

1990

The school counselor, sexual abuse, and R.E.T.

Sharla M. Wrage
University of Northern Iowa

Let us know how access to this document benefits you

Copyright ©1990 Sharla M. Wrage

Follow this and additional works at: <https://scholarworks.uni.edu/grp>



Part of the [Education Commons](#)

Recommended Citation

Wrage, Sharla M., "The school counselor, sexual abuse, and R.E.T." (1990). *Graduate Research Papers*. 3601.

<https://scholarworks.uni.edu/grp/3601>

This Open Access Graduate Research Paper is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Graduate Research Papers by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.

Offensive Materials Statement: Materials located in UNI ScholarWorks come from a broad range of sources and time periods. Some of these materials may contain offensive stereotypes, ideas, visuals, or language.

The school counselor, sexual abuse, and R.E.T.

Abstract

One in four girls and one in ten boys are sexually molested before they are eighteen years old (Cohen & Phelps, 1985; Harrison, 1985; Kempe & Kempe, 1984). The perpetrator of sexual abuse is usually someone the child knows (Adams & Fay, 1981). The father, stepfather or long-time live in boyfriend is the perpetrator in approximately one half of the cases (Cohen & Phelps, 1985; England & Thompson, 1988; Tharinger & Vevier, 1987).

THE SCHOOL COUNSELOR, SEXUAL ABUSE AND R.E.T.

A Research Paper

Presented to

The Department of Educational Administration
and Counseling

University of Northern Iowa

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts in Education

by

Sharla M. Wrage

August 1990

This research paper by: Sharla M. Wrage

Entitled: THE SCHOOL COUNSELOR, SEXUAL ABUSE AND R.E.T.

has been approved as meeting the research paper requirement
for the Degree of Master of Arts in Education.

Ann Vernon

6-25-90
Date Approved

Adviser

Robert T. Lembke

6/26/90
Date Approved

Second Reader of Research Paper

Dale R. Jackson

6/26/90
Date Received

Head, Department of Educational
Administration and Counseling

One in four girls and one in ten boys are sexually molested before they are eighteen years old (Cohen & Phelps, 1985; Harrison, 1985; Kempe & Kempe, 1984). The perpetrator of sexual abuse is usually someone the child knows (Adams & Fay, 1981). The father, stepfather or long-time live in boyfriend is the perpetrator in approximately one half of the cases (Cohen & Phelps, 1985; England & Thompson, 1988; Tharinger & Vevier, 1987).

The school, in many cases, is the only setting outside of a child's home where there is adult contact for extended periods of time. It is important for school personnel, especially the school counselor, to be aware of the dynamics of sexual abuse (Tharinger & Vevier, 1987). The purpose of this paper is to present roles of the school counselor concerning sexual abuse, identify characteristics of sexually abused children, suggest the use of Rational Emotive Therapy (R.E.T.) as a possible treatment modality and explore specific R.E.T. treatment techniques for use with sexual abuse clients.

Role of the School Counselor

In regard to sexual abuse, the school counselor has three roles: prevention through classroom guidance, knowledge of sexual abuse indicators and an understanding of the mandatory reporting process, and involvement in the treatment process.

Prevention

School counselors play an important role in the prevention of sexual abuse (Hitchcock & Young, 1986; Vernon & Hay, 1988). Through classroom guidance, school counselors present information to everyone (Hitchcock & Young, 1986). According to Vernon and Hay (1988), a comprehensive sexual abuse prevention program should include sections about self-acceptance, feelings, body parts and touch, decision making/coping skills, assertion skills and a knowledge of possible helpers.

When the material is presented to everyone, the subject of sexual abuse becomes less secretive. Hitchcock and Young (1986) stated that an important component of a sexual abuse prevention program is explicitly informing the students that most of the time the victim will know the perpetrator (Adams & Fay, 1981; Cohen & Phelps, 1985; England & Thompson, 1988; Tharinger & Vevier, 1987).

Identification and the Reporting Process

Understanding behavioral characteristics of the sexually abused is the role of the school counselor in the area of identification. If behavioral characteristics are exhibited, the school counselor should talk with the client individually to explore the possibility of sexual abuse. If specific information is uncovered, the school counselor, as a mandatory

reporter, will need to relay suspicions to the appropriate investigative agency (Russell, 1984). Specific behavioral indicators are described in the following section.

Identification Behavioral Characteristics

Regardless of the best prevention program, the school counselor will need to be able to identify characteristics of sexual abuse. This is essential due to the high incidence of sexual abuse as reported in a previous section (Cohen & Phelps, 1985; Harrison, 1985; Kempe & Kempe, 1984). Behavioral and emotional indicators of possible sexual abuse are:

- (a) Regressive behaviors such as thumb sucking or bed wetting;
- (b) sleep problems; (c) sexual knowledge which is age-inappropriate, inappropriate sexual play, seductive behavior, sudden interest in boyfriends four to five years older, pregnancy; (d) behavior changes: overly compliant, acting out, pseudo-mature, school academic problems, trouble concentrating or focusing, and peer relations problems;
- (e) unwillingness to participate in physical activities;
- (f) arriving and/or staying late at school;
- (g) self-destructive behaviors: running away from home, self mutilation, suicidal ideation, drug use/abuse; (h) in girls, an extraordinary fear of men (Faria & Belohlavek, 1984; Orr & Downes, 1985; Rencken, 1989; Tharinger & Vevier, 1987).

The higher the frequency of behavioral or emotional indicators found in a client, the greater the likelihood of sexual abuse (Faria & Belohlavek, 1984; Orr & Downes, 1985; Rencken, 1989; Tharinger & Vevier, 1987).

R.E.T. and Long Term Treatment Issues

Sixty-two percent of the time sexual abuse cases will be investigated and closed (Holtgraves, 1986). Therefore, often only the school counselor will be involved in the treatment process in some capacity (Ivey & Ivey, 1990). The purpose of this section is to suggest ways that rational emotive therapy (R.E.T.) can be effectively used by school counselors with sexual abuse clients.

According to Faria and Belohlavek (1984) and McBride and Emerson (1989) cognitive therapy is a useful tool in correcting the thought misconceptions commonly seen in sexual abuse clients. It is the messages that victims are telling themselves which cause the emotional upset. The event of sexual abuse may contribute to disturbing emotions, but it is irrational thoughts about these events which cause the disturbing feelings or behaviors.

As a part of the therapeutic process, sexual abuse victims will need to change faulty perceptions they are holding in regard to the abuse, themselves, and how others perceive the

event (Faria & Belohlavek, 1984; McBride & Emerson, 1989; Zoints, 1983). Dysfunctional thought patterns are known in R.E.T. as irrational beliefs. There are four core irrational beliefs: shoulds and musts, awfulizing, self-downing, and low frustration tolerance (Ellis, 1977; Walen, DiGiuseppe, & Wessler, 1980).

Shoulds and Musts

Shoulds and must statements are examples of demandingness. These types of thought patterns are unrealistic demands on events, individuals, or on one's self (Ellis, 1977; Walen, DiGiuseppe, & Wessler, 1983). Guilt and anger are demandingness treatment issues of sexual abuse (Holtgraves, 1986; McBride & Emerson, 1989; Siegel & Romig, 1988). Examples of irrational guilt messages might be, "I shouldn't have looked at him that way;" "I should have said 'no'" (Ellis, 1977; Walen, DiGiuseppe, & Wessler, 1980). Empowering the client to realize it was the adult and not the child who did something wrong will be a necessary step in the treatment process.

Anger is a common emotion abuse clients will need to work through (Faria & Belohlavek, 1984; Holtgraves, 1986; McBride & Emerson, 1989; Siegel & Romig, 1988; Tharinger & Vevier, 1987). Many times the anger of the client is not directed at the perpetrator, but at the parent/s who did not

protect from or detect the abuse. To resolve the feelings of anger as a part of the treatment process, the client will direct a confrontation at the perceived source of the anger--the parent/s (Faria & Belohlavek, 1984; Holtgraves, 1986; McBride & Emerson, 1989; Rencken, 1989).

Awfulizing

This type of statement exaggerates the negative consequences of the situation and reflects the belief that there are catastrophic and terrible happenings in the world. The reality is that sexual abuse is a negative event. This will need to be acknowledged to the client. Next the client will need to be helped to see that even though sexual abuse is a negative event, it is not the end of the world (Walen, DiGiuseppe, & Wesser, 1980; Ellis, 1977).

Treatment issues for this area would be in assessing how "awful" the client thinks the situation was. This could be done by looking at some of the should statements to see if there are awfulizing statements along with it. "This shouldn't have happened, and it's just awful," would be an example of a statement which is a combination of the two (Faria & Belohlavek, 1984; Holtgraves, 1986; McBride & Emerson, 1989).

Self-downing

Self-downing statements are an evaluation of human worth. This could either be evaluating self or others (Ellis, 1977; Walen, DiGiuseppe, & Wessler, 1980). According to Porter, Blick, and Sgroi (1982); Rencken (1989) and Sgroi (1982) the damaged goods syndrome is a common treatment issue. The syndrome occurs because of the label that society and the victim many times put on the sexualization experience. A client isolation component of the syndrome may come from the client thinking that other people perceive there is "something wrong" with him/her (Roscoe, 1984). This syndrome may include further self-downing acts such as self destructive behaviors.

Low self-esteem, feelings of helplessness and poor social skills are also part of self-downing. If the abuse is not treated, survivors may put themselves within a relationship in either a one-up or one-downmanship to try and protect the emotional distance they arbitrarily deem necessary. The underlying reason for this is that the victim is putting the validation of his/her self-worth in the hands of the partner because the victim feels incapable of validating him/herself (Siegel & Romig, 1988).

Low Frustration Tolerance

Low frustration tolerance (L.F.T.) statements are arbitrary requirements for happiness or survival. Examples

of statements fitting into this section would be, "I can't stand it!" "Why did this have to happen to me?" (Rencken, 1989). Once clients understand that they would "prefer" the abuse have never happened but, nevertheless, they did survive, they will have made a major step in conquering L.F.T. (Ellis, 1977; Walen, DiGiuseppe, & Wessler, 1983).

In combining R.E.T. with the dynamics of sexual abuse consideration must be given to long term effects. One of the long term effects is a difficulty in forming trusting relationships (Orr & Downes, 1985; Rencken, 1989; Siegel & Romig, 1988; Tharinger & Vevier, 1987). A delicate balance which includes supporting the client while helping him/her successfully dispute his/her irrational beliefs about the abuse is a major part of the therapeutic process (McBride & Emerson, 1989).

R.E.T. Treatment Techniques

R.E.T. views the thought process as the most important determinant of how a client feels about an event. Irrational thoughts about the event cause the upset feelings, and by disputing the thoughts, the feelings will also change. After this groundwork is established, other R.E.T. techniques could be used (Walen, DiGiuseppe, & Wessler, 1980).

Rational Emotive Imagery (R.E.I.)

Rational emotive imagery has been cited as an effective means for treating sexual abuse victims (Siegel & Romig, 1988). According to Maultsby (1977), R.E.I. is based on a hypothesis that the imagination is as powerful as real experiences in shaping nerve patterns. Therefore, by thinking rational thoughts over and over again, the rational emotions associated with those rational thoughts will soon follow (Maultsby, 1977; McBride & Emerson, 1989; Siegel & Romig, 1988). An example of a R.E.I. exercise might be the client closing his/her eyes and picturing him/herself as the special, caring, beautiful person she/he is. This type of exercise will help change the negative self-perceptions many sexual abuse clients think about themselves.

Homework

Another widely used R.E.T. technique is homework (Beck & Shaw, 1977; Ellis, 1977; Lange, 1977; Maultsby, 1977; Shaw & Beck, 1977; Walen, DiGiuseppe, & Wessler, 1980). Homework is an important way for the client to focus on his/her healing outside of a session. Beginning with small assignments will allow the client a higher success rate. Homework might include repeating daily positive self-affirmation rational thoughts such as "I wish this would not have happened, but it did and I CAN SURVIVE;" hanging positive affirmation signs such as

"I will make today a wonderful day;" and working to challenge irrational beliefs about the abuse as they arise. Further into therapy, homework assignments could include risk taking and shame attacking exercises (McBride & Emerson, 1989; Walen, DiGiuseppe, & Wessler, 1980).

Assertiveness Training

An important component in the client's healing process will be assertiveness training. Many times, sexual abuse victims were forced to submit to the will of others. This could lead to a detrimental passive disposition which will inhibit them from standing up for themselves (McBride & Emerson, 1989). In learning assertiveness, the abuse victim will better be able to communicate personal feelings, opinions and beliefs. Assertive behavior will allow the victim to maintain "a high regard for one's own personal rights and the rights of others" (Lange, 1977, p. 293). Assertiveness training is a necessary step in the healing process for the "victim" to become a "survivor" (McBride & Emerson, 1989). A value of our society is to respect adult authority. As a child, assertiveness skills will reaffirm to the child she/he does have the right to tell an adult "NO" in regard to confusing touches (Hitchcock & Young, 1986).

Conclusion

It is unrealistic to assume that classroom guidance could prevent sexual abuse. Although this is an important role of the school counselor, other roles are equally fundamental knowledge of reporting procedures is imperative, along with understanding and identification of behavioral and emotional indicators of sexual abuse. It will be essential that the school counselor be prepared for a role in the area of treatment.

Rational Emotive Therapy was discussed as a treatment modality to be used with sexual abuse clients. Several authors (Faria & Belohlavek, 1984; McBride & Emerson, 1989) specifically cite R.E.T. in treating the dysfunctional thought patterns often seen in sexual abuse clients. By understanding the four core irrational beliefs and the long term treatment issues of sexual abuse, the counselor can empower the client using the techniques of guided imagery, homework and assertiveness training.

References

- Adams, C., & Fay, J. (1981). No more secrets. San Luis Obispo, CA: Impact.
- Beck, A. T., & Shaw, B. F. (1977) Cognitive approaches to depression. In A. Ellis & R. Grieger (Eds.), RET handbook of rational-emotive therapy: Volume 1. New York: Springer Publishing Company.
- Cohen, F. W., & Phelps, R. E. (1985). Incest markers in children's artwork. The Arts in Psychotherapy, 12, 265-283.
- Ellis, A. (1977). The basic clinical theory of rational-emotive therapy. In A. Ellis & R. Grieger (Eds.), RET handbook of rational-emotive therapy: Volume 1. New York: Springer Publishing Company.
- England, L. W., & Thompson, C. L. (1988). Counseling the sexual abuse victims: Myths and realities. Journal of Counseling and Development, 66, 370-373.
- Faria, G., & Belohlavek, N. (1984). Treating female adult survivors of childhood incest. Social Casework, 65(8), 465-471.
- Harrison, R. (1985). How you can help the abused child. Learnings, 14, 74-78.

- Hitchcock, R. A., & Young, D. (1986). Prevention of sexual assault: A curriculum for elementary school counselors. Elementary School Guidance and Counseling, 21, 201-207.
- Holtgraves, M. (1986). Help the victims of sexual abuse help themselves. Elementary School Guidance and Counseling, 21, 155-159.
- Ivey, A., & Ivey, M. B. (1990). Assessing and facilitating children's development: Development counseling and therapy in a case of child abuse. Journal of Counseling & Development, 68, 299-305.
- Kempe, R. S., & Kempe, C. H. (1984). The common secret: Sexual abuse of children and adolescents. New York, N.Y.: W. H. Freeman Company.
- Lange, A. J. (1977). Cognitive-behavioral assertion training. In A. Ellis & R. Grieger (Eds.), RET handbook of rational-emotive therapy: Volume 1. New York: Springer Publishing Company.
- Maultsby, M. C., Jr. (1977). Rational-emotive imagery. In A. Ellis & R. Grieger (Eds.), RET handbook of rational-emotive therapy: Volume 1. New York: Springer Publishing Company.
- McBride, M. C., & Emerson, S. (1989). Group work with women who were molested as children. The Journal for Specialists in Group Work, 14(1), 25-33.

- Orr, D. P., & Downes, M. C. (1985). Self-concept of adolescent sexual abuse victims. Journal of Youth and Adolescence, 14, 401-410.
- Porter, F. S., Blick, L. C., & Sgroi, S. M. (1982). Treatment of the sexually abused child. In S. M. Sgroi (Eds.), Handbook of clinical intervention in child sexual abuse (pp. 109-145). Lexington, MA: D. C. Heath and Company.
- Rencken, R. H. (1989). Intervention Strategies for Sexual Abuse, Alexandria, VA: American Association for Counseling and Development.
- Roscoe, B. (1984). Sexual abuse: The educator's role in identification and interaction with abuse victims. Education, 105(1), 82-86.
- Russell, D. (1984). Sexual exploitation, rape, child sexual abuse, and workplace harassment. Beverly Hills: Sage.
- Sgroi, S. M. (1982). Handbook of clinical intervention in child sexual abuse. Lexington, MA: Lexington Books.
- Shaw, B. F., & Beck, A. T. (1977). The treatment of depression with cognitive therapy. In A. Ellis & R. Grieger (Eds.), RET handbook of rational-emotive therapy: Volume 1. New York: Springer Publishing Company.

- Siegel, D., & Romig, C. (1988). Treatment of adult survivors of childhood sexual assault: Imagery within a systemic framework. The American Journal of Family Therapy, 16(3), 229-242.
- Siegel, D. S., & Romig, C. A. (1988). Treatment of adult survivors of childhood sexual assault: Imagery within a systemic framework. The American Journal of Family Therapy, 16(3), 229-242.
- Tharinger, D. J., & Vevier, E. (1987). Child sexual abuse: A review and intervention framework for the teacher. Journal of Research and Development in Education, 20, 12-24.
- Vernon, A., & Hay, J. (1988). A preventative approach to child sexual abuse. Elementary School Guidance and Counseling, 22, 306-312.
- Walen, S. R., DiGiuseppe, R., & Wessler, R. L. (1980). A practitioner's guide to rational-emotive therapy. New York, NY: Oxford University Press.
- Zoints, P. (1983). The Rational-Emotional Approach. The Pointer, 27(3), 13-17.