunity to comment on associations and meanings regarding his/her picture. The client was not in any way pressed for associations or explanations, but these questions made it easier to verbalize emotions and problems related to the experienced sexual abuse.

The researcher identified **ASSA** within the organizations where she worked and had a pre-interview with his/her parent or caregiver as well as the child him/herself to introduce the proposed **NSPP.** During this interview they could decide if they were willing to participate in the **NSPP.** The content of the **NSPP** will now be discussed thoroughly according to each session.

3. THE CONTENT OF THE NSPP

The programme can be presented in a total of 10-15 individual sessions, depending on the progress of the adolescent. A thorough discussion will follow on the content and implementation of the **NSPP.** Implementation of the programme was guided by individual sessions with the **ASSA** as described in Chapter 4. The focus of this programme is to assist adolescents in dealing with the sexual abuse they were exposed to. Narratives were used to help them to work through the trauma of sexual abuse, but also to set some positive goals for the future.

3.1 Session 1: Assessment and building relationship with the caregiver/parent of the ASSA

In this session, contact was made with the caregiver/parent of the **ASSA.** During this session the therapist focused on the following:

- Information was given on the proposed **NSPP** which was followed with the adolescent in order for the caregiver/parent to give the necessary consent.
- The consent form was given to the caregiver/parent to read through and to sign.
- The caregiver/parent had the opportunity to give some information on the **ASSA** regarding her/his overall functioning and possible problems she/he experienced.
- Provision of the measurement instrument (Adolescent Sexual Behaviour Checklist: Parent report) for the caregiver/parent to be completed.

Examples of the consent form and measuring instruments can be viewed as Addenda 1-4.

3.2 Session 2: Assessment and building relationship with the ASSA

3.2.1 Introduction

In this session, contact was made with the **ASSA.** During this session the therapist focused on the following:

- Explanation of the proposed **NSPP** took place.
- The consent form was given to read through and to sign.
- Rules and boundaries were discussed.
- The measurement instruments were given to the adolescent and an explanation followed on why it was important and for what purposes it would be used. The adolescent got this for homework.

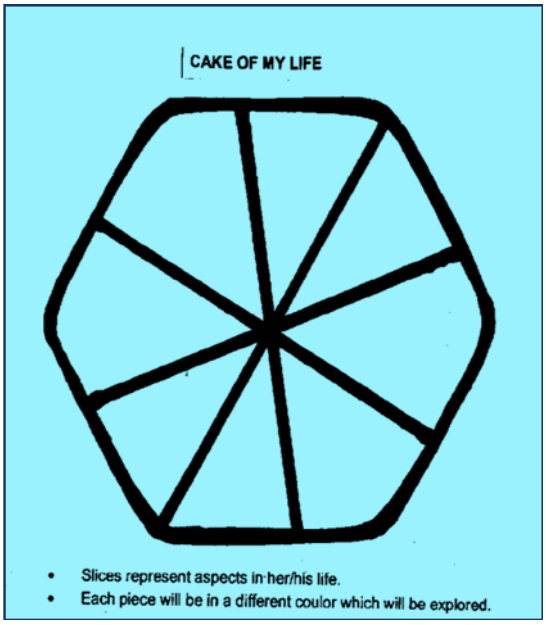
3.2.2 Aim of the session

Getting to know the adolescent and to build relationship. In order to build relationship and to get some background information on the overall functioning of the child the “Cake of life” technique was used. This technique is illustrated and described in Illustration 19.

3.2.3 Instructions to the adolescent

- Firstly, the adolescent was asked to draw a picture of a big cake with her/his favourite colour.
- Then she/he was asked to write her/his name in the cake.
- Then the therapist explained to the adolescent that one’s life may seem like a big cake that can be sliced in pieces which all remain part of the original cake. The child was asked to slice this cake into a few pieces.

ILLUSTRATION 19: CAKE OF LIFE



- It was asked what the first slice of her/his life could be about and this continued with all the rest. Everything that she/he said about the cake was written down and she/he was allowed to choose a colour, to write the content of each piece up with for example red for friends, black for school and so forth.

- The drawing was taken out of her/his sight and she/he was asked about each colour. She/he could indicate how she/he felt and she/he could verbalize thoughts about the colour. This was written down. A comparison was made about how her/his feelings about the various colours might reflect her/his relationship with each slice of her/his life.

- Then the child had the opportunity to tell the therapist about each piece of the cake. The therapist explored in as much detail as possible that the adolescent would allow her/him on any information that became available (Hitge, 2009:11).

It happened that some of the trauma experienced by the **ASSA** came out during this exercise and was then explored. During the sand play the therapist reflected on information she gained during this session.

3.3 Session 3: Assessment and building the trust relationship

3.3.1 Introduction

The therapist continued with intervention with the adolescent. During this session the therapist focused on the following:

- The therapist received back the measuring instruments. In incidents where the adolescent experienced any problems she/he had the opportunity to discuss them with the therapist and the therapist assisted her/him.
- During this session the therapist focused on two techniques. The drawing of a person and a Kinetic Family drawing. These techniques will be discussed shortly under 3.3.2.1(Table 9) and 3.3.2.2 (Table 10).

3.3.2 Aim of the session

To gain some information on attachment, and individual and family dynamics.

3.3.3 Instructions to the adolescent

3.3.3.1 Drawing of a person

“I would like you to make a drawing of a person. This person can be anyone.” After the drawing was completed the therapist explored the picture by asking the questions presented in Table 9.

TABLE 9: DRAWING OF A PERSON

Drawing of a person
Instruction: Draw a picture of any person
Questions:

- Tell me about your picture.
- What is the person in the picture doing?
- What is the person in the picture saying?
- How is the person in the picture feeling?
- Does she/he always feel like that?
- What makes her/him feel like that?
- Who does the person in the picture want with her/him?
- What are they going to do together?
- What are they going to do after that?
- How does the one in the picture feel when she/he is with…..?
- Does she/he always feel like that?
- How does …. feel when she/he is with the one in the picture?
- Does she/he always feel like that?
- What is the name of the one in the picture?

(Rapha, 2008)

TABLE 10: KINETIC FAMILY DRAWING

Kinetic Family Drawing
Instructions: Draw a picture of everyone staying in the house where you live while they are doing something.
Questions:

- Tell me about your picture.
- With what are they busy?

(Identify everyone in the picture by writing their names above the figures and numbering them as the adolescent names them)
Ask the following questions for every person in the picture:

- At who or what is this person looking?
- Is it a positive or negative look?
- How is this person?
- What does she/he like?
- Who does she/he want with her/him?
- Who doesn't she/he want with her/him?
- What is making this person happy, angry, and sad?
- What makes him/her feel like this?
- How does this person feel when you are with her/him?
- Does he always feel like that?
- What is making her/him to feel like that?
- How do you feel when you are with this person?
- Do you always feel like this?
- What makes you feel like this?

(Rapha, 2008)

3.3.3.2 Kinetic Family drawing

"I would like you to make a drawing of your family, everyone staying in your house while they are busy doing something." After the drawing has been completed the therapist explores the picture by asking questions as summarized in Table 10. This information was helpful to the therapist during the sand tray regarding attachment and relationships. When the sexual abuse happened within the family, the therapist would have a clear picture of the support within the family as well as the effect on the family system.

3.4 Session 4-10: Narrative Sand play process (NSPP)

3.4.1 Introduction

The therapist introduced the sand tray to the adolescent. The following pictures give an indication of what could be available for the adolescent to illustrate her/his stories in the sand tray.

3.4.2 Aim of the sessions

To allow the adolescent to build a narrative on the sexual abuse she/he was exposed to and to work towards an alternative story through the process of therapy.

3.4.3 Instructions

The therapist started by saying:

- *"I want you to build a story in the sand tray by using some of these miniature figures. You may build any story. There is no right or wrong. Anything that comes up in your mind. I will be sitting here. I am not going to talk to you while you are busy. You can move around your sand tray."*

As the adolescent completed the sand story the therapist said the following:

- *"This is your world. Pretend that I am someone from the planet moon. I do not understand the objects in this world and I do not understand what they are*

standing for. I would like you to take me through this world and tell me what these objects are standing for and what they mean."

- The child took the therapist through the world and the therapist explored the narrative.

- As the process moved on the therapist guided the child to move from the 'problem-saturated' tray to the 'transition tray.'

3.5 Session 11-12/15: Evaluation

3.5.1 Introduction

During this sand tray(s) the adolescent had the opportunity to forgive the perpetrator and she/he built a sand tray on the future.

3.5.2 Aim of the session(s)

To emphasize the strengths, values and goals that were identified during the exploration of the 'transition' tray(s).

3.5.3 Instructions

The therapist focused on the following:

- To build a sand tray free from sexual abuse. (Focused on a new life.)
- During this session(s) the therapist also evaluated the process with the adolescent. Together they reviewed all the sand stories by looking at the photos available of the previous sand trays and the progress of the adolescent was evaluated.
- The adolescent again received the measuring instruments for the purposes of post-testing which was completed within the session.
- If further needs were required the therapist could refer the adolescent and family for further therapy.

A summary on these sessions, and the content and preparations for these sessions are also illustrated in Table 11.

TABLE 11: PROPOSED NSPP/PROTOTYPE

SESSION 1 – RESEARCHER/THERAPIST AND PARENT/CAREGIVER

Duration of sessions	Outcomes	Preparation and resources	Course of session
Session 1 – 1 hour session	Consent to participation in programme by parent/caregiver Giving of information on programme Assessment interview with parent/caregiver to: -Gain information on the background of the sexual abuse event. -To have insight into the functioning and behaviour of the adolescent within the family structure	Handout of Questionnaire for the purpose of assessment -Dissociation Checklist -Adolescent Sexual Behaviour Checklist: Parent Report -Safety and Suicide Checklist Consent forms to be completed by parent/caregiver.	**Phase 1: Assessment and Building of a relationship** Session 1 (1hour) **Activity 1** Giving information to the parent on the proposed **NSPP** which will be followed with the adolescent survivor of sexual abuse. Explanation of the Consent forms. **Activity 2** Interview with the goal to gain information on the overall functioning and behaviour of the adolescent. **Activity 3** Provision of the following questionnaires to be filled in by the parent and the adolescent as assessment tools: -Dissociation Checklist -Adolescent Sexual Behaviour Checklist: Parent report -Safety and Suicide Checklist

SESSION 2 – RESEARCHER/THERAPIST AND ASSA

Session 2 – 1,5 hour session	First interview/assessment with the adolescent Building a trust relationship with the adolescent Consent for participation in programme by the child	Handout of Questionnaires for the purposes of assessment: -Dissociation Checklist -Adolescent Behaviour Checklist: Self report -Safety and Suicide Checklist Consent forms to be completed by adolescent Paper, crayons, pencils, paint. Sand tray and sand tray miniatures	**Phase 1: Assessment and Building of a Relationship** Session 2 – 1,5 hours **Activity 1** Explanation of proposed **NSPP** Explanation of Consent forms Rules/Boundaries regarding the therapeutic process Building a relationship (Play therapy technique where the child has to draw a cake and exploration about the child's life in correlation with the cake will take place).

SESSION 3- RESEARCHER/THERAPIST AND ASSA

Session 3 – 1,5 hours session	Building a trust relationship with the adolescent Assessment/Second interview with the adolescent	Paper and crayons and pencils Camera	**Phase 1: Assessment and Building of a Relationship** Session 3 – 1,5 hours **Activity 1** Draw a person Draw a Kinetic Family drawing (all members of the family doing something – gives information on family dynamics and attachment. Adolescent will give information on drawings.

SESSIONS 4 – 10 - RESEARCHER/THERAPIST AND ASSA

Session 4 – 10 – 1,5 hours per session	Start with therapeutic intervention. See the attachment on different phases as explained	Sand Tray and sand tray miniatures figures Camera	**Phase 2: Therapeutic Intervention – Narrative Sand Tray** Sessions 4 – 10 – 1,5 hours sessions **Activity 1** Follow the sand tray process as thoroughly discussed When the adolescent is ready to leave the problem-saturated tray the therapist can advise the adolescent to create a "transition" tray (See attached information on phases).

SESSIONS 11 – 12 - RESEARCHER/THERAPIST AND ASSA

Session 11 -12 – 1,5 hour per session	Terminate the therapeutic process	Sand Tray and sand tray miniatures figures Provision of Questionnaires as used in first session to access changes in the adolescents' life Photographs of all the sessions	**Phase 3: Assessment and Termination** Session 11-12 – 1,5 hour per session **Activity 1** Sand Tray on forgiveness Have an interview on the different sessions (looking at the photos) Assessing/post-testing of the adolescent by completing the questionnaires again.

This table gave a schematic overview of the **NSPP** followed with the **ASSA.**

4. DISCUSSION

The **NSPP** has certain steps to be followed. To make the social worker aware of how to implement this programme, this chapter focused on the suggested **NSPP** as followed by the researcher to help as a guideline for further implementation in practice.

During the first two sessions the therapist focused on the building of a relationship with the **ASSA**, pre-testing using the measurements as discussed previously and doing an assessment. The measurement instruments that were used were:

- The Adolescent Sexual Behaviour Checklist: Parent Report
- The Adolescent Sexual Behaviour Checklist: Self Report
- The Dissociation Checklist
- The Safety and Suicide Checklist

These questionnaires helped the researcher to identify the sexual behaviour and psychological impact of sexual abuse on the adolescent and were completed before and after intervention. Techniques that were used for further assessment were the "Cake of Life", "Drawing of a person" and "Kinetic Family drawing". These techniques as discussed above contributed to the assessment and during these sessions problems underlying sexual abuse were obtained.

During the third session sand play was introduced to the **ASSA.** The proposed **NSPP** as summarized in Table 11 could be used concurrently with sand tray questions as developed and set out in Table 8. The sand tray sessions allowed the **ASSA** to disclose their sexual abuse related narratives and assisted the **ASSA** to move from the "problem-saturated" story to a "transition/alternative" story. The questionnaire assisted the researcher to explore on the narratives and to work through problems.

During the last sessions the therapist and **ASSA** summarized and evaluated the previous sessions and did the post-testing where the above mentioned measurement instruments were implemented again.

5. SUMMARY

This chapter discussed the instructions, planning and content of the proposed **NSPP** for **ASSA** as followed by the researcher as well as for social workers to use in therapeutic intervention in practice. A summary of the sessions was provided which can be followed by social workers in the profession who intervene with **ASSA.** A discussion followed on

the techniques which were implemented in this study as well as questions that could be used. A guideline on questions which was developed for the purpose of this study was made available which assisted the researcher through the **NSPP** in guiding the **ASSA** to move from the 'problem-saturated' story to an "alternative story". Table 11 summarized the proposed **NSPP.**

In the next chapter the implementation of the **NSPP** as followed with the adolescent participants will be evaluated thoroughly.

CHAPTER 6

DATA-ANALYSIS AND EVALUATION OF THE NARRATIVE SOCIAL WORK INTERVENTION PROGRAMME

Innocence turned black
Like the dark midnight sky
Used to be pure and soft
Like a bedtime lullaby
Fear lingers all night
In those pretty green eyes
Look further
Look at the pain she hides
It hurts so much
She wants to cry
But she holds it all in
She is forced to lie
Forgive and forget
Is what she was taught
But how can she forget the touch
Or the pain that it brought.
(Unknown)

1. INTRODUCTION

This chapter will focus on the results, evaluation and analysis of data of the **NSPP** for **ASSA** as obtained from the main investigation. The research findings will be presented and the themes and subthemes that arose from an analysis of the data will be outlined. At the start of this study the research goal that was formulated was to develop and evaluate a narrative social work intervention program for **ASSA**. The research questions that delineated the focus of this study as discussed in Chapter 1 were as follows:

- What are the indicators of sexual abuse among adolescents and what is the perceived psycho-social impact of sexual abuse during the developmental phase of adolescence?
- What are the needs of adolescent survivors of sexual abuse **(ASSA)** regarding support and social work intervention?
- What should be included in a narrative social work intervention programme **(NSPP)** dealing with sexual abuse among adolescents?
- What will be the influence of such an **NSPP** on adolescent survivors of sexual abuse **(ASSA)**?

The data from all the questions and answers to these questions were transcribed and analysed and will be presented under themes and subthemes. A summary of the findings will appear later in this chapter.

Firstly this chapter will present a short summary of the research methodology that was followed in the execution of the study. The population will be introduced, followed by information on the measuring instruments and the research design. A short summary will be given on the feasibility, validity and reliability of the study. This will be followed by the findings of the quantitative and qualitative data which emerged from the process of data-analysis and the **NSPP**. Although some of this information was briefly presented under the pilot study in Chapter 4, this chapter will give a thorough presentation of data on one participant as data was saturated very early in the investigation. The information obtained from this participant is a presentation of all the information which was gathered.

2. POPULATION AND SAMPLING

As mentioned in Chapter 1, the population of this study consisted of all adolescents exposed to sexual abuse and the sample **ASSA** within CATTS and as identified by professionals. According to Bless and Higson-Smith (2000:85), the research population is described as the target population and entails the set of elements that the research will focus upon. In terms of the boundaries of this study the focus of this research was narrowed down to the following two research populations:

- Professionals/social workers working with adolescents exposed to sexual abuse for their evaluation, inputs and critique. A thorough discussion on their inputs was reported in Chapter 4.
- Adolescents in the age group 12-16 years who have been exposed to sexual abuse.

Table 11 depicts a biographical profile of the participants who participated in this research study.

TABLE 12: BIOGRAPHICAL PROFILE OF THE PARTICIPANTS

Participant	Age	Gender	Culture group
Participant 1	12	Female	White
Participant 2	16	Female	Black
Participant 3	14	Female	Coloured
Participant 4	14	Female	Coloured

At the time of the study there were no males available to participate in the study. Data became saturated very early in the research process and because a lot of information was obtained, it was decided to discuss the qualitative results of only one **ASSA** for the purpose of this study.

3. MEASURING INSTRUMENTS AND RESEARCH DESIGN

The researcher made use of the Concurrent Triangulation research design where quantitative and qualitative data were collected concurrently. Quantitative data were obtained through the use of:

- Adolescent Sexual Behaviour Checklist: Parent report (Addendum 1)
- Adolescent Sexual Behaviour Checklist: Self-report (Addendum 2)
- Dissociation Checklist (Addendum 3)
- Safety and Suicide Checklist (Addendum 4)

These measuring instruments were administered in pre- and post testing. The information obtained from these measuring instruments was analysed by hand and was referred to in Chapter 4 and will be thoroughly discussed later on in this chapter. The purpose of the questionnaires was to measure the impact of the sexual abuse on participants' behaviour before the commencement of the **NSPP** and with post-testing highlighted which changes could be identified. The qualitative data were collected through semi-structured interviews during the **NSPP** which was suitable for this study principally, because it allowed the researcher to gain a better understanding of the impact

of the sexual abuse on the **ASSA** and gave the researcher the opportunity to test the proposed **NSPP** with these participants.

4. FEASIBILITY, VALIDITY AND RELIABILITY OF THIS STUDY

According to Bless and Higson-Smith (2000:154), feasibility of a study refers to the process whereby it is determined whether a particular strategy is likely to reach its stated objectives. The researcher is of the opinion that the study was feasible as it solicited important information from key informants, including experts and **ASSA.** Delport and Roestenburg (2011:172) refer to validity as the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration or emphasizes that the instrument measures what it is supposed to measure. The presentation on the qualitative data will prove the validity of the **NSPP** and the value it added to the life of the **ASSA.** According to Delport and Roestenburg (2011:177), reliability occurs when an instrument measures the same thing more than once and results in the same outcomes. The **NSPP** proved to be reliable as it assisted the **ASSA** to disclose the sexual abuse, moved from a "problem-saturated" story to a "transition"/alternative story and brought about some change and hope.

5. RESULTS AND DISCUSSION OF DATA

A presentation on the quantitative data will be presented followed by the qualitative data which were gathered through the **NSPP.**

5.1 Quantitative data

The quantitative data of the four (4) **ASSA** who participated in this study will be presented to give an indication of the information obtained during pre- and post-testing. The researcher started the assessment by giving **ASSA** as well as the parent/caregiver(s) the ***Adolescent Sexual Behaviour Checklist (Addendum 1 and Addendum 2)*** to complete. These kinds of questions are in the form of multichoice questions, as is the ***Evaluation of the Adolescent Sexual Behaviour Checklist*** (Friedrich, 2002). Table 13 gives a summary of the sexual behaviour problems which were identified by the parent and the **ASSA** as a result of the sexual abuse during pre-testing and the results on the change of the same behaviour during post-testing**:**

TABLE 13: RESULTS OF THE ADOLESCENT SEXUAL BEHAVIOUR CHECKLIST

PARTICIPANTS	SEXUAL BEHAVIOUR REPORTED DURING PRE-TESTING	SEXUAL BEHAVIOUR REPORTED DURING POST-TESTING
Participant 1	• Sexually transmitted diseases • Uncomfortable with own body • Afraid of males • Dresses modestly • Unhappy with looks • Flirting behavior • Knowing more about sex • Interested in movies of sexual nature • Had unprotected sex • Gets used by others sexually • No friends of the opposite sex • Sexual orientation problems • Physical and emotional abuse	• Still knowing more about sex • Sexual orientation problems • Emotional abuse
Participant 2	• Afraid of males • Dresses modestly • Knowing more about sex • Had unprotected sex • Gets used by others sexually • No friends of opposite sex • Physical and emotional abuse	• Emotional abuse
Participant 3	• Uncomfortable with own body • Afraid of males • No friends of opposite sex • Uncomfortable with people making jokes of sexual nature • Fearful of dating • Physical and emotional abuse	• Still uncomfortable with people making jokes of sexual nature
Participant 4	• Dresses modestly • Unhappy with looks • Flirting behavior • Interested in movies of sexual nature • Afraid of males • No friends of opposite sex • Uncomfortable with own body • Uncomfortable with people making jokes of a sexual nature • Physically and emotionally abused	

Themes that were identified amongst all the participants were: fear of males, flirting behavior, knowing more about sex, had unprotected sex, no friends of opposite sex and physical and emotional abuse. As a result of the sexual abuse three (3) participants indicated that they dressed modestly. Two (2) participants felt uncomfortable with people making jokes of sexual nature and two (2) had an increased interest in movies of sexual nature.

During the post-testing it was found that most of the behavior had changed. One (1) participant still experienced sexual orientation problems and two (2) still experienced emotional abuse.

The adolescent behaviour checklist that was completed by both the parent/caregiver and the **ASSA** indicated behavior such as: increased knowledge about sex, flirting, self-image problems, sexual orientation problems, sexually transmitted diseases, signs of physically and emotional abuse and discomfort talking about sexual abuse. Behaviour that was similar during pre- and post-testing was: knowledge about sex, sexual orientation problems, emotional abuse and discomfort talking about sexual abuse. As result of the sexual abuse, one **ASSA** indicated that she preferred to be in relationships with the same sex and that she would not engage in heterosexual relationships. Although some problems with her relationship with her mother were dealt with, the **ASSA** was of the opinion that she was still exposed to emotional abuse. There were some behaviour changes, not engaging in sex without protection, the **ASSA** did not experience problems with sexually transmitted diseases any longer and her self-image improved. Illustration 20 also gives an indication of what factors were identified by both the parent and the participant as possible problem areas.

The participants were also given the ***Dissociation Checklist – Addendum 3*** (Putnam et al., 1993) and ***The Safety and Suicide Checklist – Addendum 4*** (CATTS, s.n.), ***Evaluation of the Dissociation Checklist*** (Putnam et al., 1993)***.*** Dissociation may present as suppressed memory, denial of self, or a feeling of being outside oneself. Dissociative behaviour can also be a survival from an unavoidable event. This questionnaire consisted of 30 questions which were scaled and the participant was asked

to place items presented in an ordinal score in rank order according to criterion from 1 as ***Never*** to 10 as ***Always***. The total score of the questions was then divided by 30. Initial results show that a score of 4.8 is the mean of dissociative adolescents with a standard deviation of 1.1. The authors suggest a score above 3.7 would warrant further evaluation for a dissociative disorder diagnosis. Table 14 illustrates the scores with the pre- and post-testing of the **ASSA.**

TABLE 14: RESULTS OF THE DISSOCIATION CHECKLIST

	Dissociative Score	
	Pre-Testing	**Post-Testing**
Participant 1	**5.5**	**3.6**
Participant 2	**4.4**	**3.2**
Participant 3	**1.9**	**1.5**
Participant 4	**3.4**	**2.6**

With a standard deviation of 1.1 one (1) **ASSA** had an indication of adolescent dissociative behaviour (also see Illustration 20 for more detail). This was taken into consideration throughout the study. The post-testing showed a decreased and normal score as indicated in Table 13 above.

Evaluation of the Safety and Suicide Checklist (Addendum 4). The Safety and Suicide Checklist is a questionnaire which consists of dichotomous questions. These questionnaires have two responses, namely “Yes/No”.

The questionnaire was developed within the CATTS unit where the researcher is working and consists of two sections. The first section tests the risk possibilities of the child. It

consists of 10 questions and if the child has more than 3 positive answers he/she is evaluated as being at risk. The second section of this questionnaire is to test the suicide behaviour that may be present in the adolescent's life. It consists of 7 questions and if the participant has a positive response to any of these questions the suicide/harmful risk is high. During pre-testing three **ASSA** indicated a high suicidal and safety risk. Looking at the literature there is a relationship between sexual abuse and suicidal ideation. This section of the questionnaire can give an indication of the psychological well-being of the adolescent and if the signs continue during therapy the therapist can refer the adolescent for additional psychological help. The response of the **ASSA** during pre-testing is also illustrated in Illustration 20 and the following factors and changes were identified:

TABLE 15: RESULTS OF THE SAFETY AND SUICIDE CHECKLIST

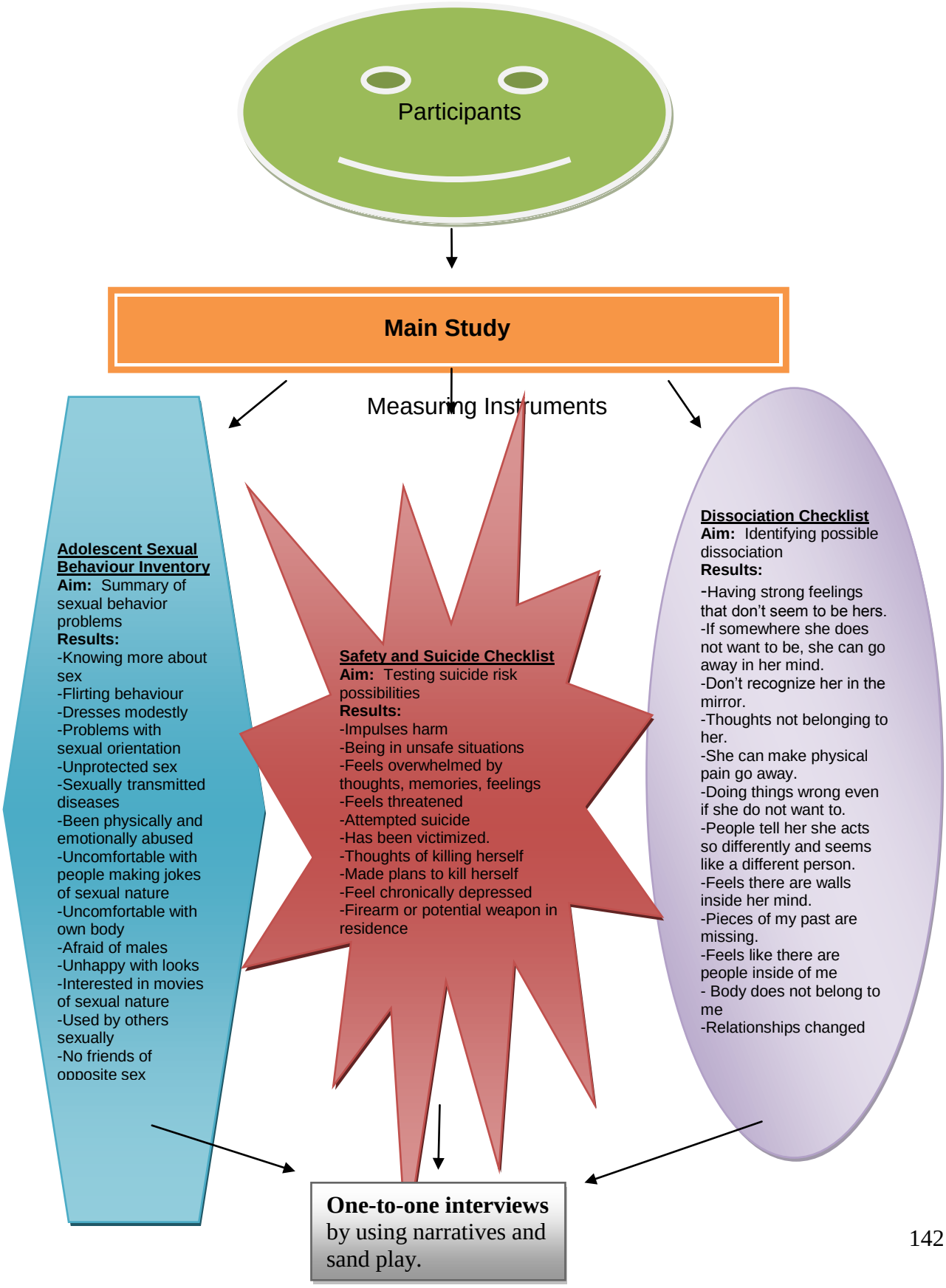
PARTICIPANTS	SAFETY AND SUICIDE INDICATORS DURING PRE-TESTING	SAFETY AND SUICIDE INDICATORS DURING POST-TESTING
Participant 1	• Impulses to harm him-/herself • Being in unsafe situations • Attempted suicide • Has been victimized • Feels overwhelmed by thoughts, memories and feelings • Feels threatened by someone close to him/her • Feels chronically depressed • Firearm or potentially dangerous weapon in residence • Depressed	• Has been victimized • Firearm or potentially dangerous weapon in residence
Participant 2	• Impulses to harm him-/herself • Has been victimized	• Has been victimized
Participant 3	• Has been victimized • Firearm or potentially dangerous weapon in residence	• Has been victimized
Participant 4	• Feels chronically depressed • Thoughts of killing or harming others	

This table shows a definite change in behaviour. Although the **ASSA** still felt threatened and victimized they did not harm themselves. During post-testing they were not at risk of committing suicide which was a problem at the beginning of the programme. During post-testing it was clear that this behaviour had changed. Being victimized has not changed. From these questionnaires it was clear that:

- There was a change in the sexual behaviour of the **ASSA**
- The **ASSA** does not dissociate as previously
- The **ASSA** is not at risk for suicidal behaviour and had developed a sense of safety.

Illustration 20 summarizes all the sexual behaviour, suicidal and dissociative indicators that were identified during the pre-testing which were present in the lives of the **ASSA** as the result of the sexual abuse.

ILLUSTRATION 20: SUMMARY OF THE DATA FROM MEASURING INSTRUMENTS/QUESTIONNAIRES



These questionnaires were especially helpful in identifying sexual behaviour and gave a clear indication of the psychological impact of the sexual abuse on the adolescent. Through the **NSPP** some of these behaviours were confirmed and attended to through therapeutic intervention.

5.2 Qualitative data

During the third session the **ASSA** started with the sand stories. The main themes that emerged through the processing and analysis of data based on the appearances from the **NSPP** can be divided into:

- **Psycho-social impact of sexual abuse during adolescence on ASSA**
- **The contribution and influence of the NSPP for ASSA.**

These main themes consisted of subthemes and categories and are summarized in Table 16:

TABLE 16: SUMMARY OF MAIN THEMES, SUBTHEMES AND CATEGORIES

MAIN THEMES	SUBTHEMES	CATEGORIES
THEME 1: The psycho-social impact of sexual abuse during adolescence	• Emotional indicators of sexual abuse • Behavioural symptoms and peer pressure • Relationship problems and adequate support from the biological mother • Wishing for more support from the mother • Problems with trusting • Keeping company with	• Fear • Anger/aggression • Loneliness • Pain • Powerlessness • Self-blame

	girl friends only (sexual orientation) • Suicidal behaviour • Low self-esteem • Academic performances decreasing	
THEME 2: The influence and contributio of the NSPP for ASSA.	• Exploring and working through the problem • Possibilities/coping skills • New Beginnings/Change • Freedom	(See Illustration 21 – for full details).

The first main theme on the psycho-social impact of sexual abuse during adolescence emerged spontaneously from the request to the participants to tell the stories of sexual abuse. The theme on the influence and contribution of the **NSPP** for **ASSA** emanated from the **NSPP** which was followed with the participants. Each of these themes with its accompanying sub-themes and categories will be discussed in the remainder of this presentation and be subjected to a literature control where possible.

In order to have a clear picture of the content of the **NSPP** of the **ASSA** under discussion, Table 17 gives a condensed summary of the sand play stories that were extracted from the sessions that were followed with this participant.

TABLE 17: SAND PLAY SESSIONS

<table>
<tr><td>Participant 1</td><td></td><td></td></tr>
<tr><td>Sand Tray</td><td>Name of Sand Tray/Theme</td><td>Summary of the sand tray process</td></tr>
<tr><td> </td><td>“Disaster and Horror”</td><td>The participant already used the first sand tray session to disclose the sexual abuse incident. She builds two different “flats.” The first flat where the abuse happened and the second flat where her family is currently living. The sexual abuse incident unfolded.</td></tr>
<tr><td colspan="3">ESSENCE EXTRACTED FROM SAND TRAY 1 (SESSION 3):
Emotional Indicators: loneliness, unhappiness, powerlessness, hopeless, loss of control, disappointment, lack of trust, anger, aggression, hate, hurt, scared, loss of faith
Behavioural Indicators: Suicidal
Psycho-social impact: Low self-esteem, anxiety, depression, relationships
Reconstruction of the trauma, fear, chaos.</td></tr>
<tr><td> </td><td>“New Beginnings”</td><td>Again she builds two different houses. She disclosed further on the sexual abuse. She named this sand tray “New Beginnings” as she verbalized that she wants to build a new life.</td></tr>
<tr><td colspan="3">ESSENCE EXTRACED FROM SAND TRAY 2 (SESSION 4):
Emotional Indicators: scared, angry, hurt, pain, trust, rejection, loneliness.</td></tr>
</table>

Psycho-social impact: anxiety, interpersonal relationships with mother and friends. Problem statement, seeking answers.		
	"Two different worlds"	**This sand tray focused on the unknown dad the participant never had. She verbalised that she wishes that, if she had more information on him and that if he was there, maybe he could have protected her from sexual abuse. This sand tray was an indication of the absence of her father.**
ESSENCE EXTRACTED FROM SAND TRAY 3 (SESSION 5): **Emotional Indicators:** loneliness, hopelessness, sadness **Psycho-social impact:** Self-blame (self-image), relationships (attachment, longing for someone who will understand) Security with therapist, grief.		
	"Dark and Light"	**Externalized the problem. She built a sand tray on her family and mentioned that it is time to move forward. As she referred to the abuser we brought in the old flat and further explored about her feelings and the sexual abuse event. She could explain the grooming process in detail, but the actual sexual abuse was very difficult to verbalize.**

ESSENCE EXTRACTED FROM SAND TRAY 4 (SESSION 6):

Emotional Indicators: angry, loneliness, powerlessness, hopelessness, hurt

Psycho-social impact: Need for attachment with mother, withdrawal from mother

Expressing a need to move on.

	Sand Tray on "Blood and Thorns"	**By using a poem she disclosed the whole sexual abuse incident.**

ESSENCE EXTRACTED FROM SAND TRAY 5 (SESSION 7):

Emotional Indicators: self-blame, powerlessness, loneliness, withdrawal, hate, angry, aggressive

Psycho-social impact: Suicidal

Re-telling the story, externalizing the problem. She starts to identify strengths in herself and coping strategies.

	"Horror"	**As the participant experienced and verbalised a lot of feelings and emotions as a result of the sexual abuse this sand tray was used to build all these different emotions and feelings. Further exploration and narrative guidelines were followed. During the sand tray process the participant also felt that she wants to remove the abuser and some of the animals as she is ready to take over the control. She also brought in her family and a friend as she felt that they can be part of her world.**

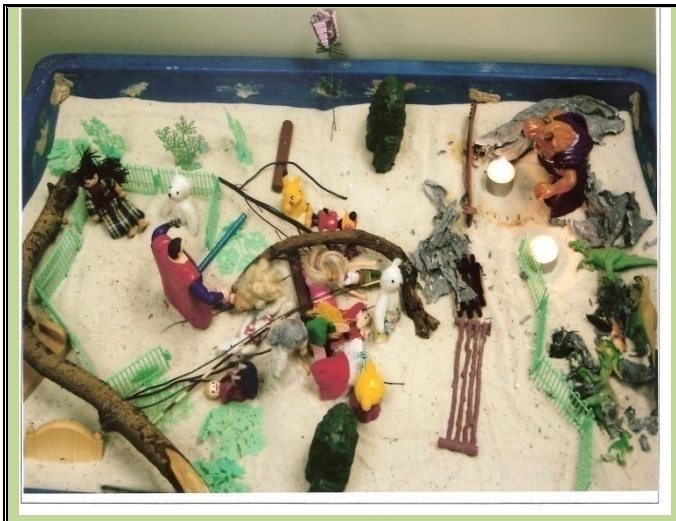
ESSENCE EXTRACTED FROM SAND TRAY 6 (SESSION 8):

Emotional Indicators: powerlessness, fear, hopelessness, being reserved, fear of trust

Positive energy, break through. Focuses on feelings, but also positive changes like taking back control, creating hope for her.

	"Horror"	**The sand tray session continued where it stopped the previous session and the therapist used the narrative question guidelines to look at the effects that the sexual abuse had on her life. Already through the sand tray the participant started to bring out strengths and qualities.**
ESSENCE EXTRACTED FROM SAND TRAY 7 (SESSION 9): **Psycho-social impact:** substance abuse, peer pressure, psychomatic symptoms, attachment with mother Restoration. A lot of feelings started to change in this sand tray.		
	"New Beginnings"	**In some of the previous sessions the participant verbalised a lack of support from the biological mother. The mother was invited to the sand tray session in order to see if some of the conflicts can be resolved. It was a very emotional session and very clear that there are many issues to be solved between the participant and the mother. They did attend to some of the issues in the sand tray and contracted to work on their relationship.**
ESSENCE EXTRACTED FROM SAND TRAY 8 (SESSION 10): **As the relationship with the mother was mentioned many times, this sand tray was done with the mother and child.** **Issues identified:** Disorganized attachment, communication problems, emotional abuse, blame, rebellious behaviour, withdrawal, lack of empathy, no trust, no insight, no honesty		

	"Dream"	**The participant could build any world to describe where she saw herself at that particular moment. She builds a sand tray about a happy family and verbalised that is what she wants or dreams for. Some of the relationship problems between her and the mother came out clearly again and she verbalised missing the extended family who she sees as her support system.**
ESSENCE EXTRACTED FROM SAND TRAY 9 (SESSION 11): **Emotional Indicators:** Angry, guilty **Psycho-social impact:** Social problems (fighting at school), relationship with mother Confrontation of social issues. Identifying more strengths.		
No Sand tray picture		**During this session a summary of all previous sessions was done.**
	"Peace and Evil"	**We started to move over to the alternative story. The sand tray consists of two parts. The one part represents her family where she is happy and spends most of her time. The other part is the evil part where she gets dragged to when she is alone and thinks about the abuse. She has a stick which represents her control and power she takes over the sexual abuse.**
ESSENCE EXTRACTED FROM SAND TRAY 10 (SESSION 12): **Emotional Indicators:** Determination, expresses feelings of hope **Psycho-social impact:** Relationship with mother. Hopeful sees the pathway**.** Effectiveness of the process comes through clearly.		

	**"Positive Impact"**	**The child focused on her supporters on the left hand side of the tray. All of them have sticks which represent control and to help them to defeat the abuser on the right hand side of the sand tray. She played out a ritual where she burnt out the abuser as a sign of her control. She also removed some emotions such as sadness and fear. She made the right hand side of the sand tray smaller as she is busy taking over control.**
ESSENCE EXTRACTED FROM SAND TRAY 11 (SESSION 13): **Emotional Indicators:** Determination, expresses feelings of hope **Psycho-social impact:** Relationship with mother. Hopeful sees the pathway**.** Effectiveness of the process comes through clearly.		
	"Justice"	**Child feels she has a lot of control and is not blaming herself any longer. She builds three different parts in the sand tray. 1) Where she lives, 2) her family and friends, 3) the part of the abuse. She sees herself as a journalist writing stories about abuse while her family and friends are supporting her. The abuser is awaiting trial. She feels that her story can help others who experienced the same as she did.**
ESSENCE EXTRACTED FROM SAND TRAY 12 (SESSION 14): Improvements realized. Transformation.		
	"Survival"	**We continued in this sand tray focusing on positive qualities and characteristics. She was able to identify the following strengths within herself:** - **Fighter.** - **Survivor**

		- **Reliable** - **Being confident** **She feels that she has improved a lot and feels positive about life and the future**
ESSENCE EXTRACTED FROM SAND TRAY 13 (SESSION 15): Process brings change. Ready for departure.		
	"Celebrate"	**Client built a sand tray on how she is celebrating her new life. She mentioned all her strong characteristics which are going to enable her to move successfully into the future. She and all her friends and family were placed on an island. The abuser was absent.**
ESSENCES EXTRACTED FROM SAND TRAY 14 (SESSION 16): Process brings change. Wholeness, departure, sees many possibilities.		

Now that the reader has a clearer picture of the sand trays which were narrated by the chosen participant one (1), the researcher will focus on the first main theme which concerns the psycho-social impact of sexual abuse on the participant.

5.2.1 Main theme 1: The psycho-social impact of sexual abuse

Mullen and Fleming (1998: 3,8) report that child sexual abuse produces a range of psychological effects and secondarily behavioural changes. They are also of the opinion

that child sexual abuse is also more likely to evince a general instability in close relationships.

Subthemes that were identified from the assessments and the **NSPP** with the **ASSA** as presented on the psycho-social impact of sexual abuse were presented and summarized in Table 16. A short discussion will follow on these subthemes as the **ASSA** experienced them during the **NSPP.**

5.2.1.1 Subtheme 1: Emotional Indicators of sexual abuse

Many emotional feelings could be identified within the **ASSA** as result of the sexual abuse. These emotions were present from session one until about the 10th sand tray session and therefore the researcher dealt with them in different ways. In order to help the **ASSA** to tell her story, the researcher allowed her to write a poem/story on the sexual abuse event and thereafter she had the opportunity to build this story in the sand tray.

The following extract gives a clear picture of the participant's emotional experience of the sexual abuse:

I cannot exactly remember every detail, but I remember that I am trying to forget the thing that happened. For the first time I was outside hanging with my friends. Some of my friends and you [abuser] called me to come sit with you. I said yes, because we were just friends. I didn't think a lot of things on my mind. We went upstairs to his house, to his home. I went into the lounge and sit on the sofa. He went into this other room. He said that.... that we are going to watch a DVD. I said it was ok. He entered into the lounge room, holding the DVD's saying that we will watch an interesting movie, not knowing it is porn. I just said that I will now go back home, because I was surprised when he showed me the porn DVD's and I felt uncomfortable and scared. He had a weird look on his face, some kind of an evil smile. He came closer and started talking to me in a way that made me feel uncomfortable and scared. He told me not to be scared, because he won't hurt me. He started saying things like "I am beautiful" and he sat on the edge of the sofa. He saw that I was drawing back from looking at him. I was trying to destruct myself from the situation I placed myself in. He started getting angry with me and he grabbed my legs and arms. When I tried to move my legs and arms he held me so tight he was hurting me. Uhmm.. I could feel my eyes burning. I was so scared and shocked. I didn't know what to do. I froze as he started lifting my skirt and touching me everywhere telling me that my body belongs to him. He can do whatever he wanted, whenever. He kept on lifting my skirt while I was scared and frozenly. He started bringing it to me. I was crying, but he didn't even care. The whole time he was covering my mouth and telling me to shut up. I couldn't stop crying. It was painful while he was forcing his heavy body on me. I couldn't stop crying. I was.. I was in pain. I felt pain that I've never felt before. After he was done he took his pants on and then he left the room. After he left the room, I dressed quickly and ran out of the house, went upstairs where I lived. I didn't even look back at anything. I just kept on running. There wasn't anyone at home. I was just alone upstairs. Then I locked all the doors and went to the bathroom, because I was bleeding. I have never been so terrified in my life. I bathed and bathed, because I felt dirty and still felt the pain inside. I could not feel my legs, because it was painful. Then I pretended if nothing happened, because I couldn't tell anyone. I was so scared and didn't know what to do. So I kept it a secret for about a week without telling anyone. There was a time where I felt sick and couldn't eat or anything. Even now I still feel the sickness inside my tummy. Then I told myself I will not have male friends again....

Through the above extract in the form of a poem the **ASSA** was able to reveal the feelings she experienced. She was allowed to play out all of these painful emotions which are presented in sand tray six and seven of Table 17. Table 18 depicts the feelings the participant experienced as result of the sexual abuse (The findings will be submitted to a literature review). Findings were, where possible, compared to the literature.

TABLE 18: SUBTHEMES RELATED TO EMOTIONAL INDICATORS OF SEXUAL ABUSE

Excerpts from the sand trays
FEAR
When narrating the sexual abuse, the participant presented her feelings of fear as follows: *"I feel scared. A bit shaky*." *"I was scared. It was scary for me."* *"I felt uncomfortable and scared."* *"I was scared, terrified and uncomfortable. I was in pain."* Sexual assault/abuse can be a life-threatening experience. The person may feel afraid of people, afraid of being alone, afraid of the perpetrator returning. Things which seemed safe

before no longer seem that way (SAMSSA, 2011:1)

ANGER/AGGRESSION

The participant experienced anger/aggression towards the perpetrator throughout the sand tray sessions. She expressed and played out her anger/aggression as follows:

"This person [referring to herself] *feels angry and hurt."*
"I am angry and hurt and I am telling the lion [perpetrator] *that I hate him. I will kick him."*
"I want to swear at him. If I was older I would hurt him a lot. I would kick him."
"I have this anger inside of me. I will start shouting at people and get mad."

According to Draper (1996:53) anyone who has been subjected to abuse suffers from a deep well of anger that has no legitimate outlet for expression. She is further of the opinion that there is so much to be angry about: for being betrayed, used and deprived of one's childhood.

LONELINESS

Feelings of loneliness surfaced as follows:

"The girl [herself] *is used to being alone."*
"She feels sad, because she is alone. There is no one to comfort her."
"There was no one to share and to talk to."
"I am always alone."

According to Abdulrehman and De Luca (2001:193) sexual abuse may produce immediate negative outcomes which can include feelings of loneliness and stigmatization.

PAIN

The participant expressed her feelings of pain on many occasions:

"I am hurt!" [crying while talking about the sexual abuse].
"I feel hurt and I feel I want to cry."
"Sometimes I feel so sad."
It is about the pain, hate and hurt that I felt." [explaining the sexual abuse]

Victims of sexual abuse feel tremendous, excruciating pain deep within their soul. Some have attempted to describe it as similar to having your inside ripped out. Most of the time the pain is kept well hidden and defended behind their personal wall (Draper, 1996:61).

POWERLESSNESS
Powerlessness is a significant theme in most of the narratives in this study. She describes: *"He wanted to force me to do bad stuff. Sexual stuff. I am not ok with it. I tell him and he doesn't hear me. He keeps forcing me.* *"I am young. There is nothing I can do."* *"I would like to be free, from the abuse and everything that happened."* Finkelor and Browne (1985) describe powerlessness as one of the consequences of sexual abuse. Many of the victims feel trapped by the perpetrator even long after the abuse had ended. Victims can feel that the powerlessness they experienced during the abuse can be an internalized part of their self-construction, which in turn can make their lives difficult in many areas (Lorentzen et al., 2008:171). Webb (1991:73) adds that powerlessness relates to the sense of helplessness and vulnerability engendered in the child survivor of sexual abuse. Anxiety symptoms, phobias, dissociative disorders, and regressive behaviours are appropriately clustered with this characteristic.
SELF-BLAME
Feelings of self-blame surfaced as the participant played out the sexual abuse: *'If I can stop feeling bad about myself and thinking that it is all my fault. I am blaming myself for everything."* *"My mother is blaming me. She says that it is my fault that I got abused. It is my fault."* According to Lorentzen et al. (2008:165), the sexual abuse victim often blames him/ or herself instead of the adult for what has happened. Webb (1991:72) is also of the opinion that most children feel that they are to blame for the sexual abuse and that talking about it stirs up feelings of guilt, despair, fear and embarrassment.

These feelings were found as the most common feelings experienced by the participant. Apart from these feelings, certain behaviours could be observed as result of the sexual abuse.

5.2.1.2 Subtheme 2: Behavioural symptoms and peer pressure

The participant engaged in certain behaviours as a result from being sexually abused. The following expressions give an indication of how she dealt with the trauma of sexual abuse:

"They [friends] *smoke and drink liquor. Sometimes they do it every day. So I do it too."*
"My friend has some porn on her phone and she said that I must go on internet and I must watch it, and my mom found out."
"I was fighting at school. She [friend] *started swearing at me and that is where I slapped her and we started fighting."*

According to Trocme and Wolfe (2001:28), 13 % of abused children exhibit negative peer involvements. Gil (2006:54) states that adolescents encounter runaway behaviour, use alcohol and drugs, engage in risky sexual behaviours and engage in self-injurious behaviours like cutting as a result of sexual abuse.

5.2.1.3 Subtheme 3: Relationship problems and inadequate support from the biological mother

The perceived lack of support often surfaced at critical and vulnerable points in time. A lot of time was spent talking about this particular aspect. According to Kaduson and Schaefer (2006:147-148), attachment disruptions in children arise from abuse and when children lack a strong connection with their parents, they often feel insecure, frightened, helpless, and angry. They are further of the opinion that the impact of attachment disruptions on children's lives can be devastating and far-reaching. The child can develop difficult behaviours, numbness and detachment, dissociation, trauma reactions, unhealthy trauma bonds, depression, self-injury, intense fears, isolation, unhealthy relationships, sexualized or violent behaviours and poor self-regulation. Some of these symptoms are clearly identified within the participant.

Lack of support and understanding by the biological mother was a recurring topic in the narratives. The following verbatim responses from participant 1 confirm these findings:

"I can't tell her [biological mother] *about my life. It is hard for me to talk to her. Most of the time I talk to other people. I don't think she understands how I am and the way I feel."*
"I don't want her to be there. She is forever shouting."
"With my mom, we are not talking enough. She is not doing her part as a mom and we are not really close."

"I don't feel comfortable talking to her."
"She wasn't there. I am not usually open with her. I am open with other people."
"We are separated. She is not spending a lot of time at home."

The perceived lack of support often surfaced at critical and vulnerable points in time.

5.2.1.4 Subtheme 4: Wishing for more support from mother

Poor parent child attachment is associated with increased risk of child sexual abuse, though it is not always easy to separate the impact of abuse on intimate family relationships from the influence of poor attachments on vulnerability to abuse (Mullen & Fleming, 1998:3). The participant experienced a lack of support from the biological mother and she expressed wishes for support from the mother.

"I try my best to listen to her, but she always looks for the mistakes."
"You are the only one who takes care of me and I don't feel like having enough support from you."
"She is never home."

5.2.1.5 Subtheme 5: Problems with trusting

The participant indicated a problem with trust during the **NSPP.** The following storylines confirm her trust problems:

"I have learned not to trust people very easily and to have information about the person."
"I would say before trusting people, I must get to know people better."

According to Moelker and Palme (2008:10), one of the consequences of sexual abuse is that these children have little confidence in other people.

5.2.1.6 Subtheme 6: Keeping company with girl friends only (sexual orientation)

Mullen and Fleming (1998:11) mention that those with histories of sexual abuse have an increased risk of social, interpersonal and sexual problems in adult life. Moelker and Palme (2008:2) support this by saying that sexual problems may occur after an incident

of sexual abuse. The participant indicated that she engaged in homosexual relationships as a result of the sexual abuse:

"*Sometimes I find the right girl to date. That makes me feel good."*
"I feel comfortable to date girls."

5.2.1.7 Subtheme 7: Suicidal behaviour

The participant indicated a risk of suicidal behaviour which was discussed in Chapter 5. During the **NSPP** she still indicated some signs of suicidal behaviour. The following storylines highlight these feelings:

"Dying. Sometimes I wish I could die."
"I was alone on the roof… I would have jumped."
"I thought of drinking tablets so that I would sleep and never wake up."
"There is no hope for me to stay alive."

Geldard and Geldard (2005:49) are of the opinion of the opinion that associations between suicide attempts during adolescence and sexual abuse are evident. It appears that upon reaching the teen years, if a child has experienced or continues to experience sexual abuse, the ultimate method of ending that abuse is to commit suicide.

5.2.1.8 Subtheme 8: Low self-esteem

As a result of sexual abuse the participant showed some signs of a low self-esteem:

"I wish I can stop feeling bad about myself and blaming myself."
"I will tell him [father] *that is my fault that I got abused."*
"When I see myself I just hate myself."

When children are sexually abused, their personal boundaries, their right to say no and their sense of control in society are violated. They become powerless. The abuse humiliates them to such an extent that it gives them the message that they are of little value (Spies, 200:270). Thirion (s.n:183) is of the opinion that the victims of abuse translate abuse as a message of worthlessness and weakness.

5.2.1.9 Subtheme 9: Academic performances decreasing

The participant indicated some problems with her school performance as a result of the sexual abuse:

"It is hard for me to concentrate."
"I don't do well. I have the ability to do better."

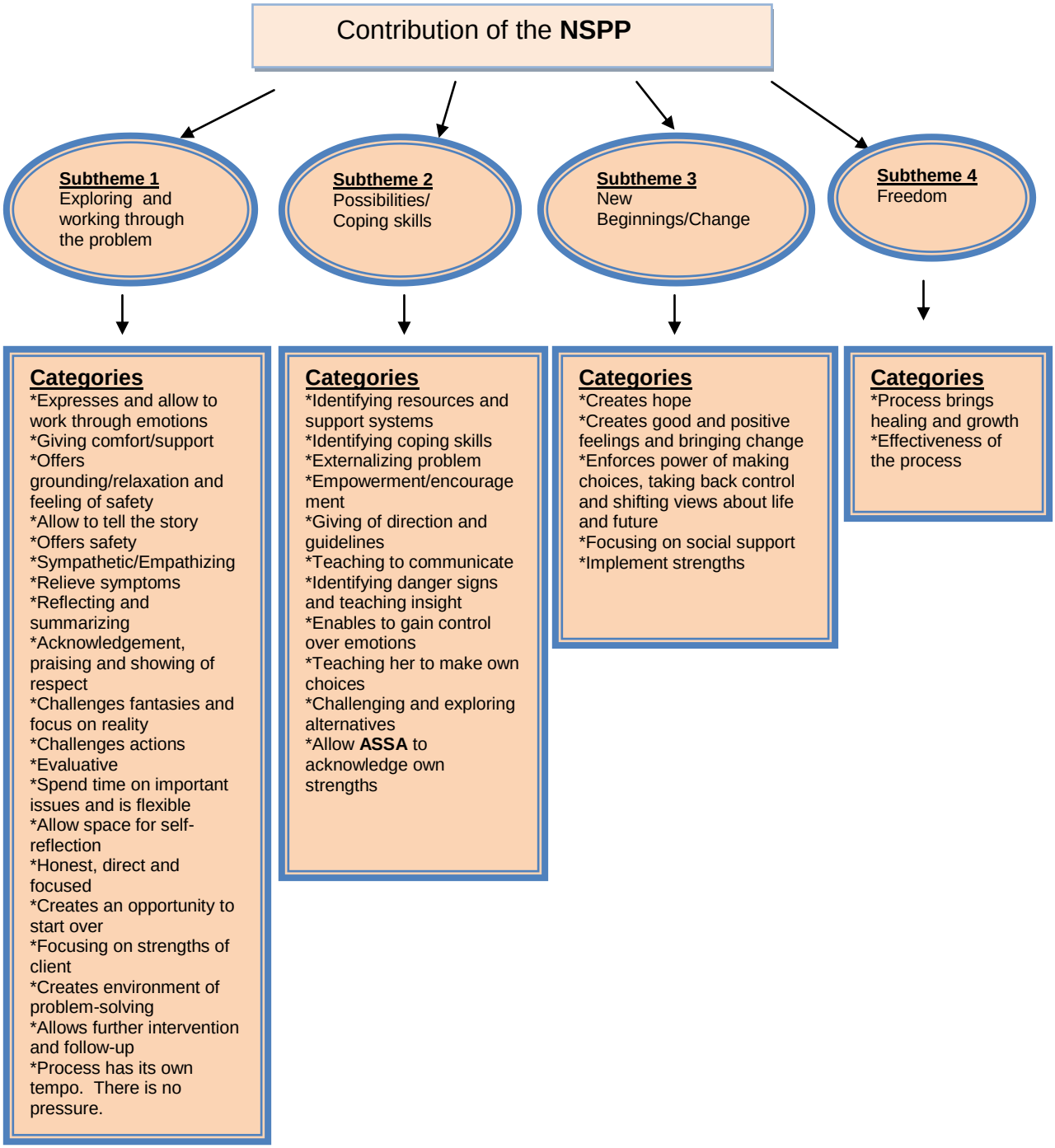
Slade and Wissow (2008:1) state that childhood maltreatment such as sexual abuse has the potential to delay the academic progress of students. In a study done by them, children who were sexually abused, received lower ratings of performance from their school teachers, scored lower on cognitive assessments and standardized tests of academic achievements, obtained lower grades, and were suspended from school and retained in grade more frequently.

Some of these subthemes will be discussed again during the second theme on the evaluation and impact of the **NSPP f**or **ASSA** as changes in these emotions could be identified after the completion of the process. As the main aim was to develop an **NSPP** for **ASSA,** the following discussion will focus the theme on the process and contribution of the programme to the life of an **ASSA.**

5.2.2 Main theme 2: The influence and contribution of the NSPP

As the researcher worked with the **ASSA** through the **NSPP** subthemes, categories were identified that gave an indication of how the participant benefited from the process. The following illustration gives an explanation of these subthemes and categories that were identified through the process where the process contributed to the healing of the **ASSA:**

ILLUSTRATION 21: THE CONTRIBUTION OF THE NSPP



A discussion will follow on the subthemes and categories with literal quotations from the transcribed interviews with the **ASSA.** The focus will be on the influence and contribution of the **NSPP** to the **ASSA.**

According to Preston-Dillon (2009:1), narrative approaches in sand therapy enable the client to represent emotional trauma and depict their cultural world. While sand and symbols allow for multi-layered images, narrative empowers clients to give voice to their experience. Both sand and narrative help the client externalize and re-author alienating aspects of their lives. The following identified categories highlight the influence and contribution of the **NSPP.**

5.2.2.1 Subtheme 1: Exploring and working through the problem

During the **NSPP** it came out clearly that the process offers the opportunity for the problem to be explored. Many indicators proved that the **NSPP** offered the opportunity for the **ASSA** to work through her problem. The following categories to this subtheme were identified and will be discussed shortly:

Category 1: Expressing and working through emotions.

During the sand trays the participant had the opportunity to express and work through identified feelings. The following storylines explain it as follows:

"I am angry and I am telling the lion that I hate him." [participant]
"I think you need to say that. I think you need to play it out here." [researcher]
"I will kick him. I will tell him that I hate him. I hate you!" [participant]
"Ok, do you still want to kick him?" [researcher]
"No." [participant]
"How do you feel when you kick him and tell him that you hate him?" [researcher]
"A bit better, but then things need to be solved…" [participant]

In sand tray six and seven the researcher focused on all the feelings the **ASSA** experienced.

"We looked at emotions. If you look at these feelings I want you to add all the emotions. Maybe build something in the sand tray so that we can discuss it." [researcher]
"These parts [animals] are the emotions that the person is feeling"
She expressed the following feelings through to the sand tray:

"Uh.. terrified, shocked." "loneliness", "scary" "emptiness."

Reflection of feelings is one of the most important skills in the social worker's repertoire. It requires the social worker to restate and explore the client's affective statements. Frequently, the client is experiencing a variety of feelings and has difficulty separating them from each other, and understanding how these feelings are related to one another. Social workers use reflection of feelings to understand how a client responds emotionally to life (Cummins, Sevel & Pedrick, 2006:104).

Category 2: The process gives comfort/support

The following quotations testify to the comfort and support the participant received through the **NSPP:**

"I can see that you are hurt. Where in your body do you feel the hurt?" [researcher]
"Ok, you may cry. Everything is going to be fine." [researcher]
"Just hug yourself. I want you to know that you will be fine. Just hug yourself. Take a big breath in and out. Remember you are safe." [researcher]

Category 3: Offers grounding, relaxation and a feeling of safety

While telling the sexual abuse story the participant's emotions can be triggered. The researcher addressed this by doing grounding or relaxation exercises to help them to control these emotions. This exercise and similar exercises were done regularly. The following storyline is an example of how it was used during the sand play:

"I want to do an exercise again. The exercise is very important. When you are at home or when you are at a place and you don't feel safe it will help you to get control over your emotions. It will also help you to calm yourself regarding your emotions. Even when you go to sleep you can do this exercise so that you can relax and have control over your body, your behaviour, emotions and everything so that you can tell yourself that you are safe and 'ok'. I want you to sit comfortably on your chair. Here is no one to look at you. I want you to relax and forget about everything. I want you to listen and use your

imagination. Think of a place where you feel good, safe and relaxed where nothing bad can happen….."
"I want you to say: 'I am fine and I am ok'." [researcher] *"I am safe and I am ok"*

Category 4: Allow to tell the story

During each sand tray session the participant began to tell the story of the sand world.

"I don't have an idea what is the meaning of these objects or this story. So I need you to tell me first what is the story of this world." [researcher]
"You said this is a story about 'new beginnings', new friends, forgetting about the past and all the bad stuff that happened. Maybe, you should just help me to understand the past. What is it what the story wants to tell us?" [researcher]

She then tells the story of each sand tray.

According to Winslade and Monk (1999:3) narrative therapy is based on the idea that we all generate stories to make sense of ourselves and of the circumstances of our lives. They further mention that many of the dominant stories that govern our lives were generated in our early experiences. Thompson and Rudolph (1992:199) mention that storytelling can be an excellent counselling technique to help children deal with feelings or behaviours that they are not ready to admit and help children see unrecognized consequences of their behavior.

Category 5: Sympathetic/Empathizing

Throughout sessions the researcher expressed sympathy/empathy when needed. Examples of some of these storylines are as follows:

"I am worried about you, because of the emotions that 'blood and thorns' causes when you speak about it. I want to ask you to write it down."
"It is your story, I know it is hard and I don't want to force you."
"Sometimes it is going to be easy and sometimes not, but hopefully it is going to help you."

Empathy is the attitude that holds the therapy process together. By attempting to understand, the therapist helps convince the child that they are worth hearing and understanding (Thompson & Rudolph, 1992:85).

Category 6: Relief symptoms

The **NSPP** reflects relief in symptoms throughout the process. The following storylines confirm the relief that the participant experienced:

"Sometimes it is hard and scary, but then I am ok, because it helps me."
"What I am saying is that after saying it, I feel much better because it is coming out."
"I feel good. I feel strong."
"I feel relieved. I just have this feeling."
"I feel relieved. I feel a bit better."

Category 7: Reflecting and Summarizing

During each session the researcher reflected and summarized on the previous session, discussions and emotions. The session after the ninth session was used only to reflect and to summarize on the sexual abuse problem and feelings which the **ASSA** played out in the previous sessions.

"I took some time before I saw you today to work through all our interviews and to see what we did and that is what I am going to do today. I am going to make a summary for me and you and we can continue. I was amazed. There was a lot of growth and a lot of change and a lot of information came out."

According to Thompson and Rudolph (1992:83) reflecting helps the therapist to reflect the person's inner world and allows them to judge their thoughts and feelings and to explore their effects on behaviour. Smaby and Maddux (2011:53) are of the opinion that summarizing can be used by the therapist to challenge the client to focus and reflect upon the important ideas and feelings expressed over the course of many sessions.

Category 8: Acknowledgement, praising and showing of respect

To promote the progress of the **ASSA**, the therapist used acknowledgement through the process towards the feelings and emotions of the participant especially where she was able to verbalize these changes herself. Praising leads to empowerment and helps the **ASSA** to grow and believe in themselves again. Here are some of the examples:

"You know what? I do see improvement."
"It is wonderful and if that is the only thing that you can learn in this session is to keep on striving to those positives."
"I think you can make a book of your poems. You're poems are good."

In another storyline the researcher showed respect by asking permission to discuss some of her feelings with the biological mother:

" I want to ask your permission to talk about things. I am not going to disclose what you told me, but sometimes I need to refer to certain feelings and certain stuff which you mentioned to me. Is that ok?"
"Now if we look at all of these emotions, I want us to add it in the sand tray."
"Let us look at this world. You said there are some dragons which make you feel terrible… These are feelings that you feel now."
I want to ask your permission to talk about things."
This picture in the sand tray shows me that things have changed."
"I just want to acknowledge that I am seeing a major difference and that is really like wow!"

Thompson and Rudolph (1992:84) are of the opinion that some of the strongest techniques for a counselor are attitudes towards people such as: genuineness, respect and empathy. Respect implies that the therapist accepts clients as people who have the potential to become good, rational and free.

Category 9: Challenge fantasies and focusing on reality

As the **ASSA** told the story in the sand tray, the researcher continuously evaluated to see if she was busy with fantasy or reality.

"In real life how are you going to get rid of the abuser?" [researcher] *"I would make sure that I don't see him in order for not bringing all that memories back."* [participant] *"Ok, that is a positive step that you can use to make sure that you do not see him, but what if..?* [researcher]

In another storyline the researcher focused on reality by asking: *"Is that a dream?"*

According to Smith and Nylund (1997:10) the therapist is an objective observer and focuses on reality through entry into the real world of the client.

Category 10: Challenges actions

The researcher challenged the actions of the **ASSA** in order to help her to work through her trauma and to find solutions for feelings and behaviour.

"We are going to change this stuff to the positive and to hope and dreams and a nice future. Are you willing to cooperate?"
"Do you think you can help other children by telling them about your experiences?"
"We should find a way to one by one take out these animals. Do you think there is a possibility? Maybe you must think a little bit?"

According to Monk et al. (1997:15) minimal or contemplated changes are explored as examples of the strength of the dominant story or as an indication of the emergence of a new story. Lister-Ford (2005:91) is of the opinion that the intention of challenge is to create a questioning attitude so that established ideas, feelings and behaviours are opened up to review.

Category 11: Assessment and evaluation of situations

Throughout the **NSPP** the researcher needs to be evaluative and assess as new information comes out during each narrative.

"Guide me through this world and tell me about the world and objects."
"Ok, there is a lot of frustration between the two of you [mother and participant]. *What I want to know? We brought in 'bad friends' as an issue from your mother's side. Is there anything that you want to bring in from your side that you feel is influencing the relationship?"*
"The last sand tray was with your mother. I really want some feedback from your side. How do you feel about that sand tray and about what happened?"

According to Cournoyer (2011:297) assessment is a fundamental process in professional social work practice. This is where the exploration phase has progressed well and a substantial amount of relevant information about the person-issue-situation was gathered and interpreted. Assessment helps you to trace the origin and development of the issue.

Category 12: Spend some time on important issues and be flexible

The **ASSA** identified different underlying problems to sexual abuse during the **NSPP.** In order to address the sexual abuse problems effectively, time was spent on issues that are troubling the **ASSA**. This participant had some questions about the unknown father which were addressed during Sand tray three (3):

"This is like my dad that I have never seen before and that is me. They want to meet, but they don't know how. The girl wants to find out facts about her real dad."

The **ASSA** also experienced many emotions regarding the sexual abuse which was attended to in Sand tray six and seven:

"We are not finished with this sand tray. We can continue next time." "We discussed 'blood and thorns' and I still want us to discuss 'blood and thorns'. So I want us to think

of a sand tray today again. There is the last sand tray. We spoke about a lot of feelings. If we look at these emotions I want us to add these in your sand tray."

The participant had some difficulties with her relationship with the biological mother which was attended to in Sand tray 8:

"I am not going to leave the issues around your mother. We are going to bring her in. I think it is very important. We can do the next session with her if it is ok with you?"

Another example of the **NSPP** being flexible can be seen in the following storyline:

"Ok, there is a lot of frustration between the two of you [mother and child]. *We brought in bad friends from your mother's side, is there something you want to bring in from your side that you feel is influencing the relationship?"*

Category 13: Allow space for self-reflection

The **NSPP** was a process itself which allowed the **ASSA** to do some self-reflection by telling the story and identifying some feelings, behaviours and other related problems. The researcher gave her the opportunity to express it throughout the process by writing poems, to play it out or to think about it.

"There were also a lot of new feelings that came out. I think you have to go and evaluate or think about it and make sure that is what you really feel."

She had the opportunity to write a poem about the sexual abuse event as she indicated that it is easier for her to write poems on her feelings and the sexual abuse:

"How did you feel about writing a poem about the problem? [researcher] *"It was hard! I managed, because it is better than saying it."* [participant]

Category 14: Process is honest, direct and focused

The researcher focused on problems and directed the **NSSP** as the need arose from the **ASSA:**

"Until now we focused on sexual abuse, but when we came to support it seemed that there is a lack of support. Not that I think you do not give any support, but I think between you and [child's name] you don't always understand each other. So I thought we can sit here today and do a sand tray together."
"Ok, so there came out a lot of negative stuff. I want to ask you [biological mother], are you willing to work on the relationship with your child?"

Category 15: Creates an opportunity to start over

One of the goals of the **NSSP** is to leave the problem-saturated story behind and to move to the alternative story or to focus on new possibilities:

"Do you feel this sand tray is different or the same as in your life? [researcher]
"It is different." [participant] *"What makes it different?"* [researcher] *"Cause now we are starting again. In a way it is the same, but now it is going to be different."* [participant]

Category 16: Focusing on strengths of the client

The **NSPP** aims to move to the strengths, values and dreams of the **ASSA** in order to build on these strengths which can be a resource for her in having a better and hopeful life:

"[Mother's name], *I want to ask you if there is something you want to say to* [child's name], *but I want you to say something positive?"*
"If they [grandmother and aunt] *were here today in the sand tray, they are standing with you, what will they say about you?"* [researcher] *"She will say that she knows that I have the strength and she is there for me if I need some more help."*
"So what can it be or if you have to put a name to it, what can it be that is protecting you? [researcher] *"Myself."* [participant] *"What can you call it?"* [researcher] *"I think confidence.* [participant]
"I can be free." [participant] *"What makes that you can be free? What in your personality or what characteristic is standing out about you?"* [researcher]

Monk et al. (1997:3) mention that narrative approaches to counselling invite clients to begin a journey of co-exploration to search for talents and abilities that were hidden or veiled by a life problem. Cummins et al. (2006:21) refer to strengths as the values that permeated.

Category 17: Creates an environment of problem-solving

In order for problem solving to be effective, the client has to be invested in moving and reaching toward his or her goals (Cummins et al., 2006:155). When the **ASSA** experiences a problem during the **NSPP** it was addressed and played out:

"Ok, your [child] *need is support. How are you* [mother] *going to support her?"*
"I will be there when she needs me." [mother] *"How can we give support, by doing what?"* [researcher] *"By listening to her, but the thing is she doesn't tell me…"* [mother] *"Ok, she wants support and you* [mother] *can do this by listening. Ok, how are you* [child] *going to communicate with her?"* [researcher] *"By talking and by writing."* [child] *"Ok, that is what she say she is going to do, but she* [child] *needs support and you* [mother] *said you are going to do it by listening to her. She will ask support either by talking or by writing it in a poem. What are you* [mother] *going to do about it?"* [researcher] *"I* [mother] *am going to listen and help her."*

Category 18: Allows intervention and further follow up

Through the **NSPP** other problem scenarios can be identified which can be referred or attended to by a multi-disciplinary team. Attachment was found to be a main problem to all **ASSA:**

"I think what can help you is attachment therapy. So I am willing to find someone to help you with that. Your mother has issues and you have your own, but you don't get together to solve them. I feel attachment therapy will help you."
"Yes." [participant]

Category 19: Process has its own tempo. There is no pressure.

Progress takes place over time and with each **ASSA** it develops differently as they individually works through their trauma. The **NSPP** accommodates the **ASSA** with its own tempo:

"Do you think that power, strength and confidence are strong enough to fight these animals [feelings]*?"* [researcher] *"Not really, because I don't have enough confidence yet. There is confidence, half, half.."* [participant] *"This shows that there is already growth. We will move there in time."* [researcher]

5.2.2.2 Subtheme 2: Possibilities/Coping skills

The **NSPP** is a process which identifies/offers some possibilities to the **ASSA** and teaches them skills to deal with the problem of sexual abuse. Monk et al. (1997:21) describe it as the stage where the story has begun to emerged. It is now appropriate to move into the realm of possibilities and to anticipate the future history of the alternative story. The following categories underlying this subtheme were identified and will be presented briefly:

- **Category 1: Identifying resources and support systems**

While attending to the sexual abuse problem with the **ASSA** the process assisted them to identify some resources in their lives which can be of help in the healing process as well as in the future:

"When you feel depressed, or down or hurt what do you do? [researcher] *"Just try not to be alone."* [participant] *"Ok, so you are going to try to be around people?"* [researcher] *"Ja."* [participant]
"What or who in your life supported you before 'blood and thorns' came into your life?" [researcher] *"I would say family and friends."* [participant] *"Do you want them I this world today?"* [researcher] *"Yes."* [participant] *"How are you going to bring them back today?"* [researcher] *"By inviting them."*

"Is there anyone else in this world that can help you or support you or protect you?" [researcher] *"I could say my family and friends."*

- **Category 2: Identifying coping skills**

During the **NSPP** the researcher helped the **ASSA** to identify her current coping skills, to implement them as well as to develop new coping mechanisms. The following storylines highlight these coping skills:

"What can you do so that you feel better from the anger and the hurt?" [researcher] *"Usually I write them down."* [participant] *"Ok, you said last time that we will work through poems in the sand tray."*
"Do you still feel that you want to commit suicide?" [researcher] *"Ja."* [participant] *"What do you do when you feel like that?"* [researcher] *"Sometimes I just write it down. I must not be alone all the time. So I go out and find people to be with."* [participant] *"Ok, so you have coping strategies?"* [researcher] *"Yes."* [participant]
"How can you deal with it to make it better [not seeing the perpetrator]*?"* [researcher] *"Staying away from where he is."* [researcher]
"How do you move forward?" [researcher] "*By forgetting about what happened. Usually I listen to music."*
"I sometimes feel moody and sometimes just feel unhappy without a reason. I sometimes think I need time for myself without anyone talking, just to think." [participant] *"Ok, that is your way of dealing with it."* [researcher]
"Being sad, angry and scared, are these emotions still in your life?" [researcher] *"Ja."* [participant] *"How do you deal with it?"* [researcher] *"I get someone to be with or whenever I am stressed I just write it down and I feel free."* [participant]

Sand tray nine (9) was named 'peace and evil'. In this sand tray she told the story of how she sees her life. The one side represents the positive in her life, her family and friends and on the other side she builds the sexual abuse event. According to her she lives most of the time on the 'good' side, but gets dragged to the other side when she is alone or when she thinks a lot about what happened:

"What can you do to not visit or get dragged to the right side many times?" [researcher] *"Keep myself busy."*
"How can you prevent to be with the abuser and prevent that he brings back memories?" [researcher] *"He is a human and he will go outside and stuff. I can confront the person. I was thinking of writing a letter and telling him about how I feel and what he has done."* [participant]

In Sand tray ten (10) the participant played out her victory over the perpetrator. Her coping skills relates to this sand tray.

"In my thoughts I'll still keep the parts where I burn him."
"I will write something [thoughts and feelings] *about him and tear it up."*
"I will think about the positive changes instead of the negative"
"I will be with somebody who can help me."

- **Category 3: Externalizing the problem**

To externalize the problem so that the **ASSA** can see the problem as the problem is part of the **NSPP** which was done with all the participants:

"I want us to think of a name for the problem. Any name that will suit for what you are going through… that fits all these stuff that you are telling me." [researcher] *"Blood and thorns."* [participant]
"I think we can start by building a sand tray on the problem, 'blood and thorns', exactly what happened and you can tell me the story." [researcher]

Smith and Nylund (1997:201) emphasize that it is important to help the child to separate from the abuse-dominated story. The process of separating the young person from the abuse-dominated story is facilitated by experiences that externalize the effects of the abuse.

- **Category 4: Empowering and encouragement**

According to Cummins et al. (2006:21) empowerment lays the groundwork for informed self-determination. The **NSPP** empowered and encouraged the **ASSA** on many occasions:

"I want to thank you, because I know it is not easy, but this is a change and we will go through it together." [researcher]
"I want you to try to stay positive. We are going to move through this and with your cooperation it will go better." [researcher]
"The fact that you said that he must move out [of the sand world] *and it can be true in real life, what does this say about you?"* [researcher] *"I can be free!"* [participant] *"You can be free! That is wonderful!"* [researcher]
"I feel strong and powerful!" [participant] "*Wonderful! That is wonderful. Keep striving to the positives.* [researcher]

- **Category 5: Direction and guidelines**

The **NSPP** provided the researcher the opportunity to give some direction and guidelines:

"Positive and negative is not to trust all male people."
"I see a change. Ja, I do see a change. How does this change make you feel?" [researcher] *"There is like a light."* [participant] *"Wonderful! Keep on moving to the light. If it seems that the light wants to disappear say it that we can attend to it."* [researcher]
"Are you willing to work on your relationship? Because we can talk around these negative stuff forever and ever. I need to know what are the steps we are going to take from here on to work on the relationship [between mother and child]*?"* [researcher]

- **Category 6: Teaching to communicate**

The **ASSA** was taught to communicate through the expression of feelings in the sand tray and the guideline with questions which was developed for the purposes of this study was helpful in this regard.

"What can the girl do? She don't have to forget the dad, but how can she handle this?" [researcher] *"By talking to him."* [participant] *"To who?"* [researcher] *"To people."* [participant]

"Do you think this sand tray helped you today?" [researcher] *"Ja, by talking to him* [father]*."*

"Is there anything that you want to say to him?" [researcher] *"Just that my life is messed up because of him* [perpetrator]*."* [participant] *"Maybe you must tell him that."* [researcher] *"My life is messed up, because of you!"* [participant]

"Ok, after that you [mother] *have disclosed to her that her father died, did you sit down with her and said : 'You know what? Ask me anything you want and let us discuss it?"* [researcher]

- **Category 7: Identifying danger signs and teaching insight**

While assessing and assisting in therapy some of the aims are also to help the **ASSA** to be aware of dangers and to identify danger signs. Some of the questions assisted the researcher to help the **ASSA** in telling the story, but also helped with the development of insight. Some of these questions were:

"What are the tricks of 'blood and thorns?"

"How does he operate?"

"What are his attentions?"

"What are his likes/dislikes?"

"What are his rules?"

"Ok, so he first moved into the direction of befriending you. And what happened then?" [researcher] *"He got to hurt me."* [participant]

- **Category 8: Enables to gain control over emotions**

The following storylines give an indication of the **ASSA** who gained some control over her emotions through the **NSSP** and captured back some power**:**

"By saying it I feel much better. Talking about it and playing in the sand makes it better." [participant]

The animals in Sand tray six and seven presented all the feelings she experienced, because of the sexual abuse and the perpetrator (see summary of sand trays above). During the sand tray she removed the perpetrator and took control over her emotions:

"Since the man is out, I control the animals [feelings]. *I can be free. I can be me again!"* [participant]

In the same sand tray she also chose a stick that represented her having 'power' over the perpetrator and her feelings.

"I feel good, strong. I will call the 'sword' power." [participant]

- **Category 9: Challenging and exploring alternatives**

During the **NSPP** the researcher focused on alternatives in order to build on the strengths of the **ASSA:**

"What sort of future will 'blood and thorns' or the abuse predict?" [researcher] *"For me I will be a better person in the future. I want to achieve more of my goals."* [researcher]

She identified her grandmother and aunt as her support system:

"Who are the people who are caring about you?" [researcher] *"My grandmother and aunt."* [participant] *"Do you feel that you can speak to them about your problems?"* [researcher] *"Ja."* [participant] *"Do you do it?"* [researcher] *"Ja."* [participant] *"Does it help?"* [researcher] *"Ja."* [participant]

Sand tray nine (9) is divided into two parts: "Peace and Evil". The left side represents the 'peace' and she spends most of her time here, but she gets dragged to the right side which represents the 'evil' when she is alone or caught up in her thoughts.

"Ok, you said in the previous sessions that you have a little bit more power and control and more confidence. What can you do to prevent not to get dragged to the right side too many times?" [researcher] *"Not to be alone."* [participant]

By using narrative ideas the therapist is interested in restorying a client's early life to demonstrate that the abilities currently being used to deal with the problem at hand are build on capability accumulated from when the client was younger. It focuses on possibilities, characteristics and own strengths (Monk et al., 2007:19-20).

- **Category 10: Allow the ASSA to acknowledge own strengths**

During this part of the process the researcher helped the **ASSA** to see some strengths within themselves. The following storylines gives an indication of the strengths which the participant identified in the beginning of the process:

"Who played a role in taking back your life?" [researcher] *"I would say me."* [participant] *"Are there others who helped you?"* [researcher] *"I would say my support group."* [participant] *"Will there always be people available?"* [researcher] *"I will find ways.* [participant]
"If you look at this sand tray what is happening?" [researcher] *"I've got power and strength."* [researcher] *"Will this happen again?"* [researcher] *"I will not let it happen anymore!"* [participant]

During the sand trays the researcher focused on strengths and characteristics:

"Were these positive or negative feelings?" [researcher] *"Mostly negative, but I had the strength to turn it into positive."* [participant]
"I want us to look at the characteristics again?" [researcher]. She mentioned the following characteristics in different storylines:
"Fighter." " I am changing." "I would say I've got confidence." "Power." "Strength." "Taking control." [participant]

5.2.2.3 Subtheme 3: New Beginnings/Change

The **NSPP** offered some new beginnings and change for the **ASSA**. There are several subthemes that were identified that highlight these new beginnings and changes within

the **ASSA**. The categories that support the subtheme of new beginnings/change which were identified will be discussed shortly:

- **Category 1: Creates hope**

Through the **NSPP** the researcher wanted to bring the message of hope. This was done by focusing on the dreams and future of the **ASSA**:

"What do you want to do with your future?" [researcher] *"I want to be a gynecologist or a doctor."* [participant] *"Is that your dream?"* [researcher] *"Ja, or I want to write poems."* [participant]

"We are going to change this stuff to the positive and to hope and dreams and a nice future. Are you willing to cooperate?" [researcher] *"Ja."* [participant] *"Can we try?"* [researcher] *"It is fine."*

"What are we going to do to move away from these animals and not to listen to them, not obeying them in such a way that it do not harm us? Do you want to think of ways and come back next time and tell me?" [researcher]

"I have dreams. Me becoming a journalist, living my own life and being happy." [participant]

- **Category 2: Creates good and positive feelings and bringing change in behaviours**

There was a definite change in feelings and overall behavior from the beginning of the sand tray process towards the end. The following discussion will illustrate the changes that were experienced since the beginning of the **NSPP** until the end:

The following emotions and feelings surfaced during the **NSPP** and storylines will be used to highlight these changes that took place within this process**:**

The negative feelings of hurt and pain were described by the **ASSA** as follows:

"I feel hurt." "I was in pain."

Towards the end the same feelings were described in a more positive way:

"I feel better." "I feel like relieved." "I feel good." "I feel strong." "I am believing in my happiness." "She is smiling." "I feel good and I feel proud." "I am brightened and laughting."

Loneliness was identified as one of the feelings that the **ASSA** experienced very strongly during the **NSPP.**

"Her life is full of emptiness." "Loneliness." "She is alone."

A change in this feeling could be seen towards the end of the **NSPP:**

"There is no loneliness, emptiness and no empty spaces." "I was isolated, but I will bring back my family and friends." "Now I get along with people."

Fear for the perpetrator and life was verbalized during the **NSPP:**

"I am scared." "Scared and shocked." "Terrified. There are scary feelings." "I was scared, terrified, uncomfortable."

When referring to feelings that she removed out of the sand tray she mentioned the following:

"Hatred, being scared, terrified. It feels good, better since I am controlling them." "I am not scared of you!"

Anger and aggression are similar to the symptoms of **ASSA.** The participant experienced anger many times:

"I hate him." "I will kick him." "I would swear." "I am rude and moody." "I would like to kick him that he falls."

Minimization of this anger/aggression came through during the **NSPP:**

"I always try to be friendly. My moods have changed." "Me being happy and trying to bring back the old self again." "I am smiling and happy."

To experience feelings of guilt is one of the indicators of sexual abuse which could be identified with the participant:

"It is all my fault." "I feel guilty, because she [mother] *keeps on blaming me and stuff."*

Change is seen in the following storyline:

"I am positive about everything and I am not blaming myself for everything."

Being sexually abused the victim experienced powerlessness:

"I am young, there was nothing I could do." "He was covering my mouth, telling me to shut up."

Towards the end of the sand tray the **ASSA** verbalized her power as follows:

"I can be me again. I am powerful." "I feel strong and powerful." "I will choose a stick, my power." "He is not controlling me anymore." "With my stick I will find ways to be safe." "I have taken control."

As a result of the sexual abuse the **ASSA** withdrew herself from others and spent her time lonely:

"I just keep quiet." "Usually I am not shy." "I don't show my feelings."

The **NSPP** helped her to open up her feelings:

"I opened up a lot of stuff that I kept inside of myself. Now I am released and free." "I was that quiet child who was shy [after the sexual abuse], *but now I am open and I am wild." "I will say now I am less shy."*

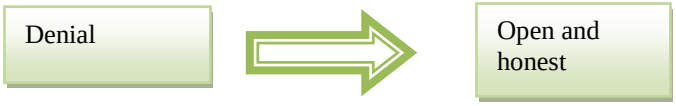
The **ASSA** described herself as a person who trusted people easily:

"I trusted anyone."

The result of being sexually abused:

"I have learned not to trust people very easily and to have information about the person."

"I would say before trusting people, I must get to know people better."



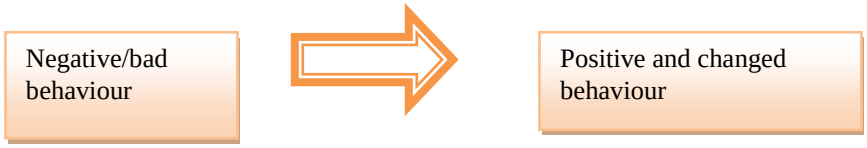
ASSA sometimes denies what happened to them:

"I pretended as if nothing happened to me."

The **NSPP** gave her the opportunity to open up all her feelings/emotions and to verbalize what happened to her:

"I can be free. It helps me to communicate with other people."

Change was also visible in behavior, relationships, self-esteem, suicidal indicators and school performance:



As a result of the sexual abuse the **ASSA** engaged in inappropriate behaviour:

"Smoke and drinking liquor."
"So what do you use?" [researcher] *"Cigarettes and alcohol."* [participant]
"My mom found out I have some porn on my phone."
"I was fighting at school. They want to suspend me."

The **NSPP** helped her to change some of these behaviours:

"Everyone is excited that I have changed and progressed."
"They are celebrating that I have progressed and moving on from my abuse."
"After a great fall I have risen up."
"I have changed in a good way."
"I have improved a lot."

Attachment and a sense of belonging always seem to be a problem experienced by **ASSA**. The participant experienced the same problems:

"The girl is a bit lost about her history."
"Does she belong to anyone or anything?" [researcher] *"No."* [participant]

“ We are different kind of people. It is not like we are family.” [referring to her mother] *“We are separated.”*

“I feel different from other people. The friends that I had, made it worse, because of peer pressure.” [participant]

Through the **NSPP** issues on relationships were attended to and the results were as follow:

“The change is that I’ve got a lot of support and there is not ‘blood and thorns’.”

“It changed every time when people did not gave up on me.” [participant]

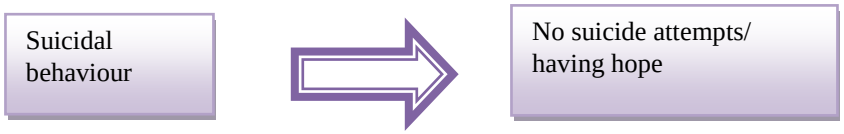
I think it is [changed behavior] *already showing. I try my best to communicate with her* [mother] *and do what she says.”*

“With my friends I would be more outgoing [going out more] *instead of indoors.”*

“It is easy now to get along with people.”

“I choose my friends wisely.”

“I have people who join me.” [participant]



One of the psychological indicators of sexual abuse also identified with the **ASSA** was suicide attempts:

“Dying. Sometimes I wish I could die.”

“I was alone on the roof… I would have jumped.”

“I thought of drinking tablets so that I would sleep and never wake up.”

“There is no hope for me to stay alive.”

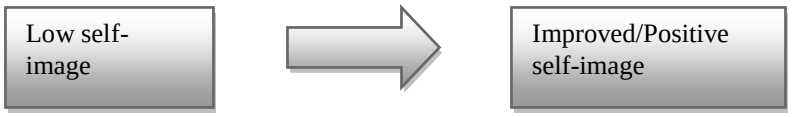
These suicide thoughts changed during the **NSPP:**

“I see myself as a penguin. They always find ways to survive, because they are always in a place where it is not easy to survive.”

“I am a survivor.”

“I don’t give up easily and o not except failure and makes sure that I get things right.”

"The thing that makes me happy is that II am alive. You [perpetrator] *didn't have the power over me to kill myself!"*



The sexual abuse incident had a negative impact on the self-image of the **ASSA**:

"I wish I can stop feeling bad about myself and blaming myself."
"I will tell him [father] *that is my fault that I got abused."*
"When I see myself I just hate myself."

Change could be seen in the self-image as verbalized in the following storylines:

"With confidence I would like believe in myself and then in order to move and defeat everything."
"Who played a role in taking back your life?" [researcher] *"I would say me."* [participant]
"I am confident."
"I would say I am shining."
"I would sing and talk a lot."
"I am a changed person."

The participant experienced deterioration in her school work as result of the sexual abuse:

"It is hard for me to concentrate."
"I don't do well. I have the ability to do better."

Towards the end of the **NSPP** her performance improved:

"I could not concentrate properly, but now it is fine."
Her report stated the following: *"She has potential."*

"I believe that I can do my schoolwork better."

- **Category 3: Enforces power of making choices, taking back control and shifting view about life and future**

The **NSPP** taught the **ASSA** to make their own choices and take responsibility for their deeds, to take back control in their lives and have goals for their futures. The following storylines highlights some of these matters which were verbalized through the therapy:
"I have made new friends, since I have finished my community services."
"I have changed."
"I would like to fit in with other people so that I can remove 'blood and thorns'."
"I have people who do understand and people who do not drink or smoke and people who are prepared to become something in future. The friends I had made it worse."
"It is all about change. Positive change."
"I got a lot of emotions and went through a lot of stages. It used to be very heavy. Talking helps and now I feel more free and open and comfortable."
"I would say I am a changed person. I'll be a better person and achieve my goals. I am experiencing a lot of changes."
"In my thoughts I will think of ways to protect like keeping quiet or pretend that the person does not exist. I will use the 'stick' to find ways to be save."
She was confronted with the perpetrator in a shop: *"The positive thing that I felt was that I could control and find a way for me to get rid of him like in a way keeping quiet and not saying anything to him and find a very big crowd of people."*
'How can you change your thinking?" [researcher] *"Finding different topics to think about."* [participant]

In Sand tray 10 the participant played out a story where she took control over the perpetrator and she destroyed the 'beast':

"She went to a support group like this other shelter where there are victims of sexual abuse. With her support system and stick she destroyed him." "She burned him out." "He had to be punished."

"I feel that I have power and I feel good."

Some other storylines:

"I will know in life what I want to be and what I want to achieve
"I will say that now I am the boss, because I am controlling him."
"It will not happen again."

- **Category 4: Focusing on social support**

Identifying a support system for the **ASSA** is crucial as they would need support and assistance after the completion of the **NSPP:**

"My friends will come to my house and we will chill. We will have fun."
"I will have people to join me if I have fears or have to face him."
"I have a support group, family, friends and the welfare."

- **Category 5: Implement strengths**

The **NSPP** also assists the **ASSA** not only to identify strengths, but also to implement these strengths:

"Since I am controlling them [emotions] *I've got the power, the strength."*
"What is the lesson you have learnt out of this?" [researcher] *"To choose my friends more wisely."* [participant]
"I still feel powerful and strong, because there are people that are helping me to get my strength back."
"What is helping you getting there?" [researcher] *"By forgetting about the abuser like pretending that he never existed."* [participant]
"It helps me to communicate with other people."
"Before trusting people, I must get to know them better."
"Pamela [friend] *is like a weapon. She understands me more than anyone. We talk and she gives me advice."*
"I will think of positive changes instead of the negative."

"I don't give up easily and do not except failure and I will make sure that I get things right."

"The old and funky [name] *is back."*

"I have learned to improve my life."

"Everyone is excited that I have changed and progressed."

5.2.2.4 Subtheme 4: Freedom

In the last phase of the **NSPP** the **ASSA** experienced freedom. The following categories highlight the freedom which came into her life through the **NSSP:**

- **Category 1: Healing and growth**

The **ASSA** verbalized her healing and growth as follows:

"To move on I will take all the thoughts, encouragements I had so far, like people believing in me and giving me impact and feedback."

"After a great fall I have risen up again."

"I have to plan new beginnings. I am moving from the past to the future. I have grown stronger. I have the strength now to stand on my own two feet."

"Now I can see that life is kind of difficult. We do experience a lot of bad stuff and things that we are not supposing to experience."

"I will tell him that in a way he [perpetrator] *made my life miserable, but from the weakness he caused I have grown stronger. I have moved on. I am not staying in my past any longer. I have gained power and strength."*

- **Category 2: Effectiveness of the process**

The participant felt that the process was effective and she emphasizes it as follows:

After kicking the perpetrator: *"I feel a bit better."*

Having the sand tray with the father: *"It helped me by talking to him."*

"I would say instead of letting this abuse taking over my life, I found ways dealing with it like counseling."

"I'm moving step by step."

"How did you change?" [researcher] *"Through strength, power and happiness. I would say it is because of talking about it and acting it out. Like instead of keeping it to myself, being positive and stop blaming myself for it. I feel the progress, because now I can like move on instead of hiding."*

"I would say at first it was very tough explaining everything, but as time went by it became easier, cause I could express my feelings. Ja, so I enjoyed the sand trays and I opened up a lot of stuff I kept inside of myself. Now I am relieved and free."

"I could exactly see what is inside of me and what has been haunting me and I had to get it out."

"I feel relieved. Ja, you know after talking about all the stuff it is like gone. I feel better ja."

6. DISCUSSION

The focus of this chapter was to evaluate the narrative social intervention programme with the use of narratives and sand play as techniques and to determine whether the application of this programme had any influence on their overall functioning and the effect of this programme on his/her life.

Quantitative data in the beginning of the **NSPP** identified sexual behaviour, dissociative indicators and suicidal behaviour with the **ASSA**. After the pre-testing the **NSPP** was implemented where the **ASSA** unfolded the sexual abuse and related stories and where she moved from the "problem-saturated" to the "transition" tray. The main themes that were identified were:

- **Psycho-social impact of sexual abuse during adolescence on ASSA**
- **The influence and contribution of the NSPP for ASSA.**

Information gathered from the sand play sessions supplied valuable data on the needs, emotions, related problems to sexual abuse, dreams and hopes of the **ASSA.** Although the central themes often included sexual abuse related issues, other issues were discussed and **ASSA** were guided to learn life skills and coping mechanisms. These

main themes consisted out of subthemes and categories which were summarized and thoroughly discussed.

The **NSPP** was proven to be successful in the light of the changes it brought to the life of the **ASSA.** The main themes, subthemes and categories with underlying storylines highlight the impact of the **NSPP.** Post-testing after the implementation of the **NSPP** also confirmed and showed some changes in behaviour and overall functioning.

7. SUMMARY

This chapter contained the implementation and evaluation of the study. A summary of the findings of the quantitative and qualitative data was provided. These findings indicated the psycho-social indicators of sexual abuse that the participant experienced and how it corresponded to the literature on sexual abuse. The chapter also shed light on the influence and contribution of the **NSPP** to the **ASSA** which seemed to be of great value. Healing could be seen in the participant's sand trays. Her pictures and storylines showed progression.

Chapter 7 will provide some conclusions and recommendations on the **NSPP** for **ASSA.**

CHAPTER 7

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

LOST INNOCENCE

This young girl kept from sight
crying into the middle of the night
she fears that others will sense the same
but was the girl really to blame?
this little girl who was full of belief
could not from him seem to find relief
she feels so dirty with her clothes which are tore
when she is being flung on the bedroom floor
this broken child lost her innocence at a very young age
through a trusted mans deliberate drunken rage
her little broken heart was full of pain
through the rest of her life it would stain
people would see the bruises that lay upon her face
she wanted and longed for her special place
while he was looking around
this little girl couldn't make a sound
she couldn't have her own bed
he would be there touching her instead
taking her clothes off he would touch
this haunted her little heart so much
she just wanted him to understand
but instead she got the back of his hand
night after night she endured this pain
never to be happy ever again
this little angel from above
could not find the slightest inch of love
this mountain of unnoticed fear
went on year after year
while she was crying silent tears
he was tacking into some beers
why would no one come to her aid
day after day her happiness fade
this went on for so, so long
and no one thought that this was wrong
this little girl that no one could save
she longed for her peaceful grave.

(Edwards, 2011)

1. INTRODUCTION

The research project was executed in two phases. **Phase 1** focused on needs assessment and was described in chapters 1-4. **Phase 2** concentrated on the development and evaluation of an **NSPP**, also referred to as the narrative sand play programme **(NSPP)** and was incorporated in chapters 5-6. The following is an overview of the composition of the research report. Chapter 7 focuses on the summary, conclusions and recommendations.

- **CHAPTER 1: INTRODUCTION, PROBLEM FORMULATION AND OBJECTIVES**
- **CHAPTER 2: AN EXPLORATION OF THE INDICATORS AND PSYCHO-SOCIAL IMPACT OF SEXUAL ABUSE DURING ADOLESCENCE**
- **CHAPTER 3: NARRATIVE SAND PLAY WITH ADOLESCENT SURVIVORS OF SEXUAL ABUSE**
- **CHAPTER 4: THE PILOT STUDY**

- **CHAPTER 5: THE SUGGESTED NSPP**

- **CHAPTER 6: DATA-ANALYSIS AND EVALUATION OF THE NSPP**

- **CHAPTER 7: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

In this final chapter, each chapter will be discussed separately in terms of a summary, conclusions and recommendations.

2. CHAPTER 1: INTRODUCTION, PROBLEM FORMULATION AND OBJECTIVES

2.1 SUMMARY

Children in South Africa face a number of challenges which involve the high numbers of sexual abuse incidents (Child Sexual Abuse and Exploitation in South Africa, 2005:11). Thirion (2007:1) emphasize that sexual abuse is seen as a formidable problem which knows no age, religious, socio-economic, racial and ethnic or gender boundaries. According to Frawley-O'Dea (2008:2) one third of all females and one fourth of all males are sexually abused in some way prior to the age of 18. In the past decade sexual abuse has increased by 400% in South Africa. Carey (2008:1) is of the opinion that the impact of sexual abuse on children can be devastating and long-lasting. The effects of sexual abuse are not limited to only the victims, but they affect the victims' families and communities too (Thirion, 2007:4).

According to Geldard and Geldard (2005:16) these statistics and facts leave us with the reality that many young children do not experience a smooth, untroubled journey through childhood and adolescence. Britz and Joubert (2003:27) add that these children face many developmental challenges and suffer from a variety of physical, emotional, personality and behavioural problems. The impact of sexual abuse on the child and the high occurrence of sexual abuse forced the researcher to think that the development of

an effective and efficient, structured and therapeutic intervention model for sexual abused children in the short term will be of help to social workers and other human service professions. The researcher decided to focus on adolescent survivors of sexual abuse **(ASSA)** as these children experience many difficulties within their developmental phase as well as with the issue of sexual abuse itself.

This brought the researcher to the following questions:

- What are the indicators of sexual abuse among adolescents and what is the perceived psycho-social impact of sexual abuse during the developmental phase of adolescence?
- What are the needs of adolescent survivors of sexual abuse **(ASSA)** regarding support and social work intervention?
- What should be included in a **NSPP** dealing with sexual abuse among adolescents?
- What will be the influence of such a **NSPP** on **ASSA**?

These questions were the foundation of this research project.

With the background of the literature on the narrative approach as studied, the researcher was of the opinion that a narrative approach could be a valuable way of intervening with **ASSA**. During intervention the narratives could lead the **ASSA** to think about their lives as stories and to work with them to experience their live stories in ways that are meaningful and fulfilling. Sand play fits with the essence of narrative in the deconstruction of maladaptive stories and co-construction of adaptive stories. The researcher chose sand play as technique as it would help the **ASSA** to engage in storytelling/narratives and to make unconscious connections between the stories they tell and the life they live. Through storytelling the adolescent could achieve a sense of wholeness or integration with the assistance of the researcher. The imaginary world (through sand play) would make it easy for them to engage in storytelling and to make unconscious connections between their stories and their lives.

After defining the research topic, the research aims and objectives could be formulated. The research project had one aim:

- The aim of this research was to develop and evaluate an **NSPP** for adolescent survivors of sexual abuse **ASSA**.

The aim led to the central theoretical argument of the research project:

Adolescent survivors of sexual abuse will benefit from an NSPP.

The pilot study consisted of a literature study, a workshop with experts, preliminary exploratory study and the intensive study. For this purposes of this study the researcher undertook the mixed method research where the qualitative and quantitative approaches were combined into the research methodology of the single study. The researcher made use of the Concurrent Triangulation approach where the researcher collected both quantitative and qualitative data concurrently in phase 4 and 5 (pilot testing and collecting of data) of the research study as thoroughly described in Chapter 1. The quantitative and qualitative combined approach was used as it provided a better understanding of the research problem of sexual abuse than one approach alone. The design utilized was exploratory and descriptive in nature and attempted to find answers to the research questions. Intervention research was done.

The research population of this study consisted of all adolescents exposed to sexual abuse and the population consisted of adolescents exposed to sexual abuse specifically identified by professionals. For the purposes of the research project the researcher made use of non-probability sampling and specifically purposive sampling. The researcher focused on an estimation of four (4) participants until data-saturation was obtained. As data was saturated very early in the process and the **NSPP** was followed as prototype with four participants, it was decided that the findings of only one participant would be discussed during the evaluation of the programme. This participant was also part of the pilot study.

The aim and objectives which were clearly indicated in this chapter were reached throughout the study. The specific objectives for this study were:

- To explore the indicators and psycho-social impact of sexual abuse during adolescence. This was done through a thorough literature study in Chapter 2.
- To explore the needs of **ASSA** regarding support and social work intervention. During the research process and the literature study it was found that there were limited programmes to assit social workers/professionals in dealing with **ASSA.**
- To develop an **NSPP** to deal with sexual abuse experienced by adolescents. During the pilot study in Chapter 4 a prototype of the **NSPP** was developed and refined. The programme was thoroughly discussed in Chapter 5.
- To implement and evaluate the influence of the **NSPP**. The implementation and evaluation of this prototype of the **NSPP** was the main aim of this study. A discussion on this took place in Chapter 6.

2.2 CONCLUSIONS

- The statistics and facts on sexual abuse in South Africa indicate a need for interventions such as the **NSPP**.
- Sexual abuse affects the total functioning of the victims and escalates to families and communities.

2.3 RECOMMENDATIONS

- The prototype of the **NSPP** was proved to be an assessment and therapeutic intervention tool in the counselling of the **ASSA.** Through this programme the **ASSA** was assisted to work through his/her ‘problem-saturated’ story to an ‘alternative/transition’ story and to live a life free from the effects of sexual abuse. The **NSPP** can be used by social workers and people in human service proffesions to work with the **ASSA**.

3. CHAPTER 2: AN EXPLORATION OF THE INDICATORS AND PSYCHO-SOCIAL IMPACT OF SEXUAL ABUSE DURING ADOLESCENCE

3.1 SUMMARY

In this chapter sexual abuse was explored and described as well as the psycho-social impact of sexual abuse on adolescents by means of a literature study. Sexual abuse is a topic that has attracted a great deal of attention, though many parents and professionals continue to have difficulty addressing this issue. Alarming statistics indicated the need to deal openly with the sexual abuse of our children, and also to establish preventative programmes.

Adolescence is recognized as a particularly stressful period of development in which physical, social and intellectual transformation, adjustment and challenges of changing family and relationships must all be coped with simultaneously. Coupled with sexual abuse this transition is not only made more difficult, but often associated with numerous mental health, behavioural and emotional consequences (Geldard and Geldard, 2005:4). In order to gain applicable information, a thorough literature study was done where the adolescent's developmental changes such as the biological, cognitive, psychological, social and moral and spiritual changes were investigated. The physical, behavioural and emotional indicators of sexual abuse amongst adolescents were discussed. Emphasis was placed on the psycho-social impact of sexual abuse on adolescent survivors.

3.2 CONCLUSIONS

- This chapter proved that adolescents are one of the groups worst affected by sexual abuse.
- Many adolescents who experienced sexual abuse suffer negative developmental outcomes.
- Sexual abuse has detrimental effects on the emotional development of the adolescent.

- Complex trauma such as sexual abuse may lead to destructive behaviour.
- Sexual abuse hinders normal social growth and healthy sexual development.
- Therapeutic intervention is a necessary and much needed component for **ASSA.**

3.3 RECOMMENDATIONS

- Taking into consideration the physical, emotional, behavioural and psycho-social impact of sexual abuse, more therapeutic social intervention programmes should be developed to support these **ASSA.**

4. CHAPTER 3: NARRATIVE SAND PLAY WITH ADOLESCENT SURVIVORS OF SEXUAL ABUSE

4.1 SUMMARY

The researcher decided to use narrative therapy and sand play as a combined approach to address adolescent survivors of sexual abuse (**ASSA**) after a lot of reading was done on these approaches. The researcher developed an interest in both these approaches as they seemed to be effective in dealing with trauma such as sexual abuse. People interpret their experiences through narratives or stories to give meaning to these experiences (Morris, 2006:4). Sand play as a play therapy technique were chosen as play therapy technique where these children could tell their sexual abuse stories through play as medium and thus have the opportunity to construct a new self narrative. This chapter consisted out of a discussion of both of these techniques, including the following:

- Introduction
- Background
- Terminology
- Principles and philosophy underlying the techniques (narrative and sand play)
- The process
- Advantages and disadvantages of the techniques (narrative and sand play)
- The technique and sexual abuse

The chapter was concluded by focusing on the integration of narrative therapy and sand play. Through storytelling the adolescent can achieve a sense of wholeness or integration with the assistance of the therapist. The imaginary world (through sand play) of adolescents makes it easy for them to engage in storytelling and to make unconscious connections between their stories and their lives (Landreth, 2002:529). The integration of narrative therapy and sand play calls for a stage-like process. The stages were discussed thoroughly.

4.2 CONCLUSIONS

- The prototype of the **NSPP** can give adolescents the opportunity to create meaning from their experience of sexual abuse through the use of narratives.
- Sand play makes it easier to engage in the storytelling and helps with self-expression.
- The **NSPP** also helps to give the client a sense of control and with the externalizing of the problem.

4.3 RECOMMENDATIONS

- This approach can be used in healing, teaching and simply encouraging interest in therapy by adopting the client's story to a therapeutic, educative and counselling outcome.

5. CHAPTER 4: THE PILOT STUDY

5.1 SUMMARY

This chapter consisted of the pilot study. The pilot study conducted by the researcher included input and evaluation from professionals/social workers and then the actual process with the **ASSA.** The researcher started the pilot study with a short workshop with these social workers. These social workers were representative of different organizations in the Gauteng area. The contents of the workshop were discussed thoroughly in this chapter. The proposed **NSPP** were presented for their input, critique and evaluation. The population for the actual **NSPP** consisted of two (2) **ASSA** between

the ages of 12-16 years. Both the participants were females. Information was obtained through a Concurrent Triangulation approach where the researcher collected both quantitative and qualitative data concurrently.

Quantitative data were collected through the following measuring instruments:

- Adolescent Sexual Behaviour Checklist: **Parent Report** (Friedrich, 2002) Addendum 1.
- Adolescent Sexual Behaviour Checklist**: Self Report** (Friedrich, 2002) Addendum 2.
- Adolescent Dissociation Checklist (Putnam et al., 1993) Addendum 3.
- Safety and Suicide Checklist (CATTS, s.n.) Addendum 4.

These questionnaires identified the sexual behaviour and psychological impact of sexual abuse on the adolescent and were completed before and after intervention. Data as found during this study will be summarized according to the questionnaires.

5.1.1 Adolescent Sexual Behaviour Checklist: Parent and Self Report

These reports indicated the following sexual behaviour as result of the sexual abuse and as discussed in this chapter (Also see illustrations 16 and 20):

- Knowing more about sex
- Flirting behaviour
- Dresses modestly
- Problems with sexual orientation
- Unprotected sex
- Sexually transmitted diseases
- Been physically and emotionally abused
- Uncomfortable with people making jokes of sexual nature
- Uncomfortable with own body
- Afraid of males

- Unhappy with looks
- Interested in movies of sexual nature
- Used by others sexually
- No friends of opposite sex.

During post-testing some of these indicators were no longer present, such as any friends with the opposite sex, having sex without protection, fear for males and flirting. With both participants there was an improvement on the self-image.

5.1.2 Dissociation Checklist

The use of the dissociation checklist was described in this chapter under 3.2.1. One participant revealed signs of possible dissociation. Some of the indicators of dissociation as measured through the use of this questionnaire are as follow:

- Having strong feelings that don't seem to be hers
- If she is somewhere where she does not want to be, she can go away in her mind
- Does not recognize herself in the mirror
- Having thoughts that do not belong to her
- She can make physical pain go away
- Doing things wrong even if she does not want to
- People tell her she acts differently and seems like a different person
- Feels that there are walls inside her mind
- Pieces of the past are missing
- Feels that there are people inside of her
- Find herself doing something and she does not know why
- Find herself in places and does not remember how she got there
- Get so wrapped in watching TV and playing games that she has no idea of what is going on around her
- Can do something really well at one time and not at all another time
- Time goes by and she cannot remember what has happened.

The participant who showed signs of dissociation indicated improvement during the post-testing as her scored lowered from 5.5 to 3.6.

5.1.3 Safety and Suicide checklist

As there is a relation between sexual abuse and suicidal behaviour this questionnaire was utilized to measure possible suicide risks with the participants. The use of the safety and suicide checklist was described under 3.2.1. One participant revealed to be a suicide risk. The following indicators of suicide can be summarized as follow:

- Impulses of harming him-/herself
- Being in unsafe situations
- Feels overwhelmed by thoughts, memories, feelings
- Feels threatened
- Attempted suicide
- Has been victimized
- Feel chronically depressed
- Firearm or potential weapon in residence
- Has been victimized.

During the post-testing almost none of these indicators were present.

Qualitative data was obtained through the implementation of the **NSPP** with the two (2) participants. The themes that emerged during this process were the:

- Psycho-social impact of sexual abuse during adolescence and
- The influence and contribution of the **NSPP** for **ASSA.**

These themes with subthemes and categories were thoroughly discussed in Chapter 6. After the prototype of the **NSPP** was completed post-testing with the above mentioned questionnaires was implemented.

5.2 CONCLUSIONS

- During the pilot study the social workers indicated that a combination of narratives and sand play would be an addition to their skills as they use other methods of therapeutic intervention.
- The measurement instruments which were used during pre- and post-testing gave an indication of the effects of sexual abuse on the adolescent as well as the influence of the **NSPP.**

- The pilot study was experienced as an effective structure to direct the research towards the development of a **NSPP** for **ASSA.** The aim of the study was met.
- The pilot study was the basis of the study, supplying the necessary theoretical background and research strategy, and directed the research towards the development of a social work intervention programme for **ASSA.**
- The population was not necessarily representative, but while working with the **ASSA,** no adolescent males available at the organization who had been referred for therapeutic intervention.

5.3 RECOMMENDATIONS

- More social intervention programmes should be developed for survivors of sexual abuse.
- Because the **NSPP** as an intervention tool is fairly unknown in South Africa, further research on the application of this approach can be conducted.

6. CHAPTER 5: THE SUGGESTED NSPP

6.1 SUMMARY

This chapter involved putting the theoretical background that was described in this study into action by compiling a **NSPP** for **ASSA.** The suggested programme was referred to as the narrative sand play process **(NSPP)** as both narratives and sand play were used as techniques during the therapeutic intervention. The researcher developed a semi-structured interview schedule which could assist her and other social workers in dealing

with **ASSA** by using narratives and sand play. This questionnaire consisted out off all the questions that could help the **ASSA** to tell his/her story and to work through the 'problem-saturated' sand tray and to develop a "transition sand tray." This questionnaire was also summarized in this chapter.

The programme consisted out of 10-15 sessions. During the first two sessions the researcher focused on building a relationship with the **ASSA,** pre-testing with the use of the mentioned measuring instruments and an assessment. From the third session the **ASSA** started with the building of sand stories. During the last two sessions the researcher summarized and did a thorough evaluation of all the sand tray sessions. The last session also had the purpose of post- testing.

A detailed discussion of the prototype of the **NSPP** was incorporated in this chapter. The effectiveness of the prototype of the **NSPP** was evaluated in Chapter 6 and conclusions and recommendations will be presented when this chapter is summarized.

6.2 CONCLUSIONS

- Utilizing narratives and sand play as techniques can be useful in therapeutic intervention with **ASSA.**
- The prototype of the **NSPP** was presented in a comprehensive, yet handy and practical format.
- Other play therapy techniques can be useful in conjunction with the prototype of the **NSPP.** One participant made use of poems to help her to tell her stories.
- The programme was developed to give attention to the needs of **ASSA,** but also made it possible to deal with other life issues related to sexual abuse.

6.3 RECOMMENDATIONS

- The prototype of the **NSPP** can be incorporated into existing therapeutic intervention programmes for survivors of sexual abuse.
- Compiling a programme from a specific theoretical point of view, made the programme more scientific and structured.

- The comprehensive guide of questions that can be utilized during the utilization of the **NSPP** should be accessible for social workers in general.
- The prototype of the **NSPP** can be utilized with sexual abuse survivors of any age.

7. CHAPTER 6: DATA-ANALYSIS AND EVALUATION OF THE NSPP

7.1 SUMMARY

The focus of this chapter was to evaluate the prototype of the **NSPP** with the use of narratives and sand play as techniques and to determine whether the application of this programme had any influence on the overall functioning and life of the **ASSA.**
In this chapter the contents, results and evaluation of the prototype of the **NSPP** were discussed and the effect of the programme on a client's general functioning and life were determined.

The most important question to be answered was whether the prototype of the **NSPP** achieved its goals and objectives. This question was answered by the development and implementation of the programme.

Information gathered from pre- and post testing with qualitative instruments of all **ASSA** and the sand play sessions supplied valuable data on the needs, emotions, problems related to sexual abuse, and the dreams and hopes of the **ASSA.** Although the central themes often included sexual abuse related issues, other issues were discussed and **ASSA** were guided to learn life skills and coping mechanisms.

The **ASSA** evaluation of the prototype of the **NSPP** was positive and they particularly identified the sand play and narrative techniques as valuable. After the completion of the sessions all the participants confirmed that the prototype of the **NSPP** had empowered them to take responsibility in their lives and gave them hope for the future.

7.2 CONCLUSIONS

- The programme was evaluated by both quantitative and qualitative measurements, to determine the effectiveness of the programme.
- The general progress towards some improvement in overall functioning of the **ASSA** was increased by the prototype of the **NSPP**.
- Narratives and sand play as techniques supplied the **ASSA** with tools to self-discover, problem-solving, self-disclosure and resolving of issues related to sexual abuse.
- Relationship and attachment challenges were identified in all the participants' sessions as an issue that needs more attention.

The overall evaluation of the **ASSA** regarding the prototype of the **NSPP** was that it was effective and contributed to positive growth.

7.3 RECOMMENDATIONS

- Attachment therapy can be combined with the **NSPP.**
- Further research should be conducted on the value of narratives and sand play as techniques in therapeutic intervention with survivors of sexual abuse.

8. RECOMMENDATIONS FOR FURTHER RESEARCH

- Narratives and sand play as techniques can be further researched for application to other social and psychological issues.
- Research can be conducted into the use of the **NSPP** for family therapy.
- Research on the application of the **NSPP** in play therapy could be useful.
- Research on the **NSPP** as a measuring instrument can contribute to meeting the need for assessment tools and measuring instruments in generic social work.
- Research can be conducted to determine the actual need for support programmes for **ASSA.**
- Existing programmes for **ASSA** can be evaluated.

9. FINAL CONCLUSION

The most important recommendations resulting from this study include the following:

- There is a need for support and therapeutic programmes for **ASSA.**
- The prototype of the **NSPP** is a practical and useful structure for social work research, supplying new and innovative programmes.
- The use of the **NSPP** could be applied more broadly in the social sciences.
- Further research on narratives and sand play as techniques should be conducted.
- Attachment therapy should be integrated in the use of the **NSPP.**

The statistics on sexual abuse in South Africa is high and many cases are unknown. There are many child survivors who are living with the consequences of sexual abuse, trying to adapt, trying to find meaning and struggling to survive. A prototype of the **NSPP** was developed during the course of this study, because the need for new programmes cannot be emphasized sufficiently.

ADDENDA

ADDENDUM 1

Adolescent Sexual Behaviour Checklist – Parent Report

Please rate your child on how frequently she or he has shown each of the behaviours below in the past 12 months. Circle the number that fits best and please answer every question. Thank you.

0 = Not True 1 = Somewhat True 2 = Very True

1.	Knows more about sex than others of his/her age	0	1	2
2.	Seems fearful to begin dating	0	1	2
3.	Makes sexual comments to his/her friends	0	1	2
4.	Is unhappy with their looks	0	1	2
5.	Wears clothing that shows off underwear or skin	0	1	2
6.	Stays away from home overnight without permission	0	1	2
7.	Spends a lot of time in front of the mirror	0	1	2
8.	Flirts with other teens or adults	0	1	2
9.	Prefers to socialize with people of the opposite sex	0	1	2
10.	Masturbates	0	1	2
11.	Stands too close to others	0	1	2
12.	Seems completely uninterested in the opposite sex	0	1	2
13.	Quickly become sexual in relationships	0	1	2
14.	Dresses modestly	0	1	2
15.	Interested in TV, movies, or videos with sexual content	0	1	2
16.	Pushes others into having sex	0	1	2
17.	Has many boyfriends or girlfriends	0	1	2
18.	Makes sexual comments to adults	0	1	2
19.	Shows off their skin or body parts	0	1	2
20.	Talks about sexual behaviours	0	1	2
21.	Wishes he/she were of the opposite sex	0	1	2
22.	Has had unprotected sex	0	1	2
23.	Gets used sexually by others	0	1	2
24.	Has no friends of the opposite sex	0	1	2
25.	Describes self as gay, lesbian, or bisexual	0	1	2
26.	Runs away from home to unsafe places	0	1	2
27.	Is afraid of males	0	1	2
28.	Seems uncomfortable with his/her own body	0	1	2
29.	Uncomfortable when people talk or joke about sex	0	1	2
30.	Has been involved in prostitution	0	1	2

31. Does not like to shower or to bath	0	1	2
32. Is very interested in the opposite sex	0	1	2
33. Your are worried about his/her sexual behaviour	0	1	2
34. Is concerned about looking just right	0	1	2
35. Owns pornography	0	1	2
36. Is not shy about undressing	0	1	2
37. Has been caught in a sexual act	0	1	2
38. Says he/she have been sexually abused	0	1	2
39. Has been accused of sexually abusing another person	0	1	2
40. Is afraid of females	0	1	2
41. Uses phone sex lines or computer sex chat rooms	0	1	2
42. Has had a sexually transmitted disease	0	1	2
43. Has been pregnant	0	1	2
44. Peeps into windows or tries to see others in the bathroom	0	1	2
45. Seeks information about sex from adults that I trust	0	1	2

46. How many sexual partners, including current partner(s), has your child had? (Circle in the grid below)

0	1	2	3	4	5
None	One	Two	Three or four	Five or six	Seven or more

47. Do you believe that your child has been sexually abused? (been exposed to, touched, or fondled against your will)

0	1	2	3	4
Not likely	Possible	Probably	Very likely	Definitely

48. Do you believe that your child has been emotionally abused? (criticized, put down, ridiculed)

0	1	2	3	4
Not likely	Possible	Probably	Very likely	Definitely

49. Do you believe that your child has been physically abused? (hit hard, kicked, or punched by an adult)

0	1	2	3	4
Not likely	Possible	Probably	Very likely	Definitely

50. Do you think your child's sexual experiences are about the same as other kids ?

0	1	2	3	4
Not likely	Possible	Probably	Very likely	Definitely

51. Please add any other comments you would like to about your child related to the above:

_____
_____
_____

ADDENDUM 2

Adolescent Sexual Behaviour Checklist – Self Report

Please rate yourself on how frequently you have shown each of the behaviours below in the past 12 months. Circle the number that fits best and please answer every question. Thank you.

0 = Not True 1 = Somewhat True 2 = Very True

1.	I know more about sex than others my age	0	1	2
2.	I am fearful to begin dating	0	1	2
3.	I make sexual comments to my friends	0	1	2
4.	I am unhappy with my looks	0	1	2
5.	I wear clothing that shows off my underwear or skin	0	1	2
6.	I stay away from home overnight without permission	0	1	2
7.	I spend a lot of time in front of the mirror	0	1	2
8.	I flirt with other teens or adults	0	1	2
9.	I prefer to socialize with people of the opposite sex	0	1	2
10.	I masturbate	0	1	2
11.	I stand too close to others	0	1	2
12.	I am completely uninterested in the opposite sex	0	1	2
13.	I quickly become sexual in relationships	0	1	2
14.	I dress modestly	0	1	2
15.	Interested in TV, movies, or videos with sexual content	0	1	2
16.	I push others into having sex with me	0	1	2
17.	I have many boyfriends or girlfriends	0	1	2
18.	I make sexual comments to adults	0	1	2
19.	I show off my skin or body parts	0	1	2
20.	I talk about sexual behaviours	0	1	2
21.	I wish I were of the opposite sex	0	1	2
22.	I have had unprotected sex	0	1	2
23.	I get used sexually by others	0	1	2
24.	I have no friends of the opposite sex	0	1	2
25.	I am gay, lesbian, or bisexual	0	1	2
26.	I run away from home to unsafe places	0	1	2
27.	I am afraid of males	0	1	2
28.	I am uncomfortable with my own body	0	1	2
29.	I am uncomfortable when people talk or joke about sex	0	1	2
30.	I have been involved in prostitution	0	1	2
31.	I do not like to shower or to bath	0	1	2
32.	I am very interested in the opposite sex	0	1	2

33. Others are worried about my sexual behaviour	0	1	2
34. I am concerned about looking just right	0	1	2
35. I own pornography	0	1	2
36. I am not shy about undressing	0	1	2
37. I have been caught in a sexual act	0	1	2
38. I have been sexually abused	0	1	2
39. I have been accused of sexually abusing another person	0	1	2
40. I am afraid of females	0	1	2
41. I use phone sex lines or computer sex chat rooms	0	1	2
42. I have had a sexually transmitted disease	0	1	2
43. I have been pregnant	0	1	2
44. I peep into windows or try to see others in the bathroom	0	1	2
45. I seek information about sex from adults that I trust	0	1	2

46. How many sexual partners, including current partner(s), have you had? (Circle in the grid below)

0	1	2	3	4	5
None	One	Two	Three or four	Five or six	Seven or more

47. Have you been sexually abused? (been exposed to, touched, or fondled against your will)

0	1	2	3	4
Not likely	Possible	Probably	Very likely	Definitely

48. Have you been emotionally abused? (criticized, put down, ridiculed)

0	1	2	3	4
Not likely	Possible	Probably	Very likely	Definitely

49. Have you been physically abused? (hit hard, kicked, or punched by an adult)

0	1	2	3	4
Not likely	Possible	Probably	Very likely	Definitely

50. Do you think your sexual experiences are about the same as other kids of your age?

0	1	2	3	4
Not likely	Possible	Probably	Very likely	Definitely

51. Please add any other comments you would like to about yourself related to the above:

_____
_____
_____

ADDENDUM 3

ADOLESCENT DISSOCIATION CHECKLIST

Directions

These questions ask about different kinds of experiences that happen to people. For each question, circle the number that tells how much that experience happens to you. Circle a "0" if it never happens to you, circle a "10" if it is always happening to you. If it happens sometimes but not all of the time, circle a number between 1 and 9 that best describes how often it happens to you. When you answer, only tell how many these things happen when you **HAVE NOT** had any alcohol or drugs.

EXAMPLE:
0 1 2 3 4 5 6 7 8 9 10

ID _____ **Age** _____ **Grade** _____ **Sex** _____ **Date** _____

1. I get so wrapped up in watching TV, reading, or playing video games that I don't have any idea what's going on around me.

0 1 2 3 4 5 6 7 8 9 10

2. I get back tests or homework that I don't remember doing.

0 1 2 3 4 5 6 7 8 9 10

3. I have strong feelings that don't seem like they are mine.

0 1 2 3 4 5 6 7 8 9 10

4. I can do something really well one time and then I can't do it at all another time.

0 1 2 3 4 5 6 7 8 9 10

5. People tell me I do or say things that I don't remember doing or saying

0 1 2 3 4 5 6 7 8 9 10

6. I feel like I'm in a fog or spaced out and things around me seem unreal.

0 1 2 3 4 5 6 7 8 9 10

7. I get confused about whether I have done something or only thought about doing it.

0 1 2 3 4 5 6 7 8 9 10

8. I look at the clock and realise that time has gone by and I can't remember what has happened.

0 1 2 3 4 5 6 7 8 9 10

9. I hear voices in my head that are not mine.

0 1 2 3 4 5 6 7 8 9 10

10. When I am somewhere that I don't want to be, I can go away in my mind.

0 1 2 3 4 5 6 7 8 9 10

11. I am so good at lying and acting that I believe myself.

0 1 2 3 4 5 6 7 8 9 10

12. I catch myself "waking up" in the middle of doing something.

0 1 2 3 4 5 6 7 8 9 10

13. I don't recognise myself in the mirror.

0 1 2 3 4 5 6 7 8 9 10

14. I find myself going somewhere or doing something and I don't know why.

0 1 2 3 4 5 6 7 8 9 10

15. I find myself someplace and don't remember how I got there.

0 1 2 3 4 5 6 7 8 9 10

16. I have thoughts that don't really seem to belong to me.

0 1 2 3 4 5 6 7 8 9 10

17. I find that I can make physical pain go away.

0 1 2 3 4 5 6 7 8 9 10

18. I can't figure out if things really happened or if I only dreamed or thought about them.

0 1 2 3 4 5 6 7 8 9 10

19. I find myself doing something that I know is wrong, even when I really don't want to do it.

0 1 2 3 4 5 6 7 8 9 10

20. People tell me that I sometimes act so differently that I seem like a different person

0 1 2 3 4 5 6 7 8 9 10

21. It feels like there are walls inside of my mind.

0 1 2 3 4 5 6 7 8 9 10

22. I find writings, drawings or letters that I must have done but I can't remember doing.

0 1 2 3 4 5 6 7 8 9 10

23. Something inside of me seems to make me do things that I don't want to do.

0 1 2 3 4 5 6 7 8 9 10

24. I find that I can't tell whether I am just remembering something or if it is actually happening to me.

0 1 2 3 4 5 6 7 8 9 10

25. I find myself standing outside of my body, watching myself as if I were another person.

0 1 2 3 4 5 6 7 8 9 10

26. My relationships with my family and friends change suddenly and I don't know why.

0 1 2 3 4 5 6 7 8 9 10

27. I feel like my past is a puzzle and some of the pieces are missing.

0 1 2 3 4 5 6 7 8 9 10

28. I get so wrapped up in my toys or stuffed animals that they seem alive.

0 1 2 3 4 5 6 7 8 9 10

29. I feel like there are different people inside of me.

0 1 2 3 4 5 6 7 8 9 10

30. My body feels as if it doesn't belong to me.

0 1 2 3 4 5 6 7 8 9 10

ASSESSMENT INSTRUMENTS
DISSOCIATION

The Adolescent Dissociative Experiences Scale
This instrument is in a preliminary stage of validation. Initial results show that a score of 4.8 is the mean for dissociative adolescents with a standard deviation of 1.1. The authors suggest a score above 3.7 would warrant further evaluation for a dissociative disorder diagnosis.

Putman, F.W., Helmers, K and Tricket, P.K (1993). Development, reliability and validity of a child dissociation scale. *Child Abuse & Neglect, 17, 731-741.*

ADDENDUM 4

SAFETY CHECKLIST

Check “Yes” or “No” to answer each question:

1. Do you have impulses to harm yourself? **Y___N___**
2. Do you find yourself in unsafe situations? **Y___N___**
3. Do you easily feel overwhelmed by feelings, thoughts, memories or sensations? **Y___N___**
4. Do you currently feel threatened by someone else close to you? **Y___N___**
5. Have you ever attempted suicide? **Y___N___**
6. Have you ever “lost time” or lost sense of being yourself? **Y___N___**
7. Do you use alcohol or drugs to excess? **Y___N___**
8. Is there a firearm or other potentially dangerous weapon at your residence? **Y___N___**
9. Have you been victimized by someone within the past three years? **Y___N___**
10. Is someone close to you involved in illegal activities? **Y___N___**

SCORING: If you checked “YES” to more than three questions, your current risk level is HIGH.

SUICIDE/HARMFUL BEHAVIOUR CHECKLIST

Check “Yes” or “No” to answer each question.

1. Do you feel chronically depressed? **Y___N___**
2. Do you have recurring thoughts of killing yourself? **Y___N___**
3. Do you have a specific plan to kill yourself? **Y___N___**
4. Have you acquired the means to kill yourself, such as a supply of pills or a gun? **Y___N___**
5. Do you intend to carry out this plan to kill yourself within a specific time frame? **Y___N___**
6. Do you have thoughts of actually killing or harming others? **Y___N___**
7. If yes, have you made specific plans or arrangements for this to occur? **Y___N___**

SCORING: If you answered “YES” to ANY of the above questions, your suicide/harmful behaviour risk level is HIGH.

ADDENDUM 5

Ethical Approval

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

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Ethics Committee
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2009-09-05

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title Social work intervention with adolescents who have been exposed to sexual abuse: a narrative approach.

Student working on this project: Anri Gretha Adlem

Ethics number: N W U - 0 0 0 2 9 - 0 9 - A 1

Approval date: 25 August 2009 **Expiry date**: 24 August 2014

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- *The project leader (principle investigator) must report in the prescribed format to the NWU-EC:*
  - *annually (or as otherwise requested) on the progress of the project,*
  - *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.*
- *The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*
- *The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.*
- *In the interest of ethical responsibility the NWU-EC retains the right to:*
  - *request access to any information or data at any time during the course or after completion of the project;*
  - *withdraw or postpone approval if:*
    - *any unethical principles or practices of the project are revealed or suspected,*
    - *it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,*
    - *the required annual report and reporting of adverse events was not done timely and accurately,*
    - *new institutional rules, national legislation or international conventions deem it necessary.*

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof MMJ Lowes
(chair NWU Ethics Committee)

Prof HH Vorster
(Chairman: NWU Ethics Committee: Author)

ADDENDUM 6

Permission from organization to implement research

2009/05/18

FOR ATTENTION: POTCHEFSTROOM UNIVERSITY

Dear Sir/Madam

Re: Permission to conduct study within the Johannesburg Child Welfare Society (CATTS)

Hereby, I ..Aileen Langley...., gives permission that, ..Anri Adlem....., may carry out her study regarding the development of a narrative social work intervention programme for adolescent survivors of sexual abuse, within the Johannesburg Child Welfare Society (CATTS) as explained in her letter.

Signature: ..... Date: ..18-05-2009.....

Position: Assistant Director

Postal address: PO Box 62606, Marshalltown, 2107. **Address:** 1st Floor, Edura House, 41 Fox Street, Johannesburg. **Tel:** 011 298 8500. **Fax:** 011 298 8590.
Email: director@jhbchildwelfare.org.za **Website:** www.jhbchildwelfare.org.za
Patrons: Justice Zukisa Tshiqi (JCW), Justice Edwin Cameron (JCW), Basetsana Kumalo (JCW), Nompumelelo Maduna (JCW), Gerry Elsdon (Othandweni)
Registered in terms of the Non-Profit Organisations Act 71 of 1997 - Registration No.: 000-566 & Section 18A of Income Tax Act 58 of 1962

ADDENDUM 7

CONSENT TO BE A RESEARCH PARTICIPANT

Dear Participant,

The researcher is a qualified social worker and is currently busy with her PhD in Social Work at the North-West University in Potchefstroom conducting research on the development of an **NSPP** for adolescent survivors of sexual abuse. To develop the mentioned programme the researcher focuses on an investigation into the needs of adolescent survivors of sexual abuse regarding support and social work intervention.

The participation in the project will include the following:

- The adolescent will be involved in about 2-4 assessment sessions of about 1 hour per session whereby the impact and the problem of sexual abuse will be explored through questionnaires, sand play techniques and storytelling.
- After the assessment has been completed the adolescent will be involved in therapy sessions. There will be approximately 6-8 sessions of about 1, 5 hours per session. The researcher will again use sand play as a method whereby the adolescent will make use of symbols to create new stories that are identified by him/her to break from the influence of the sexual abuse he/she is facing.
- When the therapy process has been completed the adolescent will again complete the same questionnaires as in the assessment sessions to evaluate the change and progress of the adolescent.

Participation in the project may include some risks. The completion of the questionnaires can be time consuming and some of the information which is expected from the adolescent may be difficult to share. If the participant is willing to participate in the project the following aspects must be taken into consideration:

- With the participation in the project the adolescent will have the opportunity to deal with the aspect of sexual abuse.

- With the participation in the project the adolescent will add value to the purpose of the research.
- The adolescent will be involved in the project for at least 8-10 weeks.
- It will be expected that the adolescent will share sensitive information with the researcher.

The researcher will handle all information with high confidentiality. Information will be audio taped for the purposes of transcription for the research study. Only the researcher and her study leader will have access to this information. After the completion of the project the tapes will be confiscated. Participation in the project is completely voluntary. The adolescent may withdraw from the project at any time without providing reasons and without discrimination.

Hereby I,.....(adolescent) and I ..... (parent/legal guardian of the child) declare that the above mentioned information was clarified to me and that I understand the full content of the project.

Hereby I, ...(adolescent) voluntarily commit myself to participation in the project as explained above.

I,.....(full names) parent or legal guardian of ....., (name of child) hereby give my permission that he/she may participate in this project and I also indemnify the therapist or North-West University, Potchefstroom, against any liability which may arise during the course of the project.

Signature of Adolescent: _____ Date: _____

Signature of Parent/Legal Guardian: _____Date: _____

Signature Researcher: _____Date: _____

ADDENDUM 8

GUIDELINE FOR SAND TRAY QUESTIONS

We will not ask the exact questions which are given as examples, but the questions will be in response to moment-by-moment shifts in the conversation, and you will not always follow the idealised structures that are offered.

TYPES OF QUESTIONS

WHO

- Who is this?
- Who else is also here?
- Who knows what is happening here?
- Who is using...?
- Who is looking after...?
- Who are the friends/supporters?

WHAT

- What is this?
- What is happening here?
- What is this one saying?
- What is he doing?
- What is going to happen?
- What makes them feel happy/unhappy?
- What else is happening? / Is there anything else happening?
- What supports it?

HOW

- How does it happen?
- How do they feel?
- How do they live?
- How does he survive?
- How do you feel about...?

WHERE

- Where is he coming from?
- Where is he going?
- Where did this happen?
- Where is his mother/father/family?
- Where on your body is it happening?
- Where in your body do you feel it?

WHEN

- When is this happening/ did it happen?
- When are you feeling like this/feeling different?

EXAMPLES OF THESE QUESTIONS

- Tell me a story about this world.
- What is happening here?
- What are these objects? (Explain the role of each object)
- What are the objects doing?
- What are the objects saying?
- How do the objects live?
- Who supports them?
- Who is looking after the object?
- How do the objects feel?
- How do you feel about each object?
- Is there any object that can represent yourself?
- Is there a figure that reminds you of the problem?

POLARITIES

- What will happen if you take ... away? How does A/B feel?
- What will happen if you add something?
- What is the same between A and B?

- What is the difference between A and B?
- What is the reason that A feels like this and B like this?
- What is happening with A and what is happening with B?
- Why is A doing this and B doing this?
- What is A saying to B?
- What is happening in the area between A and B?

EXTERNALISING THE PROBLEM

It is important that the client remembers that the client is not the problem, but that the problem is the problem.

The therapist can ask the client to make a sand tray of the problem and to give the problem a name.

- What conclusion have you drawn, because of this problem or what is the problem telling you about yourself?
- What behaviours have you found yourself resorting to in relationship to the situation described?
- What feelings does this situation encourage?
- What is the problem telling you?
- In what tone of voice is the problem speaking to you?
- How does the problem work? Do you know that the problem is coming? Are there any signs of the problem coming?
- How long does the problem continue?
- What words would you use to describe your relationship with the problem?
- What gets in the way of developing the kind of relationship you would like to have with the problem?
- What type of relationship would you like to have with the problem?

FURTHER EXPLORATION AND PERSONIFICATION OF THE PROBLEM/DEFINING PROBLEM

The therapist will explore as much as possible.

- How are you living with the problem?

- What are the problem's tricks?
- How does the problem operate?
- How does the problem speak? In what tone of voice? How do you feel when:
    - It speaks like that?
    - What are the intentions of the problem?
    - What does the problem believe?
    - What are its plans?
    - What does it like or dislike?
    - What are its rules?
    - What does it want to reach/purposes?
    - What are the problem's desires?
    - What are its motives?
    - What are the problem's techniques? How does it work?
    - What are the problem's dreams?
    - Who is helping and supporting the problem?
    - What is the problem's deceits or lies?
    - What would you say about the nature and character of the problem?
    - What feelings does it leave with you?

EFFECTS OR RESULTS OF THE PROBLEM

The therapist again focuses on the problem. The client can be asked to make a sand tray of the problem.

- How has the problem affected you?
- What has it persuaded other people to think or say about you?
- How does it convince them of these things?
- How does it get you to think about yourself?
- How does it want you to respond? (ability to have fun, future, schoolwork and friends).

- How does it make you forget what is really important to you?
- How does it get in the way of fun?
- Does it prevent you from trusting others?
- How does it prevent you from trusting others?

A useful checklist to use in mapping effects of the externalised problem is to think in terms of *length, breadth and depth.*

Length – history of the problem

- How long has the problem been around?
- When was the first time it happened?
- What do you remember about the time before the problem came into your life?
- How did the problem come into your life?
- Who or what helped the problem to come into your life?
- When would you say the problem was the strongest in your life?
- When would you say the problem was the weakest in your life?
- Who did you tell about the problem?
- What did you tell ... about the problem?
- What impact or influence has the problem now on your life?

Breadth – extent of the problem

- How widely has this problem spread its effects in your life?
- Does it stay at home or does it go with you to school/other places?
- Does it affect your feelings about you sometimes, all the time?
- How does it influence your relationship with your friends?
- How does your problem influence your relationship with your parents?
- How does the problem influence your relationship with adults or teachers?
- Has it got you closer or further?
- How does the problem influence your schoolwork?

- How does the problem influence your social life?
- How does the problem influence your physical health?
- How does the problem influence your everyday life?
- How does it influence your habits, achievements, sports, feelings, self-concept etc?

Depth – intensity of the effects of the problem

- How deeply has the problem affected you?
- How heavily does it weigh on you?
- How does it influence your spirit?
- How does it influence your thoughts and feelings?
- Does the intensity of the problem vary? If so, when is it the hardest to handle and when is it easiest to handle?

Additional

- What story might the problem tell the client about who he is and how he arrived at the description of himself?
- What sort of future might this sexual abuse predict?
- How will the problem tell the client to see himself, others and his actions in such?
- How will the problem tell the client to act towards himself and others?
- What will the problem tell the client about his abilities and qualities?

EVALUATING THE EFFECTS OF THE PROBLEM

Evaluating the operations and activities of the problem and the principal effect on the client's life.

For each effect you evaluate it according to the following questions.

- What is that like for you? What is your experience of this?
- How are these developments for you? (Positive or negative)
- Is that a good or a bad thing?
- Does this please you or not? Are these activities ok with you?
- What is your experience of that? (Positive or negative)

- Is that something you would like more or less of?
- What is this like for you and your family?
- I've got a clearer picture on what the problem has been up to. How does it make you feel? What are its plans? What are its demands from you?

JUSTIFYING THE EVALUATION

- Why do you see it like that?
- Why do you feel ... about the development?
- What makes it ok/or not?
- What story about your history might you share to throw some light on why you feel ... about this development?
- Can you tell me a story to understand why the problem's plans aren't ok for you?

INTERRELATIONSHIPS (OTHER BEHAVIOURS)

- Are there other problems that the problem teams up with?
- What does this idea have you doing?
- What ideas, habits and feelings feed the problem?
- If we look at the influences/effects of this problem, does it match your hopes for the future?
- How does the problem worm its way into your life?
- What does the voice of the problem whisper in your ear? How does it manage to be convincing?

OPEN SPACE QUESTIONS TO CONSTRUCT UNIQUE OUTCOMES

- Has there ever been a time that the problem could have taken control, but it didn't?
- Was there a point in which, ever for a moment you felt hopeful regardless of the problem?

ALTERNATIVE STORY

According to Windslade and Monk (2007:61-62) the following procedure can be followed for the alternative story:

- Pinpoint recent actions that do not fit with the problem story.
- Ask the client how he/she achieved these actions.

- Ask about similar actions in the past.
- Inquire about the thoughts and feelings that preceded and followed these actions.
- Seek out descriptions of the qualities or values required for such actions.
- Invite the client to give the counterplot a name.
- Explore the history of the counterplot in the client's life.
- Identify a person(s) who might have noticed, appreciated, or assisted the person's actions.
- Invite speculation about the meaning of these events and of the responses of others.
- Draw connections between events.
- Ask whether the client is pleased with the alternative story and why.
- Interrupt talk that drifts back into the problem story.
- Invite the client to speculate about the direction life would take if the new story continued to develop.
- Ask about the next steps for which the person might be preparing.

Pinpoint recent actions that do not fit with the problem story

To indicate the influence of the child on the life of the problem we highlight the special qualities, knowledge and skills of the child as well as any intentions, commitments, attitudes or actions that can be construed as working against the influence of the problem. Unique qualities, such as determination, bravery or a vivid imagination, become vital to the child's quest to free himself from the confines of the problem.

Start by saying something like: You have told me that the problem causes e.g. fear, discomfort etc..., but you have also told me that it does not have an effect on... or I've heard the following good qualities about you...

- Does this mean that you are willing to stand against the problem?
- What are you doing in your life that changes the way the problem works in the scene?
- Do you want the problem to continue or stay in your life?

Ask the child now to build a world in the sand tray where: he/she shows how he/she survived until now, shows how he/she is taking back his/her lives and shows what happens when he/she is the 'boss' of the problem.

After the child created the world the following questions can be used:

QUESTIONS

THICKENING THE COUNTERPLOT

- Do you prefer to stand up against the problem alone or with someone's help?
- Who played a part in your taking back your life for yourself?
- What do you thinks the problem would rather see you do?
- What do you think the problem think now that you are standing up against him?
- What would the problem like to see happen?

Ask how the person achieved these actions

- How did you achieve these actions? (Mention the qualities, skills etc)
- What were the steps in your doing this? What did you do first? Then what?
- How did you prepare yourself to see things in a new way?
- As you look back at the accomplishment what do you think were the turning points that made this possible?
- Were there certain/particular things that you said to yourself that supported this new resolve?

Ask about similar actions in the recent past

- How is your situation different from when the problem controlled your life?
- Can you think of similar actions/situations in your life when these qualities were present in your life?
- Have you used it at other times of is this the first time?

Ask about thoughts and feelings that preceded and followed these actions

- How do you feel about the change?
- How is this different from how you felt before?

Seek out descriptions of the qualities or values required for such actions

- What does it say about you as a person that you (changed story)?

- What characteristics does it show?
- What qualities are evident to you now that you've taken the steps to put the problem out of your life?
- If your life is no longer eclipsed by the problem, what experiences will shine through again?

Invite the client to give the counterplot a name

- What would you call this project that involves.../changed life?

Explore the history of the counterplot in the client's life

Here again the therapist can explore the effects of the alternative story, evaluate the effects and justify (see above mentioned questions under the effect).

- What **effect** will these new beliefs/vision/dreams have on your relationship with your parents?
- Your school?
- Your relationship with your friends/boyfriend?
- What effect will these new beliefs/vision/dreams have on your overall functioning? Is it better/worse than before? Explain.
- How do you feel about these beliefs/vision/dreams?
- How do you find these new developments (positive/negative)? **(Evaluation)**
- Why do you see it like that? **(Justification)**
- Why do you feel like this about the developments?

Identify other audiences to the counterplot who might have noticed, appreciated, or assisted the client's actions.

The therapist must assist the client to "hold onto" or stay connected to the new alternative story and this can be done by inviting an audience to witness the alternative story.

- Who would have witnessed the change in you? / Who would be least surprised that you have changed so much?

Invite speculation about the meaning of these events and of the responses of others

- What do you think he/she would say about you as a person or the sort of qualities you have as a person? / What might they say about this?

- If he/she was here and I could ask him/her about you, what do you think he/she would tell me about these skills of yours?
- When did he/she first notice them?
- What is the person thinking?
- What led to these ideas?
- When did they first think of this?
- What did they say?
- Why did they say this?

Draw connections between events

You have told me about different times in your life where these characteristics/beliefs/values could be identified:

- How is it similar?
- What is the connection between these events/ or how do they relate?

Ask whether the young person is pleased with the alternative story

If you look at this sand tray with the alternative story:

- Are you pleased with the story?
- Explain to me why you are pleased/ or not?

Invite the client to speculate about the direction life would take if the new story continued to develop

Ask about the next steps for which the person might be preparing

- Now that you discovered these things, do you have a different vision for the future?
- What do you think you next step(s) might be?

Other

- Do you think that the problem might try to make a comeback and try to ruin your life again?
- How would you head off the pass if you saw it coming?
- How do you feel about all these new developments?

CLOSURE

Rituals and celebrations mark celebrate significant steps in the journey away from a problem story to a new preferred version of life (Morgan, 2000:111).

The client can be asked to build a last story in the sand tray where he/she portrays any "forgiveness ritual". The client will tell the story of this rituals and the therapist will only ask questions to strengthen the ritual.

In a last session the parent(s) can be invited with the child to the session where:

- The therapist and child can discuss all the sessions by looking at all the photos of the different sand trays. The meaning of this is to look at the positive change in the sand tray process.

- At this session the parent(s) will have the opportunity to listen and see changes. They can also use this opportunity to give positive inputs on how they have observed changes.

ADDENDUM 9

EVALUATION QUESIONNAIRE FOR PROFESSIONALS/SOCIAL WORKERS

A narrative approach to social work intervention with adolescents who have been exposed to sexual abuse

Questionnaire for professionals regarding their input and evaluation of the proposed programme.

Directions: Please answer the following questions as completely as possible and make recommendations.

1. Do you currently use play therapy or the sand tray with adolescent victims of sexual abuse?

   ☐ Yes ☐ No

2. Which of the following would best describe your overall approach to therapy?

   ☐ Behavioural ☐ Gestalt
   ☐ Psychoanalytical ☐ Cognitive
   ☐ Narrative ☐ Existential

If other, list here:

3. What techniques/modalities do you use with adolescent survivors of sexual abuse?

Art/Drawing	
Sand play	
Music	

Therapeutic games	
Finger painting	
Role-play	
Clay	
Anger management	
Journaling/Diary	
Physical activity	

If other, please note here:

4. Would you find the proposed programme useful in working with the adolescent survivor of sexual abuse and give a reason for your answer if possible?

5. On a scale of 1-5, with 1=ineffective and 5=very effective, how would you rate the usefulness in your opinion of the proposed programme?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Ineffective Moderately effective Very effective

6. Will you choose this technique (narrative approach together with the sand play) in working with the adolescent survivor of sexual abuse and give a reason for your answer?

7. Why will you choose to use the proposed programme or not?

8. Are there other techniques that you will recommend to use with the proposed programme?

9. What do you find inadequate about the proposed programme?

10. Is there any recommendation which you would care to make regarding the proposed programme for the adolescent survivor of sexual abuse?

Professional: _____ Organisation: _____
Date: _____
Contact Details: _____

Thank You!

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