

How Play Therapy Can Help Sexually Abused Children

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When a child has been sexually abused, play therapy is often recommended as the treatment of choice to help the child work through this traumatic experience. But what does it mean to “work through” something and how does play therapy facilitate this? Parents and caregivers are usually unfamiliar with play therapy and wonder what it has to offer their child. This article is designed to convey the therapeutic stages¹ that children undergo when a non-directive method of play therapy is used, with a focus on sexual abuse as the presenting problem. The intent is to enable parents and caregivers to make a more informed choice about whether play therapy is right for their child.

A Non-Directive Approach

Non-directive approaches to play therapy maintain that when the child is given the opportunity to play in a special environment with a therapist who is able to reflect the meaning of their play, the child will eventually be able to resolve whatever is troubling them. From this perspective, only the child knows what they need in order to heal. The therapist’s main job is therefore to follow the child’s lead.

Exploration

When the child first embarks on a course of play therapy, they usually display

¹ The Therapeutic Stages were first described by Drs. Byron and Carol Norton. See Norton & Norton (2002). *Reaching children through play therapy*. Denver: White Apple Press.

tremendous enthusiasm and excitement. Having access to an entire room full of toys, a therapist who provides them with their undivided attention and an atmosphere of unconditional acceptance is very appealing to most children. This initial period is called the Exploratory Stage, during which the child tends to handle and briefly play with a variety of toys without spending too long with any one thing.

If at the outset of therapy the child is exhibiting problem behaviors at home as a result of the abuse, such as bed-wetting or angry outbursts, these difficulties often disappear altogether during the Exploratory Stage. This is because the child is not used to someone (i.e. the therapist) being able to understand and reflect the meaning of their play. It is important for parents and caregivers to be aware that despite this initial remission, the problem behaviors will most likely come back and worsen before they get better.

Testing for Protection

The next stage of play therapy is known as Testing for Protection. During this stage, the child’s presenting problem (i.e. angry outbursts at home) will begin to worsen. In therapy, the child starts to test the limits of the playroom to find out if it is a safe environment for them to do their therapeutic work. Testing behavior can manifest in many different ways, such as throwing or stealing toys from the playroom, trying to run out of the room or trying to hurt the therapist.

During this period, it is absolutely essential that the therapist be able to set loving but firm and consistent limits with the child. Although many people believe that children who have been traumatized should not be further upset by having to respect limits and consequences, it is actually especially important to set consistent boundaries with children when their basic rights have been violated. Doing so provides them with a sense of safety and

reliability in their environment which is an important part of their healing process.

Dependency

If the therapist has succeeded in setting clear limits during the Testing for Protection Stage, the child senses that the playroom is a safe place with well-defined boundaries where they can express themselves freely and feel understood. This experience allows the child to move into the next part of the process, known as the Dependency Stage. At this time, the child begins to directly confront their traumatic experience through their play. In session, the child will spontaneously play out or reenact the sexual abuse in fantasy play. This can occur by either using toys (such as dolls or puppets) to play out the abusive scenarios, or by dramatizing the abuse with the therapist. No matter how the child plays out the abuse, it will always involve the representation of the perpetrator and of the victim, who was the child.

Over the course of the Dependency Stage, the child will usually switch back and forth from playing the victim, to playing the perpetrator many times as they come to terms with their experience. Sometimes during this stage, the child will begin to exhibit sexualized behavior toward the therapist as they relive their own abuse. In these cases, the therapist must be able to set very clear limits with the child so that they understand that sexual acting-out with another person is not acceptable. Children who have a need to express their trauma in a sexual manner will be encouraged to do so in a non-harmful way by using dolls or a large punching bag.

The Dependency Stage is thus named because it is during this stage that the child’s relationship with the therapist becomes paramount in the child’s life. The child may speak about the therapist incessantly at home. Parents and caregivers need to be prepared for

this, to know that it is temporary and that the close bond that the child has formed with the therapist is what will enable them to do the important and difficult work they need to do in order to heal.

During the Dependency Stage, the child's problematic behaviors at home continue to worsen. Parents and caregivers must be reassured at this time that this is a normal part of the therapeutic process and actually a sign that the child is truly on the way to recovery. In addition, the child often begins to exhibit regressive behavior. For example, a six-year old child may begin crawling or babbling like a baby at home, asking for a bottle, or to be held and rocked. Ironically, this regression is a further sign that the child is making progress.

When a child is working through a trauma which occurred at a certain age, they will often regress to an age prior to that at which the abuse occurred since that was the last time that they felt truly safe. When trauma occurs, the child's natural development is effectively frozen in time because of the fact that they needed every available resource to deal with the trauma. This is why many traumatized children behave much younger than their chronological age.

When regression occurs during a child's course of play therapy, parents and caregivers are therefore encouraged to allow this to happen. By meeting the child where they are, the child is able to in a sense relive the parts of their life that were taken from them by the trauma. Parents and caregivers are reminded to be especially loving toward their child and to allow these baby-like behaviors to manifest in them. Parents and caregivers can rock the child, demonstrate approval of their babbling and crawling and even give them a bottle if the child would like. When the regression is permitted and the child feels loved, they can then move on with their life and they will no longer feel the need to regress.

The Dependency Stage of therapy is stressful for all concerned, and unfortunately, there is never any way of knowing how long it will last. Certainly single-episode sexual abuse often takes less time for a child to work through than does prolonged abuse. How ever long the Dependency Stage lasts, it is important as a parent or caregiver to be patient and to trust the process.

Therapeutic Growth

Invariably at a certain point, the child's play in session begins to change. Whereas during the Dependency Stage, the child played out the trauma repeatedly without being able to resolve it, now the child begins to develop a new ending to their trauma story. During this time, known as the Therapeutic Growth Stage, the child plays out the same trauma but is now empowered to defeat their perpetrator through fantasy play and to rise above the experience. Non-directive approaches to play therapy hold that only the child knows how to resolve their own trauma and each child is allowed to discover this resolution for themselves.

The Therapeutic Growth Stage is the point at which it can be said that the child is truly healing from their trauma. However, the transition from Dependency to Therapeutic Growth is usually a very gradual process. The child may exhibit empowerment play for a few sessions, only to revert back to playing the trauma with no resolution in sight. When the child is demonstrating consistent empowerment play in session and a reduction in problem behaviors at home this means that the child has come to terms with those experiences that were previously too painful to accept. It is now time to move toward the Termination Stage.

Termination

It is important that the therapist and not the parent or caregiver be the one to tell the child that the play sessions will soon be ending, as this

represents a major transition for the child in their relationship with the therapist. The therapist gives the child plenty of preparation time, usually letting them know at least five to six sessions before the last one. This gives the child the opportunity to process in session any feelings they may have about their therapy coming to a close.

The child's relationship with the therapist is now beginning to change. Whereas during the Dependency Stage this relationship was vital to the child's well-being, as the child moves toward termination, the therapist is no longer the center of their universe. The child may even speak of being bored in the playroom. However, inside the child may doubt their ability to function without this relationship and it is not uncommon to see a minor regression in therapeutic progress as the child approaches termination. This is the child's way of saying, "I don't know if I can make it on my own." The child needs to be reassured that they can return to play therapy at any time in the future if they feel like they need to. Usually this regression is transitory and the child proceeds toward termination with increased confidence and self-esteem.

Mental Health and Well-Being

Play therapy has allowed the child to work through and resolve what was once an unspeakably painful and overwhelming experience. The child is now ready to return to life in a new way. No longer burdened by the trauma of sexual abuse, they are free to continue to engage in all of the many activities and pursuits of childhood and to continue to develop their full potential as a human being.

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