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Cover illustration:
Drawing by a five-year-old boy from Croatia entitled “Spring”.
The photos in this book were made available by SOS Children’s Villages Croatia.

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Typeset in Austria by vanillapaint.

Childhood and Trauma

Separation, Abuse, War

Edited by Elisabeth Ullmann and Werner Hilweg
SOS-Kinderdorf – Hermann-Gmeiner-Akademie

Translated by Mary Heaney Margreiter and Kira Henschel

Ashgate
Aldershot • Brookfield USA • Singapore • Sydney

First published by Vandenhoeck & Ruprecht, Göttingen, 1997

This edition published by
Ashgate Publishing Ltd
Gower House
Croft Road
Aldershot
Hants GU11 3HR
England

Ashgate Publishing Company
Old Post Road
Brookfield
Vermont 05036
USA

Ashgate website: http://www.ashgate.com

British Library Cataloguing in Publication Data
Childhood and trauma: separation, abuse, war
1. Childhood psychology 2. Children – Legal status, laws, etc.
3. Children and war 4. Traumatism
I. Ullmann, Elisabeth II. Hilweg, Werner
362.7

Library of Congress Catalog Card Number: 99-76353

ISBN 0 7546 1074 8

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Foreword

This book aims to leave its mark on you – a mark to show that in a world where the rights of children are still trampled upon, more people need to become involved in protecting children and giving them hope for a better future.

Healing the suffering and hardships of children is the primary goal of SOS Children's Village work. Since its inception in 1949, SOS Children's Villages has offered abandoned, orphaned children and adolescents worldwide a family, a permanent home and a solid foundation upon which to build a self-reliant future. Before their enrollment in an SOS Children's Village, many children suffered traumatic turns of fate. The dependable relationship with their SOS Mother and the security and safety of the SOS family provide a healing environment for these children. Many of them need additional pedagogic and therapeutic support to be able to overcome and cope with the loss, abuse and violence they have experienced.

HERMANN GMEINER, the "father" of the SOS Children's Village idea, once said: "On the day that we are able to say with conviction that all the children of this Earth are our children, that is the day that peace on Earth shall begin." He appealed to people everywhere to take their duty to protect the rights of children seriously and to become advocates for the well-being of children, regardless of their ethnic or religious background.

First and foremost, it is a love of children that protects children from injury, soothes and heals their wounds. The articles that comprise this book were written by experts and are intended to show additional opportunities for helping suffering children, so that they can regain trust and hope in a better future again.

I hope this book contributes to broadening public awareness of these problems and that it encourages you in your efforts to advocate even more strongly that the rights of children all over the world become reality.

Helmut Kutin
President of SOS-Kinderdorf International

Preface

Despite the passage of the United Nations' Convention on the Rights of the Child, countless children continue to be the victims of violence, abuse and military conflict. In the few minutes it takes you to read these lines, hundreds of children will lose their parents or be separated from them. Children will be beaten, injured, abused, or become the victims of war. Despite daily reports on the multifaceted traumas experienced by children appear in the media, only "the tip of the iceberg" is visible. Much of the suffering children experience remains hidden, where the chances for prevention, assistance and treatment drop significantly.

Traumatic events can massively and permanently destabilize the self-concept of children, the way they experience the world and the way they behave. It is therefore vital that people who live with, care for or provide therapy to traumatized children understand the causes and impacts of childhood traumas, as well as that they continue to develop their skill and competence in supporting and treating traumatized children.

Against this backdrop, an international conference on "Traumatic Experiences of Children" was held in Rovinj, Croatia, in November 1995. The conference, co-organized by the Hermann Gmeiner Academy and SOS Children's Villages Croatia, brought to the forefront the suffering of thousands of children caused by the war in former Yugoslavia. Additionally, awareness was raised about the traumas experienced "inside and outside our front doors". Violence against children, sexual abuse and the trauma of separation from one's family occur everywhere. Only slowly are the curtains of social taboos lifting and the vastness of children's traumatic experiences becoming known.

The great interest on the part of the participants and the media in the issues raised at this conference, in conjunction with the urgent need to continue raising awareness about the plight of traumatized children, has inspired us to present a deeper and more differentiated perspective of these issues in this book.

What is trauma? What types of traumas do children experience? What are the impacts of such traumatic experiences? How can these children be helped? What tools are available to support the caregivers? What role does

the United Nations' Convention on the Rights of the Child really play in protecting children?

The following book focuses on the traumas experienced by children through separation from their parents and families, sexual abuse and military conflicts, illustrated with examples from various cultures.

In addition to descriptions of the causes and effects of traumas, particular emphasis is placed on the supportive and therapeutic interaction with traumatized children. One chapter is devoted to the question of what types of support and assistance are available to (professional) caregivers, who live and work with affected children. Finally, using practical examples from SOS Children's Villages, an overview of the opportunities and limits provided by institutional care and therapy of traumatized children is given. This book integrates both theoretical information and practical experience.

We would like to thank all of the authors for their invaluable contributions, as well our colleague Carola Vogl for her tireless support in preparing this manuscript.

Elisabeth Ullmann and Werner Hilweg
SOS-Kinderdorf – Hermann-Gmeiner-Akademie

PART I
TRAUMA

The Rights of the Child and the State of the World's Children

HELMUT WINTERSBERGER

Childhood Compared Between Industrialized and Developing Countries

The 1996 UNICEF Report, "The State of the World's Children",[1] states that in 1994 there were 1.881 billion children under the age of 16 worldwide. Of these, approximately 9% (169 million) lived in the Western, industrialized nations, around 5.5% (105 million) lived in the former Soviet countries, and over 85% (1.607 billion) children lived in the Third World. Resource distribution follows the opposite path. Developing nations, where over 85% of the world's children live, have at their disposal only around 15% of the world's income, while in the developed countries, where only 9% of the children live, over 80% of the global income is squandered. Thus, while the majority of children in the richer nations live in affluence, most of the children in the impoverished nations suffer from destitution, hunger, war, and a lack of health care. (The fact that it has not even been possible for the richest countries to overcome the problem of child poverty should also make us pause for thought).

The divergencies in living conditions between industrialized and developing countries are even more extreme for children than for adults. For example, child mortality rates (for children under 5 years of age) in 1994 ranged from 5 per thousand in Sweden to almost 320 per thousand in Niger, which corresponds to a ratio of 1:64. Additional quantitative and qualitative indicators can be used to highlight the gravest differences: For instance, the life expectancy of a child born in Sierra Leone is 39, while that of a child born in Japan is 79.

In developed nations, almost all children between the ages of 7 and 14 attend school. In the poorest countries, only a minority are able to receive an education. In 1994, a mere 24% of the school-age children in Afghanistan actually attended school. In Niger, the literacy rate of the general population for that same year was around 12%.

While in the industrialized nations, classical child labor has for the most part been eliminated, a glance at publications provided by the International Labor Organization (ILO) shows that child labor remains a wide-spread problem throughout the Third World.

In addition to the differences between rich and poor nations, there are ever-growing economic inequalities inside the countries themselves. In Brazil, for instance, 40% of the poorest households had access to only 7% of the national income in 1994, while the 20% that make up the richer families commanded 68%.

In general, the observation must be made that the polarization between the richest and poorest nations is not lessening but, instead, continues to grow. This fact is supported by a child-oriented analysis of progression indicators for the poorest and richest countries, such as child mortality rates, economic development and population growth.

The broad gap between the conditions for children in industrialized and developing countries has not made it easy to formulate the text of the Convention on the Rights of the Child, which takes both realities into consideration. Nevertheless, there are numerous problems common to children all over the world. Structural disadvantages exist for children in poor as well as rich countries, for example, and children all over the world suffer from abuse and maltreatment. Even though there are significant disparities here as well, the street children of Lisbon, Portugal and São Paolo, Brazil have more in common than not.

Furthermore, over the course of the past several years, there have been developments which can only be explained by the very disparate living conditions in both the Third and First Worlds. An example is provided by international trade in children. This phenomenon is yet another emphasizing the need for global regulation of children's rights.

The United Nations' Convention on the Rights of the Child represents an effort to strengthen the legal foundation needed to improve the state of children worldwide. There is also the need to regulate specific areas (such as international adoption) by means of special agreements at the global and/or regional level. The following discussion is a critical analysis of the Convention and its effects.

The UN Convention on the Rights of the Child and its Implementation

There have been ongoing discussions of an international convention on children's rights within the United Nations for almost 40 years now. In 1959, a UN Declaration on Children's Rights was passed. Then in 1978, the government of Poland, utilizing the upcoming International Year of the Child as an appropriate setting, recommended the formulation of a Convention on the Rights of the Child. In 1979, the International Year of the Child, a working group was created within the UN Human Rights Commission. Ten years later, after extensive and arduous negotiations, the work of this sub-committee was completed, and on November 20, 1989, the Convention was passed by the 44th General Assembly of the United Nations in New York.

How can we assess the significance of this UN Convention, particularly in terms of its effects on children? Two aspects need consideration within the scope of such an evaluation: first, the actual content of the Convention, and second, the implementation process.

Never in the history of the United Nations has there been another human rights convention that has found such wide-spread acceptance among the Member States as the Convention on the Rights of the Child. Only two months after the vote by the General Assembly, the document was signed by 61 Member States in a ceremony at United Nations Headquarters in New York on January 26, 1990. On September 2, 1990, the twentieth nation ratified the Convention as a prerequisite for it to take effect in accordance with Article 49 of the Convention on Children's Rights.

Then, on September 29 and 30, 1990, a World Summit on the State of the World's Children was held in New York. The Summit passed a "World Declaration for the Survival, Protection and Development of Children",[2] in which the Convention plays an important role. Events that took place the following years proved that these efforts did not merely represent "a flash in the pan". By the summer of 1996, 185 Member States had already signed the Convention. As was to be expected, the dynamics of this process were generally interpreted in an extremely positive manner. Nevertheless, the show of support must also be taken with the proverbial grain of salt. It is also possible that the governments so readily agreed to the Convention because they believed they were not assuming any major responsibility. It therefore remains to be seen over the next years how the Convention is implemented at the local, national and international levels.

The Contents of the Convention – Convergencies, Tensions and Contradictions

At least as ambiguous as the evaluation of the Convention's implementation, is that of its contents. It ranges from emphatic praise to extremely critical positions. In my opinion, an analysis of the contents of the Convention must proceed on two levels: On the one hand, the Convention must be appraised for convergencies (similarities), as well as for tensions and contradictions. On the other hand, various articles of the Convention need to be analyzed.

To the Fundamental Question of Discrimination against Children

The UN Charter on Human Rights forbids various forms of discrimination. Member States are therefore required to guarantee all persons within their sovereignty their inherent rights without discrimination, i.e. regardless of race, skin color, gender, language, religion, political or other views, national, ethnic or social origin. From today's perspective, it is remarkable that age was not included in these forms of discrimination. Consequently, in terms of human rights it is very possible indeed to discriminate against children merely because they are children.

One could have assumed that the UN Convention on the Rights of the Child addressed the question of whether children may be discriminated against based on their status as children. This has, however, not occurred, for which reason the discrimination of children as compared to adults was not explicitly treated. Article 2 of the Convention does, however, state that the forms of discrimination forbidden in the human rights convention apply specially to children. This means that it would not be prohibited to discriminate against children in general as compared to adults; on the other hand, it would be forbidden to place girls at a disadvantage with regard to boys, or black children with regard to white children.

Several authors[3] are of the opinion that it would have been better to pass an amendment to include age among the discrimination clauses included in the UN Charter on Human Rights than to have created the existing Convention on the Rights of the Child. On the other hand, every legally binding international document must be coupled with the consciousness of the international community as well as with the particular situation in the individual Member States in order to gain acceptance and be implemented. The Convention undoubtedly represents progress in this sense.

Balance between the Principles of Survival, Development, Protection, Provision, and Participation

The Convention is essentially based on five principles: survival, development, protection, provision, and participation. Here I see a parallel to the social and psycho-historical discussions by DEMAUSE, according to which society's attitude toward childhood has throughout the course of history developed from a standpoint which accorded childhood an extremely low value, as characterized by child murder and abandonment, through a stage of ambivalence to an ever more nurturing relationship with children by means of intrusion, socialization and support.

In global statements, which also include the reality of childhood in Third World countries, the principles of survival and development are very important. It is for this reason that many of the UNICEF programs and those sponsored by non-governmental organizations (NGOs) deal with child *survival*, in particular in the areas of basic medical care, combating poverty and rescuing children in war- and disaster-stricken areas.

The term *development* can be interpreted on two levels: on the one hand, as the right of children to grow up in a society with positive developmental perspectives, and thus as an additional argument for the more equal distribution of resources between poor and rich countries, and, on the other hand, as the right of children to be able to develop and blossom optimally within this society.

In the industrialized countries, the three rights *protection*, *provision* and *participation* are placed in the foreground. The concept of *child protection* already established itself in society during the 19th century due to the catastrophic conditions for children, particularly among the working classes. The pedagogic movement of the last century, supported by the nascent labor movement, undoubtedly represented a significant step forward. Protecting children from early economic exploitation and unhealthy working conditions as well as the introduction of the general public school system were components of a comprehensive program that radically changed conditions for children in modern society. Most of these changes were positive, although several were also problematic. While in traditional rural families as well as in the early days of industrialization children were still part of the active and productive population, academic performance by children in schools is no longer viewed as a productive contribution on their part, but rather is interpreted as an investment by society in its children.

The *provision of resources* by society is largely associated with conditions during childhood and with the development of welfare state services in the 20th century. Such resources include the transfer of financial means as well as social services. It is clear that such resources are not available to children alone but to other generations as well. Only recently has a discussion emerged as to how evenly welfare-state resources are distributed among the generations. For the industrialized nations, such authors as CORNIA, PRESTON, SGRITTA, and THOMSON conclude that children have profited least, and senior citizens most, from developments over that past thirty years.

While the first two principles mentioned, namely protection of the child and provision of resources, are already firmly anchored in the discussion as well as the implementation of children's policies, the concept of *participation* by children is relatively new. According to the French judge JEAN-PIERRE ROSENCVEIG,[4] Articles 12–16 of the Convention, which deal with participation by children, anticipate the 21st century. It is therefore not surprising that the majority of those opposing the Convention do so because of its participatory provisions (freedom of speech, freedom of thought, conscience and religion, the right to assemble, as well as the protection of the child's privacy). Resistance grows even greater when efforts are made to expand these rights to the political sector (voting rights for children), as is sometimes the case.

More important and simultaneously also more difficult than the demand for maximum rights in a single dimension is the establishment and maintenance of the delicate balance between the diverse fundamental rights - survival, development, protection, provision, and participation. With regard to child labor, for example, it should be possible to distribute a society's resources in such a way that children need not work. The abstract ban on child labor must not, however, be abused in the interim period in order to avoid proper compensation for work indeed done by children, to not officially regulate or control it, and to prevent working children from organizing themselves in unions. This standpoint also corresponds approximately to that of the International Labor Organization.

Reciprocity Between Society, Family, Parents, and Children

Nor is the relationship between the interests of society, parents and children free of discord. In a traditional society, the costs of raising a child are incurred within the family, and the fruits of children's work (contributing to work around the home and farm), are also reaped by the household. The

Generation Contract is based on reciprocity within the family and the household. The introduction of systems providing social security in the modern welfare state, particularly pensions and retirement insurance, have replaced this system of simple reciprocity with a far more complex one. Reciprocity between the generations occurs no longer at the family level but, instead, at the society level. It is no longer one's own children, but rather the subsequent generation, the one currently in the workforce, that must support the older retired generation in the form of a transfer process. For this reason the question of transfer systems is posed, which would ensure the just distribution of burdens between households with different numbers of children. This topic too has again become quite explosive due to the widespread child poverty, even in the affluent nations.

Originally, children were subject almost exclusively to their parents' authority, particularly the father's. Hand in hand with the modernization of state, economy and even society, an ever-growing public interest has developed, which extends to exerting an influence in children's issues previously settled at the family level (expansion of public agencies for children's and youth welfare). With the Convention's recognition of children as holders of legal rights and duties (rather than as objects on which parents and state decide), this issue becomes even more complex. Children are now recognized as legal entities with their own rights and interests, both toward their parents and society. As a consequence, new institutions have been born, such as child representatives, child ombudsmen, as well as children's and youth advocates. Wherever various parties formulate their interests, however, conflicts of interests can occur as well. This is true both for the family as well as for other essential spheres of children's everyday activities, such as school and government policy.

Particularly sensitive areas in the new triangle of interests – parents, children and state – and even the new four-cornered interests – father, mother, children, and state – are those of divorce and separation of the parents, along with maltreatment and abuse of the children. It has only recently been recognized that divorce and separation, when children are involved, are not matters exclusively affecting the partners, but that children often are even more severely impacted than the partners themselves. For this reason, many countries are now making overtures to provide children with a children's divorce assistant to minimize the negative consequences during the separation process and to defend their interests for the time following the divorce.

With regard to child abuse within the family, the dilemma is characterized by an inherent contradiction. On the one hand, there is no better place for the child than the family, but, on the other hand, there is no other place where children are as abused and mistreated than the family. This phenomenon can be explained by the fact that despite their attending school, children spend more time at home than anywhere else, and therefore the statistical probability of abuse by family members is a priori higher. In general it must be assumed that children are best cared for within the family and that, in the sense of subsidiarity, society and the state should not interfere in family matters. Only when there is a well-founded doubt does an intervention become necessary "for the sake of the child". In doing their job the authorities, courts and youth welfare agencies constantly walk a tightrope. Every possibly unnecessary intervention is subject to massive criticism. In the Eighties, for instance, the German periodical "Der Spiegel" called Sweden a "children's gulag". If, however, a child is abused or even killed because the authorities failed to step in or intervened too late, the media raises a united outcry against "negligent government agencies and incompetent social workers".

Selected Articles of the Convention

Duties, Rights and Obligations of the Parents

The Convention grants the child the status of a legal entity for the first time and recognizes him or her as holding individual rights. At the same time, the Convention as a whole is extremely family-oriented. Article 5 establishes the dominant role of the family for the primary socialization of the child. Article 9 states that children shall not be separated from their parents against their will, "except when competent authorities subject to judicial review determine ... that such separation is necessary for the best interests of the child". If a child is separated from one or both parents, it is the child's right to "maintain personal relations and direct contact with both parents on a regular basis". Additionally, in the case of a separation, Article 10 states that "applications ... for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner". Article 20 sets forth that a child temporarily or permanently deprived of his or her family environment "shall be entitled to special protection and assistance provided by the State". Further, "such care could include, inter alia, foster placement,

kafalah of Islamic law, adoption, or, if necessary, placement in suitable institutions for the care of children". From the order in which these care-giving institutions are named it is evident that the Convention sets priority on forms of care that are similar to the family environment and family-oriented.

Integration of Mentally or Physically Disabled Children

Article 23 of the Convention places two aspects in the foreground in conjunction with mentally or physically disabled children: first, the autonomy of the child and his or her active participation in the life of the community and, second, the child's right to special care and support. It appears that different Member States have accorded these two issues different significance in the past. Some countries placed greater importance on special care but neglected integration, while the situation in other countries was just the opposite. In my opinion, the Convention should be interpreted in such a way that both issues are treated equally. Using the school environment as an example, this would mean that integration of mentally or physically disabled children in public schools should be encouraged, while ensuring that the special needs of the disabled child are taken into account as well. Tremendous steps forward have been taken in recent years, particularly by the industrialized nations, with regard to physical disabilities. In the area of mental disabilities, however, numerous questions remain unanswered. For this reason, when interpreting and implementing Article 23 of the Convention, special attention should be paid to the problems and opportunities for mentally disabled children.

Minority Children

Special attention should be given children from transient worker and refugee families, as well as any children who belong to an ethnic, religious or linguistic minority. In these cases, the special role played by the family in caring for and supporting the child and his or her integration into society must be given consideration. On the other hand, it must not be ignored that in a prejudice-free situation minority children are often in a better position to bridge gaps between their culture and their host land than are adults. Here it is the duty of kindergartens and schools to create the basic conditions that assure foreign children the opportunities for complete integration into society. At the same time, Article 30 of the Convention confirms the right of

the child "in community with other members of his or her group to enjoy his or her own culture, to profess and practice his or her own religion, or to use his or her own language".

At-Risk Children

A good number of articles deal with particular risk situations such as maltreatment and abuse, child labor, sexual exploitation, and war. The signatory states agree to use every possible means to put an end to all these forms of abuse with every effort or to keep the damage thus suffered by children to a minimum. One look at a "map" of where such abuses occur, however, shows that these good intentions have remained empty words, in the Third World as well as in the heart of Europe. Child labor and child prostitution in the transition societies of Central and Eastern Europe, as well as the war in former Yugoslavia, are only the most drastic examples of this. We also cannot ignore the fact, however, that the purely material improvements families and children have enjoyed in western Europe since World War II have not sufficed to eliminate once and for all the "social threats" to children. New and old threats to children and adolescents demand new solutions.

Conclusion and Prognosis

The Convention on the Rights of the Child is the product of a compromise. It is, however, not a minimal compromise. Even though it contains less than some parties hoped for, it also contains more than others originally wanted to commit to. What the future holds depends largely on how its spirit is implemented at the national and international level.

To what extent does the Convention ensure that children will not be the greatest victims of Eastern Europe's transformation to a market economy? Has the Convention positively influenced conditions for children in the war-torn regions of former Yugoslavia or other countries? Did the Convention protect the children of Somalia and Rwanda from violence and starvation? These are extremely difficult questions to answer and do not deserve a great deal of optimism.

But also the prosperous countries of Western Europe are being asked to do their share toward implementing the Convention. If this implementation is undertaken from a defensive position, not much will come of it. However,

if the Convention is viewed as an opportunity to challenge long-established or even die-hard means of dealing with children and to experiment with new forms, then it is likely that the efforts have paid off. It will also be necessary to find a pragmatic middle-of-the-road between the extremes, as well as between the diverse legal principles.

As to the status and care of children in particularly risk-fraught situations, it is of utmost importance that in the force field between state and family society be strengthened and the development of non-governmental organizations be further fostered. Experience to date has shown that these often represent the only hope for children who can expect no help from their parents or the government.

Notes

1 UNICEF (1996), *The State of the World's Children.*
2 UNICEF (1990), *First Call for Children*.
3 For example, SGRITTA (1993), In: *Politics of Childhood and Children at Risk*.
4 "Droits de l'enfant. De l'amour au respect." In: *Le Monde*, November 22, 1989.

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Children and Youth in the Spotlight

SOS Children's Villages – Providing for Children in Need

RICHARD PICHLER

Objectives and Principles

SOS-Kinderdorf International is a private, non-political, non-denominational social welfare organization. It is the umbrella organization with which all national SOS Children's Village associations are affiliated.

SOS Children's Villages offers abandoned, orphaned and destitute children – regardless of race, nationality or creed – a family, a new and permanent home, and a solid foundation for an independent life.

Currently, a total of 215,000 children and adolescents live in or are being cared for at 385 SOS Children's Villages and 1119 ancillary projects (kindergartens, schools, youth facilities, vocational training and production centers, social centers, etc.) in 130 countries around the world.

The primary focus of SOS Children's Village work is the long-term care of children and adolescents for whom no one can or wants to care for, until the young people become self-reliant and independent. The particular strengths of SOS Children's Villages are the four principles of care and support that allow uprooted or displaced children to develop new, reliable and secure relationships within a family-like structure.

The implementation of HERMANN GMEINER's concept of the SOS Children's Village, which he founded in Austria in 1949, has revolutionized out-of-home care for children worldwide. Experts deem the SOS family a good alternative to the biological family. The foundation of the SOS Children's Village is the permanent community provided by the SOS family. Within that family there are an average of six to eight children of both genders and different ages, who live together with their SOS Mother.

The Four SOS Children's Village Principles

The Mother

Every child who becomes part of an SOS Children's Village is given an SOS Mother, who becomes the child's constant reference person. She assumes the role of the biological parents when they are no longer able to provide adequate care for their child. The SOS Mother receives a salary, has at her disposal a household budget corresponding to the number of children in her care, and handles the household independently and with direct accountability. She is supported by a family assistant in fulfilling her tasks. All over the world, the women who decide to become SOS Mothers undergo stringent selection and training.

Brothers and Sisters

Children up to the age of ten (and when siblings are present, older children as well) are accepted into SOS Children's Villages. Biological siblings are not separated, but rather live within the same SOS family. Boys and girls of different ages grow up together as brothers and sisters.

The House

Every SOS family has a house of its own. The house provides the security and safety that the child needs, as well as a sense of belonging. The community within a child's own home establishes the framework for developing dependable, trustworthy new relationships.

The Village

An SOS Children's Village usually consists of ten to fifteen family houses. The village community provides a natural and valuable extension of the SOS family unit. The broader community, also responsible for raising the child, provides the child with opportunities to forge the broader contacts vital to his or her further development. Attending public schools and having contact with the greater community outside the Village fosters the children's integration into their respective environments.

Every SOS Children's Village has a Village Director (male or female), who is supported in his or her work by an assistant, as well as by experts in pedagogy and psychology.

Ancillary Facilities

SOS Kindergartens

As a rule, there are SOS Kindergartens associated with SOS Children's Villages. Building on the pedagogical theories of FRÖBEL and MONTESSORI, SOS Kindergartens are designed to stimulate the children's interests and aptitudes in social, intellectual and manual skills at as early an age as possible, and to prepare them for further schooling. SOS Kindergartens are attended by both SOS children and neighborhood children. Children from socially disadvantaged families are given particular consideration for enrollment.

SOS Youth Facilities

SOS Youth Facilities represent a logical addition to existing SOS facilities. If vocational training or specialized schooling necessitate a move to a different town, young people can move to an SOS Youth Facility. This is the first step toward achieving self-sufficiency. There are SOS Youth Houses, Youth Communities and Youth Villages available for SOS youths. The overall goal of the SOS Youth Facilities is to serve the needs of the youngsters on their path toward a life of self-sufficiency and to help them make and implement realistic plans for their future. Young people are able to further develop their sense of responsibility and decision-making skills. They are also required to take on additional household responsibilities. Additionally, group interaction and team spirit are fostered. The youngsters are also offered support in their contacts with relatives and friends, as well as those with various public institutions, government agencies, employers, youth welfare agencies, etc.

SOS Hermann Gmeiner Schools

Wherever possible, children living in SOS Children's Villages attend neighborhood schools. SOS Hermann Gmeiner Schools are established whenever the local infrastructure surrounding the SOS Children's Village does not provide adequate educational facilities, and therefore does not offer academic opportunities to the children. SOS Hermann Gmeiner Schools are open to children from the SOS Children's Village, as well as to those in the greater community. The children of socially disadvantaged families are

given priority for enrollment. SOS Hermann Gmeiner Schools are designed to serve as model educational facilities with a maximum class size of thirty to forty pupils, qualified and committed teachers, an adequate supply of good-quality educational materials, as well as structurally sound school buildings.

SOS Vocational Training and Production Centers

SOS Vocational Training and Production Centers offer SOS youth, as well as young people from the surrounding community, the opportunity to gain well-founded, qualified vocational training in marketable skills, adapted to fit their specific needs. Socially disadvantaged young people are given preference for enrollment. SOS Vocational Training and Production Centers design their products and services to meet the demands of the local marketplace. These centers do not have to operate on a profit-oriented basis, since their primary purpose is to offer youngsters a good start in life. The objective of the vocational training is to have young people finish an apprenticeship. School certificates and diplomas granted by SOS Vocational Training facilities are recognized by state authorities.

SOS Hermann Gmeiner Medical Centers

Particularly in non-European countries, where most people do not have access to basic medical services, it is the policy of SOS Children's Villages to establish its own medical facilities, customized to meet local needs. SOS Hermann Gmeiner Medical Centers aim at improving the standard of public health, administering prophylactic medical care through information campaigns and vaccination programs, helping reduce infant mortality, and providing first aid at accidents. First and foremost, these Centers are available to socially disadvantaged families in the community. Furthermore, they serve all children and young people who live in or are attending other SOS facilities, as well as SOS Children's Village staff and their dependents.

SOS Hermann Gmeiner Social Centers

The services offered by the SOS Hermann Gmeiner Social Centers at any particular location depend on the local needs and existing social infrastructure. These centers are very diverse in their concept and design. First and foremost, the goal is to help local families living near SOS

facilities rise above the poverty line in the long term, while imparting skills and communicating necessary information. SOS Hermann Gmeiner Social Centers are open to people faced with particularly difficult living conditions, such as single mothers, women and families living below the poverty level, as well as women with children from disaster areas and war zones. Other target groups include at-risk children and youth, those from broken homes, orphanages and other institutions, as well as street children.

SOS Emergency Relief Programs

SOS Children's Villages' primary mission is to provide long-term care and support. Nevertheless, exceptional situations arise (natural disasters, war), and then it is essential to be able to respond quickly. In countries where SOS Children's Villages operates its own facilities, the organization has the contacts and infrastructural basis for efficient emergency relief. The type of aid provided depends on the requirements of the respective situation. Emergency relief programs include the provision of emergency medical facilities, emergency feeding programs and shelters, and the distribution of aid packages. In most cases, originally SOS Emergency Relief Programs become classic SOS facilities.

Below are several examples of SOS Children's Village Emergency Relief programs that have been carried out over the past several years:

Mozambique
1988: Due to the severe lack of food and threat of famine, an emergency relief program is organized for villages neighboring the SOS Children's Village Tete (vitamin-rich and nutritional food for children, women and the elderly).
1992: A similar emergency relief program is set up.
1994: Once more, villages in the vicinity of Tete are provided with aid. This time, SOS youth play an active role in carrying out the program.

Somalia
Mogadishu, 1991 to date: When the civil war broke out, a large-scale emergency relief program was initiated by SOS Children's Villages. For quite a while now, the existing SOS Mother-Child Clinic and the SOS Hermann Gmeiner School, which was converted to an infirmary, have served as the only medical treatment facility for the thousands of wounded, malnourished children, pregnant women, and elderly people. Entire families

have been fed through the food service and provided with clean drinking water. Today, SOS facilities still provide relief. In addition to obstetric assistance, treating the wounded, and distribution of food to the most malnourished children, prophylactic medical care is also practiced within the framework of vaccination and other programs.

India
Latur, 1993: Thousands of people were rendered homeless by the catastrophic earthquake. In Latur, one of the most devastated regions, SOS Children's Villages set up a tent village for homeless families. Subsequently, an SOS Children's Village was established where children from the emergency shelters were able to find new homes.

Bosnia
1994: Please refer to the article by K. SOKOLIĆ.

Mexico
1994: After the Indio rebellion was quelled and many Indios were forced to leave their homes, SOS Children's Villages rented a building which provided shelter and care for 200 people. Therapeutic and medical care is also being offered.

Rwanda
1994: See the article by E. ULLMANN.

Sri Lanka
1995: After the military confrontation in civil-war ravaged Sri Lanka, SOS Children's Villages provided food and clothing. A refugee camp was established for 60 Sinhalese refugee families. In Nuwara Eliya, Tamil families were provided with food, clothing and building materials.

SOS Children's Villages – Providing Personal and Professional Assistance

SOS Children's Villages' sole commitment is to its mission of supporting and assisting children and youth. In doing so, we strive to consistently maintain and improve the quality of our work.

Children who come to an SOS Children's Village have no one capable of or willing to take care of them (death of one or both parents, illness of one or both parents, inability to raise children, disinterest on the part of the parents, divorce, poverty). They are refugee children, homeless youngsters, children who have been abandoned or cast out as "children of sin", children born into families at the fringes of society who are caught up in the vicious cycles of social misery, children who are transferred from one foster care facility to another, and children who have suffered numerous traumatic experiences prior to their entry into an SOS Children's Village. Their pasts accompany many of these children into the SOS Children's Village, presenting a considerable challenge to the SOS Mothers and other employees. What sort of assistance does SOS Children's Villages provide these children?

First and foremost, the dependable relationship to their SOS Mother and the safety and security provided by the SOS family help traumatized children regain trust and hope. Within its respective family and the Village as a whole, each child is given a great deal of attention and accepted for the person he or she is. Gradually, these children develop a positive and realistic sense of self, which is the foundation for a child's development into a self-reliant and socialized personality. In this sense, the SOS Children's Village serves as a "therapeutic environment", even though SOS Children's Villages are not explicitly therapeutic facilities. The SOS Mother is carefully trained to fulfill her guidance and support role. By taking continuing education courses and training sessions, the Mother learns different methods to encourage a traumatized child to speak about his or her past, about previous relationships, about loss and separation, about other traumatic turns of fate, and to express his or her emotions through play, drawing and other forms. The SOS Mother also has a wide range of support services at her disposal, can request supervision, is offered opportunities to discuss and reflect on her work in talking circles, or can receive advice and support from the Village Director and pedagogic and psychological staff.

When children have been severely traumatized, it may also be necessary to offer additional special education and therapeutic support. An SOS Children's Village has its own special needs facilities and appropriate staff. On occasion, the expertise of external consultants and therapists is also called upon. SOS Children's Villages takes advantage of a wide range of opportunities to help SOS children and youth heal and recover from their physical and mental wounds.

Furthermore, SOS Children's Villages also offers infrastructural and support resources to children and adults from neighboring communities in the form of consulting services, medical facilities, social centers, etc.

Finally, SOS Children's Villages as an organization actively lobbies for the protection and support of the child. It provides public seminars and conferences, publishes educational material, and presents its work and mission to the media, in an effort to raise public awareness of the needs and suffering of children. Since 1995, SOS-Kinderdorf International has been recognized as an "NGO in Consultative Status (Category II) with the Economic and Social Council of the United Nations".

Our vision of a better future for children is that someday SOS Children's Villages will no longer be necessary.

"Don't just talk, *do* something!" (Hermann Gmeiner)

SOS-Kinderdorf International *does* do a great deal to help children who have been separated from their families, abused or subjected to violence. Our work is aimed at helping these children gradually regain trust in other people and instilling new hope for their futures. SOS Children's Villages builds on its strength of providing *continuous* and *long-term* support and assistance for these young people. The needs of so many children and young people all over the world cannot, of course, be met by our efforts alone. However, SOS Children's Villages and its many facilities and efforts help those children and youth entrusted to the organization by assuming long-term responsibility for the children and opening new avenues and opportunities for them.

It is my hope and desire that more and more people become involved in protecting the fundamental rights of children and youth and in this way take an active and preventive role in eliminating children's suffering worldwide.

What is Psychological Trauma?

Methods of Treatment

Elin Hordvik

What is Psychological Trauma?

Psychological trauma is caused by an extreme event that occurs unexpectedly and suddenly, is life-threatening or is perceived to be so, and has an intense impact on the senses of the person involved (Eth/Pynoos 1985).

Such traumata can, for example, be caused by the following events: being victimized through sexual or other violent infringements, experiencing murder and death in war or other (natural) disasters, finding someone who has committed suicide, or witnessing an automobile accident.

Some children, like those in war zones, suffer repeated exposure to such traumatic events. They are directly confronted with destruction and death. Some undergo personal losses, like separation from their families, loss of their home, and some lose their country, their language and their culture as well.

Reactions Following Trauma

A wide range of reactions, responses and emotions can be brought forth by such experiences. Reactions directly following the event can be characterized as shock. Such reactions might include a feeling that nothing is real, emotional apathy and confusion, as well as physical responses such as trembling, shivering or nausea. Long-term consequences include fear, vulnerability, depression and pessimism, irritability and anger, sleep disorders, extreme fatigue or difficulty concentrating, as well as the repeated and uncontrollable reliving of the event itself.

Apparently, the intensity of the experience for the impacted children, as well as their profound psychological reactions, are not adequately recognized. It seems the yet pervasive attitude toward a childhood trauma continues to be “forgetting is still the best”(Dyregrov 1993).

Why do We Underestimate Children's Reactions?

In many cultures, it is uncommon to speak with children or to listen to them. Adults therefore do not learn what children actually experienced. I also have the impression that adults often underestimate children's reactions, because it is painful for adults to realize that horrible and even dangerous things have happened to the children. As a rule, adults want to protect children from painful experiences and emotions, and wish to prevent small, innocent children from witnessing horrifying events.

In addition, the adult may also have gone through the same trauma as the child, and the child's stories and pain may cause the adult to remember the event that he or she wishes to suppress.

Children often react differently than adults. For this reason, adults do not always understand the connection between the child's behavior and the traumatic experience. For instance, depressed children are often active and restless, while depressed adults are sluggish and move at a slower speed. Moreover, children suffer from extreme mood swings, from jubilant at the one extreme to deeply sorrowful. This behavior alienates and confuses adults, which may lead to their assumption that children "get over things easily".

Children rapidly recognize when it is better not to say anything or to not express their emotions. They sense when adults are unable to bear hearing about the children's intense feelings and want to "protect their protectors". A commonly expressed reaction from traumatized children is that "I didn't want to upset them. It would only have made things worse".

Children thus have a tendency to repress their thoughts and feelings, behavior which can even be intensified by the adults' attitude.

Why it's Not Possible to "Simply Forget"

Clinical experience and modern research have shown that time alone does not heal the wounds of traumatized children, despite the important role played by a safe environment, adequate food, and medical care for physical injuries (Teer 1991). Children who have suffered from extreme and/or repeated traumatic experiences are particularly susceptible to the development of pathological symptoms. Their life quality can diminish if their psychological traumata are not treated. Therapy should thus be initiated as soon as possible.

Because the traumatic experience is so dramatic, extreme, sudden, and possibly even life-threatening, and is so intensely experienced via the senses, it is imprinted on the child's memory. This deeply embedded event is a disturbance that the child carries with him or her at all times, resurfacing even when the child does not want to think about it. Memories of the event can control the child's thoughts and feelings, emerging under varying circumstances, such as when the child should be concentrating at school or when he or she should be falling asleep.

How Can We Help Traumatized Children?

Experts agree that traumatized children can be helped when one *confronts* them with the situations that induce their emotional reactions and encourages them to *express* their thoughts and feelings about the traumatic experience etched on their memory.

Below, several methods are introduced that can help children convey what they have experienced. These procedures can be applied by non-experts, teachers and other adults who work and deal with children. Additionally, there are other, more specific methods that can be utilized by psychotherapists, including the various forms of psychotherapy, overstimulation, hypnosis, eye movement desensitization and reprocessing (EMDR), which would go beyond the scope of this article.

Why is it Important to Express Thoughts and Feelings about the Event?

Most children benefit by knowing that other children suffer from the same reactions and feelings that they do themselves, or learning from adults that other children have the same reactions, concerns, fears, and fantasies. This gives the child the feeling of being "normal". In such sessions, the listener also has the opportunity to be supportive and encourage the child to express his or her thoughts, feelings and reactions. In this fashion, the adult can also clarify possible misunderstandings the child might have of the event.

When a child speaks of the traumatic experience and puts the circumstances into words for the listener, a chronological overview of the event is created. This can then form the basis of a cognitive structure and

impose a sense of order on a chaotic situation, giving the child a feeling of having the problem under control.

Children use a great deal of energy and strength repressing frightening and overwhelming feelings. Talking about these things seems to diminish the impact of these distressing feelings and thoughts, thus reducing tension. Children usually find it a relief to talk about difficult problems, and therefore gladly use this avenue.

Including Children in Customs and Rituals Following a Death

When a child has suffered a personal loss through a death, it is important to provide him or her with the opportunity to see the corpse, as well as allowing the child to participate in the ceremonies and rituals. It is, however, necessary, that the child is prepared well so that he or she can really participate in the ceremonies. Active support is also important, as well as providing the child with an opportunity to talk to someone about his or her feelings and thoughts afterwards.

Methods of Assistance[1]

The following methods all have one thing in common: providing the child with the opportunity to articulate its story, thoughts, reactions, and concerns to others, so that on the basis of his or her narrative, it can receive support from others (RAUNDALEN 1994).

Verbalization / Talking

Some children spontaneously tell their parents or other adults about the trauma, the experience. Here it is of vital importance that the adult allows the child to talk, and is capable of really *listening* to the child's narratives.

Even though many children speak spontaneously about their experience, others will only reluctantly discuss the event, or may not tell anyone about it. Teenagers in particular find it easier to talk to friends or peers rather than their parents or other adults.

If a child does not take the initiative upon himself or herself to tell an adult about the traumatic experiences, the adult should assume the

responsibility for providing the child with an opportunity to talk about the event and approach the problem on his or her own.

This can take place in a one-on-one session, as well as in a group, such as the classroom. It is essential that this be done in an atmosphere in which the child or adolescent feels safe and secure.

When speaking with children about traumatic experiences, it is vital that the adult helper shows that he has time for the child and is interested in what he or she has to say by looking at the child throughout the talk. *Active listening* is of utmost importance here. This means that the listener should respond to the child's narrative – by nodding, by showing non-verbal responses to his or her points, and by asking questions related to his or her narratives.

The adult should simply allow the child to speak freely, while at the same time showing the child that the adult is listening by responding to what is being told. During extremely emotional narratives, the adult should offer the child support by holding the child's hand or praising the child for being able to open up to someone. Even if the child begins to cry, he or she should definitively be encouraged to continue talking. Even though it may be painful to continue to talk about these subjects, it does not hurt the child. An emotional outburst can even be valuable, both for its therapeutic effect and for providing a sense of relief.

The adult can encourage the child to speak about the traumatic event by asking detailed questions. One should begin with the facts. The next step is to ask the child to relate his or her thoughts, impressions and feelings. It is important to ask the child *which impression was the worst, and which memory of the incident is the worst*. This allows the child to concentrate on his or her most intense impressions. Individual children focus their attention differently – and it is exactly this individual focus that is so vital.

It is just as important to give the child feedback, by telling him or her that it helps to tell someone else about his or her problems, that its reactions are normal and understandable, and that they normally lessen in intensity over time. The child must perceive that his or her feelings are taken very seriously, as well as be given the hope that his or her situation will improve over time.

Speaking with children in a group, for example in the classroom, can also be very helpful. In this way, children can share their experiences, feelings and concerns with one another. Simply finding out that other children are plagued by similar experiences and feelings can bolster the child and have a

normalizing effect. It must be emphasized that group work places higher demands on the group leader, because he must also pay close attention to group dynamics.

When children discuss their traumatic experiences within a group, children who have experienced similar circumstances should be grouped together. If a child has suffered a particularly horrible experience, one that differs significantly from what the other children have been through and is associated with intense and frightening sensory impressions, one should speak with this child one-on-one to avoid frightening and further traumatizing the other children.

Drawing

For some children, verbalization is not the proper avenue of expression. Particularly younger children, those of pre-school age, can express themselves better in drawings. The procedure, however, is essentially the same: the child is asked to draw a detailed picture (drawing, painting) about what happened, including his or her thoughts, feelings and the worst recollection of the event.

The adult can ask questions and make comments, provide the child with support and encouragement, act in a normalizing fashion, give the child information, and clarify misunderstandings. Questions intending to prompt the child to draw his or her experiences could be, for example: “Could you show me how it was when ... happened?” “Could you draw how it was when someone told you what happened?” and “Can you draw the worst moment, the worst impression, your worst memory of the event?” These drawings should be treated confidentially, like a diary, and not openly displayed in the classroom.

Writing

For some children, particularly those of school age, writing about the traumatic experience may be the most effective method. In addition to the effects described above, writing can also be like putting something into a safe. Once something has been written down the affected child no longer needs to make an effort to remember it, because it’s been put into writing. If the child wants to recall the event or situation and read about it, he or she needs only to “open this safe”. If he or she wants to forget the story or the event, these memories can be erased from his or her memory by depositing

them in a book or on a sheet of paper. Different ways in which recollections can be written down are journals or diaries, or by writing essays or stories about what had happened (RAUNDALEN 1994).

Within the classroom environment, teacher and students could keep a correspondence book, in which sentences such as "I was terrified, when..." or "The worst day of my life was..." are completed. Students could be given assignments to write essays about such topics as "My Life – Before, Now and in the Future". These projects are one approach to opening a dialogue between the teacher and the child. The sentences to be completed and the title of the essay must correspond to the respective situation and the traumatic experience. These written remarks can then be used to initiate a discussion with the child.

Games / Playing

Small children express their negative as well as positive emotions quite spontaneously through play. For them, it is an important form of articulation. A game can either occur spontaneously or be structured and guided by someone else, for example during therapy sessions.

Other playful forms of expression are role playing, singing or ritual dances which recount the story, namely what happened, the child's emotions and possible solutions. In addition to the beneficial effect that opening up about the experience has on the child, these methods are also effective as a means of communication with parents or other adults, who can then discover more about the concerns and thoughts of the children. Many African cultures are rich in these forms of traditional, artistic expression. This approach is also used for children who have been traumatized by war.

Religion

During times of crisis or following traumatic experiences, religious or existential questions become particularly important for many people. Faith is then very intense and omnipresent. Children can be tremendously relieved to hear verses from the Koran, to pray to God, and to tell Him about their concerns, their memories and their suffering. Several children have said that they placed drawings next to their beds at night so that Allah could see their pain (RAUNDALEN 1994).

Conclusion

Children who have suffered traumatic experiences can have intense reactions. These reactions are often underestimated by adults, but must be addressed to prevent the development of negative and potentially pathological consequences.

One can ease a child's suffering and pain by providing opportunities to express his or her experience and reactions. This can be done by giving the child all the information needed to help him or her better understand what happened, by reassuring the child and by providing advice for difficult questions.

I have tried to encourage adults to assume responsibility for approaching the child, for becoming active themselves, and for giving the child the chance to confront and deal with these extreme experiences.

It is equally important, however, to provide the child with breaks, so that he or she does not speak continuously about the event, to give the child time to "forget", and simply be a child.

If the child takes the initiative to open up, the adult must take up this opportunity and respond accordingly. On the other hand, we must not put the entire burden of "opening up" on the child. At specific times, i.e., at certain intervals, the adult must encourage the child to concentrate on what happened. This can relieve the child's suffering and help him or her become stronger in the future.

Notes

1 I would like to take this opportunity to express my sincere thanks to my colleagues Atle Dyregrov, Magne Raundalen and Marianne Straume from the Center for Crisis Psychology in Bergen. Innumerable discussions and lectures, as well as good collaboration among us, provided the basis for this article.

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PART II
SEPARATION

“...and I didn’t even know who I was anymore.”

Children of Divorce[1]

Helmuth Figdor

One would be hard-pressed to express the psychological impact caused by separation from a beloved person more aptly than this eleven-year-old after two years of psychotherapy. With the words “... and I didn’t even know who I was anymore”, he summed up the emotions that his father’s moving out evoked. The reason that separation not “only” induces disappointment and grief, but is also felt as a *loss of the self* is because every relationship involving love changes us as we incorporate a part of the beloved person within ourselves and identify with that person. The impact of separation on children is even more dramatic, because their personality development depends to a large extent on identifying with observed parental behaviors and actions. Therefore, separation not only leaves a child lonely to a greater or lesser degree, but it literally leaves only half a child, whereby the child may lose precisely his or her “masculine” side, such as feelings of strength, independence, etc.

For over ten years, I have intensely studied the traumatic effects that divorce can have on children. The following article presents several central findings of a research project[2] that I directed under the auspices of the Sigmund Freud Society of Vienna. One could, of course, question the extent that the separation experiences to which children are subjected in the course of their parents’ divorce is representative of children who have lost *both* of their parents *forever*, as is the case with several SOS children. Based on the (therapeutic) experience with children and adults who have lost their mother and/or father through death, it can be stated that the difference is not very great. This should not come as a surprise, since:

– 40% of divorced fathers sever all contact with their children. Around 75% of children of divorce no longer have regular contact with their fathers within three years of their parents’ separation.

– throughout the course of the divorce and during the period I have called the "post-divorce crisis", many children's inner feelings and attitudes toward their mothers change, and a sense of security and being loved, in particular, is lost.
– even in those children who continue to see their fathers, divorce still leaves behind the (traumatic) scars of separation. Again, a child can verbalize this far more aptly than a theoretical explanation: "My father told me he still loved me as much as he did before. But I couldn't really believe him. Because *I* would never leave someone I love." (Among other things, the feeling of having lost the love of a beloved person can be even more bitter than actually losing the person, who I know *would* love me if he were still here.)

Research Results, Literature Review

Children's Reactions

The divorce itself and the remarriage of the care-giving parent are the most frequent triggers of the initial appearance of symptoms which induce parents to take their children to child psychiatrists (Bühler/Kächele 1978). Typical symptoms include enuresis (involuntary urination) (Bühler/Kächele 1978), restlessness, insomnia and eating disorders (Wallerstein/Kelly 1980), behavioral aberrations, primarily problems with discipline within the family and at school (Guidubaldki/Perry 1985; Kalter/Plunkett 1984), and theft (Bühler/Kächele 1978), psychosomatic symptoms such as stomach aches, headaches, acne, and other problems (Doust 1983; Wallerstein/Kelly 1980).

Many times, these symptoms are also accompanied by difficulties concentrating and learning, and a general drop in academic performance (Bedkower/Oggenfuss 1988; Bernhardt 1986; Guidubaldki/Perry 1985; Leahy 1984; Wallerstein/Kelly 1980). The majority of children whose parents are divorced show obvious distress in emotional areas, such as fear, restlessness and grief (Kalter/Plunkett 1984; Leahy 1984; Wallerstein/Kelly 1980). Almost all children exhibit a clear increase in their potential for aggression, which is taken out on one or both parents, or other children, in the form of annoyance or anger (Bühler/Kächele 1978; Bernhardt 1986; Guidubaldki/Perry 1985; Kalter/Plunkett 1984;

WALLERSTEIN/KELLY 1980). Many children also act more dependent and/or exhibit social and emotional withdrawal (GUIDUBALDKI/PERRY 1985).

Naturally, these reactions cannot be attached to the *legal act* of the divorce itself. From a psychological standpoint, the divorce trauma begins at the latest with the marriage crisis.

The Marriage Crisis

Parents' arguments do not necessarily mean that they are bad parents because of such conflicts (WALLERSTEIN/KELLY 1980), though they are rarely able to keep these conflicts secret from their children. Fights, or even physical violence, between parents routinely evoke considerable fear in children. Even when such incidents occur very rarely, children can recall them with clarity, as well as the pain and fear they felt, even years later (WALLERSTEIN/KELLY 1980; WOLCHIK/SANDLER/BRAUER/FOGAS 1985).

Children are very sensitive to mood swings in their parents, particularly when one parent is unhappy and suffering (WOLCHIK/SANDLER/BRAUER/FOGAS 1985). Not infrequently do children assume the role of marriage counselors, attempting to comfort one or both parents or taking steps to bring about the parents' reconciliation or reunification (BERNHARDT 1986; WILLE 1985 a,b; WOLCHIK/SANDLER/BRAUER/FOGAS 1985). Many times, children's symptoms are primarily a means to this end and are intended to distract the parents from their marriage problems, to help them get along by taking care of their child. Many children try to accomplish this goal by causing their parents as little trouble as possible and by behaving particularly well (BERNHARDT 1986; PSYCHOANALYTIC INTERFERENCES 1983).

A particular problem arises for the children when parents not only make no effort to keep their conflicts from their children, but even attempt to draw the children into the conflict to take one parent's side. One partner may use disparaging remarks, expecting the child to become his or her ally; contact with the other parent is prohibited or at least disapproved of. Additionally, parents often attempt to use their children as detectives to determine what the other partner is doing, or by asking the child not to tell something to the other parent. Such situations put the child into a severe conflict of loyalties. On the one hand, he or she still loves both parents and, on the other hand, the child feels that if it does not meet the ally expectations of a parent, the child could lose the love of that parent (BERNHARDT 1986; DOUST 1983; LEAHY 1984; WALLERSTEIN/KELLY 1980; WILLE 1985 a, b).

These problems apply to the marriage crisis leading up to the divorce as well as to the period after the divorce when many parents continue their conflicts and disagreements. The extent to which children are drawn into these conflicts is often even greater than before the divorce.

What Divorce or Final Parental Separation Means to Children

The studies conducted thus far do not provide much insight into the significance of divorce and final separation for children. The most important findings are based on the concepts children have of what caused their parents to get a divorce.

Parents often believe that a child would suffer less from the divorce if he or she could understand the reasons for the separation. It has, however, been shown that there is no correlation between the child's understanding and the feelings he or she has regarding the parents' separation (LEAHY 1984). Usually, the parents only think the child understands the reasons for the divorce. Conversely, children create their own perceptions of the reasons for their parents' divorce. One of the most frequent children's fantasies is that the divorce is their fault. This impression is caused by a number of circumstances:

– Because the children tried to get their parents to make up even before the divorce, to them the divorce appears to be their fault for not having tried hard enough. The younger the child, and thus the greater the feelings of omnipotence, the more likely it is that the divorce is seen as a failure on his or her part (BURGNER 1985; WILLE 1985 a, b).
– Small children often view a divorce as a kind of punishment, as retaliation for forbidden actions or fantasies, or for misbehavior (BURGNER 1985; KALTER/PLUNKETT 1984).
– Children's egocentricity – the belief that everything revolves around them – can lead them to believe that only they could be the reason for their parents' divorce. It could be because the parents did not agree about how the children should be raised (which is often the case, as well as the parents frequently telling this to the children) (BERNHARDT 1986; LEAHY 1984; WALLERSTEIN/KELLY 1980). It could also be because the children assume that the parents, or at least one parent, doesn't like children anymore (KALTER/PLUNKETT 1984). And finally, the parents may have told the child that they stayed together until now for his or her sake, which

leaves the child with the impression that he or she was just not good enough a reason for the parents to stay married (PAUL 1980).

It is estimated that the proportion of children who blame themselves for the divorce lies between 30% and 50%, depending on age and study (LEAHY 1984; WALLERSTEIN/KELLY 1980).

Another thing that happens to children of divorce is that they lose more or less power. On the one hand, the child misses the second parent as a possible refuge and as an ally. Loyalty conflicts make the child feel helpless. And finally, the child's failure to bring about parental reconciliation limits its ability to control essential relationships.

Disappointment, grief and a sense of powerlessness cause the child's self-esteem to drop (KALTER/PICKAR/LESOWITZ 1984; LEAHY 1984). Frequently, children also feel ashamed or embarrassed in front of outsiders like teachers or classmates because they don't have a "real" family. Any discussion of such topics as "family" or "father" becomes torture for such children (KALTER/PICKAR/LESOWITZ 1984).

These problems also form the basis for the increased aggressions that are often observed. A child's anger is directed toward the father, who was unreliable and who abandoned the child, or toward the mother, who sent the beloved father away (BERNHARDT 1986; WALLERSTEIN/KELLY 1980).

The majority of children of divorce constantly yearn for their father and their parents' reconciliation – even years after the divorce (KALTER/PICKAR/LESOWITZ 1984; WALLERSTEIN/KELLY 1980; WILLE 1985 a, b).

Critique of Research Results and of our Study Design

The Relationship between Symptoms and Personality Development

A look at the findings discussed above prompts the question: Does it all really have to be this way? Is there any chance at all that a child can remain unharmed by a divorce? Even though the reported findings are proven, they must be taken with a grain of salt as far as they concern the personality development of children of divorce. It is indeed possible that divorce is the most frequent reason for seeking out a child psychiatrist, because it is easier for parents to discuss their child's behavioral problems or to get support when an "external" event can be "blamed" rather than their own (possible) failure. From this perspective, divorce could be viewed as an opportunity. It

is possible that children with problems (independent of the divorce) might not have received any assistance or therapy if their parents had not gotten a divorce.

The symptoms discussed are not *divorce-specific*. As is well known, symptoms are not directly induced by external events, but instead are ultimately the result of specific, personal forms of perception and defense processes.[3] For this reason, even intense divorce-associated symptoms do not rule out the possibility that the affected child can be helped to deal with his or her problems in *another* fashion.

The fact that divorce often leads to intense reactions (symptoms) in children does not mean that these children would not otherwise have developed these symptoms even as a member of a "complete" family.

The most important reservation from the psychoanalytical perspective centers on the developmental-psychological role of the symptoms. The appearance of symptoms is not necessarily equivalent to an a priori limitation of developmental opportunities. When life relationships break down, as in the case of a divorce, there *must* be reactions, insofar as the child has a good and stable attachment relationship[4] with both parents. Contrarily, a lack of emotional response could cause concern that attachment relationships were disturbed already before the divorce. Symptoms not only have a pathological aspect, but also a protective function. It is not without good cause that HARTMANN states the development of symptoms, under certain circumstances, can be the "best possible way to resolve a conflict". Finally, consideration should be given to the fact that reactions to dramatic events need not be neurotic, even when they look like neurotic symptoms. "Temporary developmental disorders" (ANNA FREUD) and "experiential reactions" (WALTER SPIEL) externally appear as neurosis symptoms, but disappear without any substitutes as part of the ongoing development of the Ego, whether or not this occurs as a person matures or with appropriate (pedagogic-therapeutic) support, without the fundamental conflict having been processed.

The standpoint that divorce reactions need not have irreversible negative impacts on personality development is supported by the only psychoanalytical study known to us: WALLERSTEIN and KELLY showed that within five years symptoms had disappeared in many of the children, and age, gender and personality-specific differences had balanced out. Approximately 40% of the children, as estimated by WALLERSTEIN and KELLY, were able to cope with divorce satisfactorily.

This already far more optimistic approach is supported by studies that focus on *intervention opportunities*. The following aspects play particularly important roles:

– providing the children with detailed information (BERNHARDT 1986; DARDE 1983; WALLERSTEIN/KELLY 1980),
– the avoidance of loyalty conflicts (see above),
– providing the mother with relief from social and economic problems, and finally,
– satisfactory visitation rights, which provide the child with the chance to maintain a good relationship with the parent who has left the family due to the divorce (DOUST 1983; LEAHY 1984; SCHWEITZER/WEBER 1985; WALLERSTEIN/KELLY 1980).

Several authors also feel that prevention programs have proven useful. These can be implemented within the framework of elementary school, such as in the form of a project on which all the children participate, including those from intact families (KALTER/PLUNKETT 1984; PEDRO-CARROLL/COWEN/ HIGHTOWER/GUARE 1986).

It deserves mention at this point that the lack of a clear relationship between symptoms and developmental limitations can also speak *against* an overly optimistic view of the chances for successfully overcoming the trauma of divorce. Namely, if the occurrence of a symptom does not necessarily indicate the presence of a developmental handicap, neither does its *cessation* by any means indicate that any existing psychological conflicts have been satisfactorily resolved. This holds true unless one deems *adjustment* – in the sense of being free of symptoms – a criterion for psychological health, which of course, radically countermands a psychoanalytical perspective. Secondly, in light of the social significance of divorce, it is not sufficient to assess the consequences of divorce purely in terms of (psychological) pathology versus normality.

Our Research Approach

The considerations presented above provide a general idea of our study's approach and direction. We focused on the following questions:

– How does a child *experience* divorce? In this case, particular attention was paid to determining the unconscious significance that divorce can have on a child.

– How does the child *cope* with this experience? Here we were interested in the defense processes, the development of symptoms and the modification of attachment relationships, and finally,
– What *impact* do the specific coping mechanisms associated with the divorce experience have on the child's further development?

Of course, the divorce experience, the way the child copes with it, as well as its long-term impact on personality development, are not independent of *external variables*, such as the marriage constellation prior to the divorce, the specific circumstances surrounding the divorce, the post-divorce period, and the familial interactions initiated by the parents. When we looked at these external variables and their interrelationships with the inner psychological processes in children of divorce, we aimed to pay particular attention to those that, on the one hand, are *conducive* to favorable personality development and, on the other, can be modified and influenced. Finally, opportunities and paths of *appropriate intervention* were studied.

Primary Findings

Immediate Divorce Reactions and the Post-Divorce Crisis

One of our initial hypotheses was that the greater the intensity and quality of the attachment relationship to the father,[5] the more devastating the divorce experience would be for the child. This connection may actually exist with regard to such emotions as grief, hurt and fear of losing the father forever although the extent of the fear is also dependent on earlier, unconscious fears such as the fear of separation, of castration and other anxieties, which are then activated by the divorce. Over time, however, we learned to distinguish between the spontaneous emotional reactions to the *divorce experience* itself, and those in the period directly following the divorce (*the experience of being divorced*). Even though the divorce experience itself produces intense (openly exhibited or, often, not exhibited) emotions, the child himself has not yet been changed by it. It seems that the period following the divorce has far greater significance with regard to the way the child copes with the divorce experience and to the course the child's further development takes. During this period, it is the mother, rather than the father, who plays a central role in the emotional conflicts; this not only because the mother represents the primary person of reference, but above all because

divorce changes the *maternal attachment figure*. Factors determining this change in the mother are:

– the psychological, social and economic burdens confronting the divorced mother,
– the burdens caused by the child's immediate emotional reactions and responses, as already discussed,
– specific, divorce-induced new emotional qualities on the part of the mother with regard to the child, such as feelings of guilt, hurt, blame for the divorce projected on the child, aggression against the child as the father's representative, and many others.

These factors can lead to the following changes in the mother's attitudes and behavior: she exhibits a low level of empathy, low tolerance with regard to the needs and demands of the child, and is more demanding of the child, particularly with regard to its adaptability and independence. Additionally, she is insecure, feels weak and has mood swings, none of which provide the child with a sense of security or nurturing (role reversals often occur between mother and child). The (now single) mother responds to the child's reactions with fear and helplessness. In conjunction with these the mother exhibits a stronger tendency toward emotional reactions as well as an increased urge to be like others and to deny conflicts. She frequently pays more attention to the younger children. The mother might also regress and become dependent on her own parents, with the mother becoming the child's sister and the grandparents becoming the child's parents. Many other changes can occur within the remaining "family". These changes can lead to the child's "no longer recognizing" his or her mother.

The mother-child relationship can also be changed by the child. There may be fantasies such as "I never thought she would do this to me!" (namely sending the father away), or "She drove my father away to punish me!" The child may transfer aggressive feelings toward the father to the mother. He or she may come to the realization that love does not last forever, and, therefore, there is no guarantee that the mother will continue to love the child either. These changes, along with numerous other factors, can result in vacillation between separation anxieties and aggression (directed at the mother); these fantasies and thoughts may then be confirmed by the real changes in the mother discussed above.

Because of these interactions, children of divorce not only lose their fathers, but part of the mother as well, namely the kind and loving part of the mother figure. (This is why it is completely justified to speak of *orphans of*

divorce from a psychological perspective). With regard to this point, where fear and aggression intensify one another, the absence of the father again plays a role. Mother and child are dependent upon one another, both in love and hatred, without a third party serving as a buffer and refuge to relieve the tension between them. With the loss of the father's "triangulation function", the mother's power increases, which exacerbates the conflicts described above, and above all the fears and anxieties; this ultimately leads to the *breakdown of the child's defense*. In this way conflicts that had been repressed become acute, with regression to an earlier developmental stage of the maternal attachment relationship playing a central role. This also explains the phenomenon that the extent of the post-divorce reactions of the child is not, as originally assumed, based on the intensity and quality of the paternal attachment relationship, but instead is due to the internal conflicts with the maternal attachment relationship.

The Loss of the Father's "Triangulation Function"

Frequently, the intense emotional upheavals shown by children after a divorce have yet another cause. In many cases, the projective tests that we conducted with the children showed that they had a high degree of internal conflict with the maternal attachment relationship, which doubtlessly originated in earlier developmental stages (that is, prior to the divorce), without either of the parents noticing any symptoms or other unusual behavior in the children at that time.

Excluding the possibility that the parents' responses were untrue or based on denial, we found that in such cases the child had an attachment relationship to the father that served to defuse conflicts before they exploded (symptomatically). Here, the intensity of the child-father relationship is not as important as the *qualitative* aspects that buffered the very specific attachment relationship between the child and the mother. Examples include a father's emotional warmth vis-à-vis a mother's over-demanding nature, a father promoting a child's independence versus a mother's being overprotective, a father's greater tolerance for conflict when the mother is strongly averse to conflict, or the formation of father-child alliances when the mother is in coalition with siblings.

In such instances, the child shifts from parent to parent to a certain extent, and takes from each one the necessary measure of fulfillment or relief. It is not necessarily the frequent physical presence of the father that counts, but,

more importantly, that the child maintains the picture of the father as a buffer in his or her mind.

The "*triangulation function*" fulfilled by the father can disappear in part or entirely through the divorce. When the father-child relationship is interrupted (even though this might only be temporary) or the child panics at the prospect of losing his or her father, the child becomes completely dependent on the mother, which opens the door for hitherto latent conflicts with her to become acute.

One particular form of triangulation, frequently found in conflict families, we call "*aggressive triangulation*". Here we mean the phenomenon that arises when the conflict between the parents defuses the conflict *the child has* with one of the parents. This occurs, for instance, when a child "participates" in the aggressive behavior exhibited by the father toward the mother, and is thus able to maintain an non-aggressive relationship with the mother. As long as these are temporary coalitions, the situation can have a positive impact on the balance of the child's attachment relationships. However, "aggressive triangulation" can also cause more severe, long-lasting changes in the child:

– If the (unconscious) identification of the child with the father's aggressive behavior toward the mother becomes too intense, a "superego gap"[6] can occur, so that the child is no longer able to control his or her aggressions, and an aggressive change in the maternal attachment relationship takes place.
– It can also happen that the child loses control over the ever increasing aggressive behavior that he or she has delegated to the father and the aggressive behavior becomes too powerful. The latent fear that children have of the "magic" of their own aggressions becomes more and more real. Such children tend to repress their aggressions, which often goes hand in hand with an identification with the mother and a libidinous withdrawal from the paternal attachment relationship.

Such "aggressive triangulation" in the pre-divorce phase can contribute to the sudden appearance of intense aggressive behavior, particularly toward the mother, in children who until then had been well-behaved and well-adjusted. These mothers then go through the pain of having the child assume the (aggressive) role of the father, since the representative expression via the father was the primary way the child overcame its own aggressions. The extent of the potential impact of such vehement aggressiveness toward one's

own mother, at a time when one is completely dependent upon her, must evoke tremendous fear in a child.

Age-Dependent Divorce Reactions

It goes without saying that the child's age plays a significant role in his or her reactions to divorce (WALLERSTEIN/KELLY 1980). However, it was more important for us to determine whether the child's age at the time of divorce influences the extent of traumatization. Our findings with regard to compensatory and aggressive triangulation showed us an important fact: the extent of psychological disruption is not only a consequence of the parents' separation, but is also dependent to the same extent on the child's history, i.e., the child's psychological socialization conditions *prior to* the divorce. First of all, it is not only the separation of the parents, but also the aggressive conflicts between the father and the mother that can cause trauma. Secondly, the internal conflicts that surface in the critical post-divorce period are often indicative of earlier psychological problems, which most likely – directly or indirectly – involve crises in the parents' relationship. It therefore appears that the time of the divorce itself is of secondary import. Often, crises between parents go back years, sometimes as far back as the birth of the child. With surprising frequency, it is the birth of the first child that can cause a schism in the parents' relationship and ultimately result in divorce. For this reason, we found traumata from earliest childhood in four- to six-year-old children of divorce; such traumata then became apparent through the divorce, but would also have played a determinative factor in the personality development of these children, even without the divorce.

In response to the question as to the age at which a divorce has a more or less negative impact on the child's development, one can state that generally the older the child is at the time of the divorce, the less middle- and long-term negative consequences seem to arise. The least favorable situation is that of smaller children under the age of four years, who have already experienced neurotic development prior to the divorce. For such children, the threat of severe ego disturbances and borderline development can not be ruled out.

If, on the other hand, one observes the psycho-dynamics of the divorce experience, this statement is of little practical value. If it is namely true that the divorce trauma is essentially the reactivation of earlier attachment relationship conflicts, the possibly lesser impact on older children can be explained by the fact that they have already progressed through a longer,

favorable developmental period. This advantage would, however, be negated, if the divorce were delayed only because the parents had stayed together for the child's sake, despite severe marital problems.

Another critique must be brought in against the general recommendation for divorcing as late as possible. Until now, we have looked only at divorce in terms of its psycho-dynamic processes relevant to childhood development. Studies reported in the literature (see above), however, indicate that the socialization conditions following the divorce are also very significant. Among the conditions favorable to a child's further development is without doubt the case in which the mother is able to enter into a *new partnership*, which allows the child to find a replacement for the father figure (entirely or partially missing from the child's life), who can provide the child with paternal love and serve as an identification and triangulation figure. Understandably, the likelihood of this happening is greater the earlier the divorce takes place.

Gender-Specific Divorce Reactions

Our research has shown that boys seem to be more directly impacted by divorce than girls. This also agrees with other studies (GUIDUBALDKI/PERRY 1985; LEAHY 1984; WALLERSTEIN/KELLY 1980). Several factors play a role here, each of which has been determined to be of greater or lesser significance, alone and combined with other factors:

– Children of divorce often become more "clingy" (more dependent on the mother), which many mothers are less likely to question or notice in girls than in boys.
– The single mother, now solely responsible for raising the child, becomes more powerful. In this case boys, who see themselves as members of the "stronger sex", may feel particularly weak, while girls, particularly those who have reached the post-oedipal stage, are well able to identify with a stronger mother figure.
– Associated with these behaviors is an often greater willingness on the part of girls to help their mothers with household work, which relieves the mother of some of her domestic responsibilities. On the other hand, the increased dependency of the boys is often felt only as an added burden.
– Boys often remind their mothers of the fathers, which places yet another burden on the mother-child relationship.

Based on these findings, it can be expected that boys need a step-father more than girls, and therefore would tend to accept a step-father more readily, which the literature appears to confirm (also refer to CLINGEMPEEL/IEVOLI/BRAND 1984; WALLERSTEIN/KELLY 1980 and the section "New Partnerships for the Parents").

Children Without Visible Divorce Reactions

A few words must also be said about children who do not show any reaction or appear to show only positive reactions to the divorce, in that they are quieter and better behaved, put forth more effort in school, become more independent, or even *lose* their previous symptoms.

We were able to examine a number of such children. Usually, they are the "trouble-free" siblings of those children who were brought in for consultation by their parents. In all such cases we determined that this was only a particular form of coping with the fears activated in the course of the divorce. More simply stated, we found that these children showed neurotic adjustment, often associated with indications of future developing depression.

We were surprised at the number of children who accepted the divorce or the (sudden) separation, according to their parents, without immediate emotional reactions. Even if one discounts cases where the parents were unaware of (existing) reactions, or where they did not want to see or even repressed knowledge of those reactions, the children's *denial* of the pain of separation or the fear of completely losing one of their parent figures appears to be a very frequent spontaneous defense response. It may also be that the anticipatory behavior of the parents and their hope that the children will not be impacted too severely by the divorce, which is subtly transferred to the children, plays a role here. An exception is shown only by very young children who have not yet developed an independent attachment relationship to the father and therefore barely notice his absence.

Under extremely rare circumstances, the opposite case may also occur, in which the familial situation is so difficult for the child that he or she – without any sort of denial, isolation or displacement – feels only relief that the father has gone away; in such instances, the separation does not cause major internal conflict with the mother figure either. We have yet to encounter such children.

Between Trauma and Hope

Let us return to children's immediate reactions to divorce – sadness or grief, fears, aggressions, and feelings of guilt – all of which can be expressed in myriad ways. If we keep in mind the developmental mechanisms of neurotic symptoms (see Note 3), we must conclude that the majority of children's divorce reactions are not neurotic symptoms at all, but just the opposite. These reactions can be seen as the breakdown of (ingrained) defense structures and the resultant release of (repressed) instinctive drives and fears.

Of course, this cannot be considered a stable condition, because activated instinctual conflicts set the necessary new defense processes in motion. This is exactly the point at which the child stands at a fork in the road of his or her future development: between trauma and hope. These "post-traumatic defense processes", namely, do not simply re-establish the balance that existed prior to divorce. The intensity with which earlier psychological conflicts resurface within a short period of time and the cumulation of associated fears can result in the regained sense of balance being far more "neurotic" than the earlier one. On the other hand, the breakdown of the old defense processes holds opportunities for the child's future development.

If, namely, psychological conflict resolution provides a means to reconcile or establish a compromise between fulfillment and fear avoidance, and (particularly in the case of young children prior to the latent phase[7]) if these fears primarily stem from the environment, i.e., the attachment figures, it follows that intervention in the process of the new "post-traumatic conflict resolution" can influence its direction.

When we can help children express their desires and wishes, approach them in a realistic way, give them the opportunity to safely express their feelings of disappointment, hurt or rage, and help their parents accept these expressions, and when we can help diminish the children's resurfaced fears and anxiety fantasies (fears of annihilation, being swallowed up, castration or separation) in both a verbal and non-verbal fashion, there is a good chance that the development of new pathogenic defense mechanisms can be prevented.

Under certain circumstances, even more can happen: Usually, defenses can be broken down only within the framework of a psycho-therapeutic setting. The shock of the divorce trauma and the associated (partial) disintegration of deep-seated defense mechanisms, with simultaneous support, also offer an opportunity to correct neurotic developments which

began prior to the divorce. In favorable cases, this means that pedagogic support by the divorcing parents can achieve actual *therapeutic effects*, which go above and beyond mere adjustment and temporary freedom from symptoms, to re-open developmental opportunities for the child.

In this connection, it deserves mention that the more tolerant the mother was of her children's spontaneous regression tendencies[8] during the phase of activated fear, the better the children of divorce were able to re-orient themselves. This can easily be explained in the framework of the concept of the dynamics of the divorce experience already discussed. It is plausible that such tolerance reduces the acute pressure on the child to repress and control resurfacing instinctual and aggressive tendencies. On the other hand, the greater these pressures are, the more likely it is that intense, and therefore pathogenic, defense mechanisms become activated.

Most authors agree that the positive development of the father-child relationship following divorce is of prominent importance for the child's further development. Children of divorce who enjoy a good relationship with their fathers have greater self-confidence (Leahy 1984), while those whose fathers take little or no interest in them feel unimportant and wounded (Kalter/Pickar/Lesowitz 1984), lagging behind other children of the same age in terms of self-esteem and social maturity (Wallerstein/Kelly 1980). Children of divorce with good paternal relationships have fewer symptoms and are better able to adapt to the new situation (Doust 1983; Leahy 1984).

Our research generally supports these findings. Nevertheless, several cases indicated that unresolved partnership and divorce problems between the parents are not the only stumbling block in the path of a good relationship between the child and the father, one that is as free as possible from loyalty conflicts (Bernhardt 1986; Doust 1983). Such a relationship can *also be rejected by the child*. This is rarely caused by interference on the part of the mother, but instead, arises from the child's unconscious efforts toward conflict resolution. The child might blame the father for the divorce (or project it on him), whereby anger is the response to being abandoned. It may also be that feelings of guilt make the child fear that the father could avenge himself. Another situation could be that the child has an internal conflict of ambivalence toward the parental attachment relationships, which can become so strong that he or she strives to avoid fear by differentiating between the "good" mother and the "bad" father (or vice versa, "good" father, "bad" mother).

Such cases require great sensitivity (and sometimes focused therapy as well) that result in the child being able to risk association with his or her father again. Otherwise, the father-child relationship has little chance of benefiting the child. Additionally, the child's trust in the mother can also suffer when she, in the child's eyes, is unable to protect the child from the (feared) father.

Long-term Developmental Consequences of Divorce

Basically, two types of long-term consequences of divorce can be distinguished: *non-specific* and *specific*. I define *non-specific* divorce consequences as the generally greater likelihood that the affected child will be less able to cope with difficult situations in the future than people who have not undergone the trauma of separation. The child will thus react with neurotic symptoms or behaviors, which are inappropriate reactions to the situation at hand, and therefore prolong, exacerbate or even trigger psychological suffering. The particular quality of these symptoms and reactions has less to do with the concrete separation experiences than with other personality characteristics that are independent of the separation trauma and which begin to develop on the child's first day of life. The reason for this exacerbated *neurotic disposition* lies in the above-mentioned radicalization of the psychological conflict during and after the divorce. The menacing nature of the conflicts, which must be banned from a child's consciousness by the so-called post-traumatic defenses, is far greater than that of conflicts which are gradually averted over of time – prior to the divorce – or even coped with successfully.

On the other hand, I define *specific* divorce consequences as those which are particular to the child's character, ways of experiencing things, and willingness to act, all of which can more or less be traced back to the separation trauma. These are above all the child's way of dealing with aggressions, its gender-specific self-image, feelings of self-worth, adolescence conflicts, internalized models for future partnerships, as well as typical strategies for resolving relational conflicts (Figdor 1991, and in greater detail in Figdor, 1997). I would like to provide only one aspect as an example: the ways in which separation from the father influences gender-specific self-image.

Imagine what it means for a little girl when the greatest love of her young life was scarred by the fact that the man, her very first love partner, abandoned her. Divorce is namely not only the loss of a parent through a

blow of fate, but always means abandonment as well. From their egocentric view of the world, most children are unable to understand why their father has left them – even if he and the mother no longer get along. "Isn't the love between us more important than the fights with mother? Father's leaving me can only mean that he doesn't love me, or doesn't love me enough!"

In other words, every separation is a betrayal of the love between the child and the parent who leaves. Such separations are associated with great narcissistic wounds and a major loss of the child's self-esteem. Anyone who has been abandoned by a partner is familiar with the questions that arise: "Wasn't I good enough, or pretty enough, or intelligent enough?" or "Didn't I fulfill her/his expectations?" Every time we are abandoned, part of our self-esteem is taken away as well.

Nor should it be difficult to understand what it must mean for a young boy when the person who is his sexual role model and who sets his most important example, is suddenly gone. Now the boy lives with a woman whom he loves, but who, at the same time, is the head of the household, has the say in things and is the stronger of the two. The boy thus grows up under socializing conditions that always have the woman as the stronger partner, the dominator, and he, as the "man", is the weaker, the dominated.

Such early childhood experiences, we can see, are also unfavorable for later partnerships. It could be that the children are extremely dependent on their mothers and remain in a dependency situation for quite a while. Or they could fall head over heels into the first relationship which allows them to break free of the dependent situation. Another possibility involves the phenomenon of *transference*:[9] here, fantasies and unconscious patterns seen in the opposite gender are transferred to a future partner. A man sees, expects or fears (unconsciously) that his own wife is the mother who once dominated him. Conversely, a woman may see in her husband the father who once left and betrayed her, and from whom she (naturally also unconsciously) expects or fears the same. A partner may even be selected according to this pattern; in other words, men subconsciously choose such dominating women, and women seek out men who then indeed leave them. Even when this is not the case, these fantasies and fears are disadvantageous when entering into a partnership. Such considerations bring us to the root of why so many divorces occur between men and women who were also once children of divorce.

In view of the grave long-term consequences of divorce, the question could arise as to whether or not it is pedagogically *responsible* at all for parents to get divorced. Here, we must remember that:

– the alternative to divorce is not a happy, but instead, a partnership fraught with conflict, and that parental conflicts also have a pathogenic effect;
– a portion of the long-term divorce consequences also can be ascribed to the conflict-laden, family-related conditions for socialization *prior* to the divorce.

One more thing should be taken into consideration. Divorces are not created equal and can differ significantly. The following questions, for example, might arise: Under what circumstances will the children live with their parents after the divorce? How well can the parents (reference persons) support the child? I have already indicated that even a traumatic breakdown contains a quasi therapeutic opportunity (which, as a rule, requires professional support for the adults and/or the children; see FIGDOR 1994 and 1997).

New Partnerships for Parents

New partnerships for the parents, especially the mother, are among the opportunities for children to successfully cope with the trauma of separation, in particular the long-term consequences. That the mother's new partner actually has a beneficial effect on the child's personality development may naturally not be assumed from the start. There is good reason why a second marriage provides just as good an opportunity for the first symptoms to surface as the divorce itself. Of the numerous factors which interact with one another here, our experience has shown that two are of particular significance:

– From the child's perspective: The more completely the child has overcome the fears of separation from the mother that were activated or generated during the divorce, the easier it will be for the child to accept the mother's new partner, without fearing the loss of the mother to the new man. (Whether or not this is the case may or may not be evident from the child's outward behavior; see the section "Children without Visible Divorce Reactions"). One exception is when the new partner replaces the father immediately. If the child has already developed a good relationship with the new person (even before the divorce), the described impacts of

the divorce on the child's relationship to the mother figure may be avoided. The trauma of divorce remains latent, to a certain extent, a fact which becomes evident at the latest when this new relationship ends as well.
– From the step-father's perspective (as well as the parents'): Again, it depends on whether or not the step-father and the child are able to carefully build a relationship that does not create a conflict of loyalties between the child's (still beloved) father and the (generally desired) new male figure.

Conclusion: Divorce, Death and War

I have worked a lot with children of divorce, with patients who lost a parent during childhood, and for two years with a 10-year-old Bosnian refugee who lost his entire family. Despite the widely differing reasons and types of separation and the diversity of the details of each child's fate, the similarities of the traumatization are remarkable. I hope that now that I have attempted to show which psychodynamic processes constitute the divorce trauma these similarities no longer surprise the reader, but instead become more explanatory:

– the overwhelming emotions of sadness, anger, desperation, fear, guilt;
– the sudden to gradual breakdown of the child's defense mechanisms, which allows old psychological conflicts to resurface;
– the new "post-traumatic" defenses at a pathogenic level, which also allow the child to adapt to the new circumstances to a certain extent;
– the so-called long-term consequences of the separation experience, which occur in every type of separation.

For all three groups of traumatized children, a new home could well be a safety net for the child. (If we remember that recouping triangulation possibilities in the form of the mother's new partner is very important for the psychological development of the child, we can appreciate that the SOS Children's Villages, despite all their advantages, incorporate a not-to-be-underestimated structural deficit in that they restrict themselves to the "maternal family".)

Nevertheless, one cannot deny that there are also differences in the types of traumas experienced. I tend to think of these differences as more quantitative, however. For many children of divorce a continued relationship

with the father is the main chance to overcome the trauma of separation. Children whose fathers have died, as well as many children of divorce, do not have this opportunity. The second difference has to do with the mother figure. Even if a child of divorce loses a part of the "good" mother figure in the course of these experiences, it is, of course, far more difficult and traumatic when the child physically loses not only the father but the mother as well. It goes without saying that *one* difference is not of a gradual nature. The *horrors* to which children are exposed during war have no comparison. A person, regardless of age, cannot be the same as he or she was before such an experience, because the world has shown itself from a side that we and our children know at best as a nightmare. It is not the separation, but the incomprehensible evil, the terrors that children experience in war that set them far apart from the children of divorce.

Notes

1 Revised and updated version of an article published under the title "Between Trauma and Hope. A Psychoanalytical Study of Children of Divorce" that appeared in the Sigmund Freud House Bulletin 1/1988. Several of the psychoanalytical terms will be defined in footnotes for readers who may not be well versed in psychoanalytical terminology.

2 A detailed report of the study results is found in Figdor 1991.

3 From a pyschoanalytical perspective, a person's psychological make-up is essentially characterized by the fact that vital needs, tendencies and feelings are always in conflict with opposing needs, tendencies and feelings (for example, independence versus a need to belong, feelings of love versus feelings of aggression, aggressive impulses versus internalized moral attitudes, etc.). If an individual is unable to resolve these conflicts in everyday life, e.g., by finding tolerance in his attachment figures or by utilizing symbolic solutions (reflection, art, fantasy, games), such conflicts can cause feelings of shame and fear in particular. Here we mean fear of retribution, but also fear of one's own tendencies. Should these feelings of shame and fear become unbearable, the individual has no recourse but to *defend* himself from these conflicts by *repressing* part of the conflict from the conscious mind. But such conflicts maintain their power even in the unconsciousness, always threatening to resurface in the individual's consciousness. For this reason, these conflicts undergo a type of "processing" through the *defense mechanisms* – still at the unconscious level – which ultimately leads to (neurotic) symptoms. Hate, for instance, becomes overprotectiveness, as evidenced by an overabundance of love or fear for the particular attachment figure. A preference for disorder or filth becomes a need for absolute cleanliness and order (obsessive-compulsive behavior). Aggressive tendencies are taken out against oneself (depression) or transferred to other attachment figures or objects (phobias). Affects may be transformed into physical responses and much more. Particularly children are overburdened by psychological conflicts, which means the majority of our repressions occur in our early childhood. These build the lifelong

foundation for neurotic reactions. No one can avoid a certain degree of defense; we would not even be able to live with one another or pursue our goals without our defenses. Whether or not neuroses emerge from these defense processes depends on the intensity of the fears accompanying the conflicts and on the types of defense mechanisms.

4 An "*attachment relationship*", in psychoanalytical terms, is the subjective picture that an individual makes of his or her relationship to another person, i.e. "attachment figure".

5 For simplicity's sake, I will refer to the parent who leaves the family due to divorce as the "father" and the care-giving parent as the "mother".

6 Between the ages of 4 and 7, the child internalizes normative and value-based behaviors (attitudes), which he or she observes in the parents. FREUD called the psychological instance created in this fashion the "superego". The rules, prohibitions and value judgments which were previously imposed by external attachments (above all, by the parents) to counter the child's instincts and spontaneous actions, are now experienced as internal psychological conflicts. An (instinct-restricting) superego is vital for socialization. A fragmented superego can lead to asocial behaviors, while an over-strict, instinct-repressing superego can augment internal psychological conflicts (see note under *Defense Mechanisms*) to such an extent that symptoms occur under which the individual later suffers.

7 From a psychoanalytical perspective, the *latent phase* is the period between age 7 and puberty. In this phase, the child's superego (see Note 6) has completed its development and defenses against early childhood conflicts have stabilized (compare with Note 3).

8 Regressive behaviors on the part of children of divorce are an attendant phenomenon of the breakdown of defense structures. They are expressed by such indications as dependency, clinginess, the wish to control the mother, fear of being alone, whining, bedwetting, etc.

9 From a psychoanalytical standpoint, *transference* is defined as the phenomenon where in all social and emotional relationships aspects of childhood relationships or relational patterns are unconsciously projected onto the partner, in a more or less intense way, such as needs, expectations, feelings, associated social strategies, and many more.

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“If I could become anyone else in the world...”

Traumatization through Separation and Loss

Karl Hrdina

> A Rabbi, whose grandfather was a scholar of Ba’al Shem Tov, was asked to tell a story. “A story,” he said, “should be told in a way that helps.” And so he told his story: “My grandfather was crippled. Once, someone asked him to tell a story about his teacher and mentor. And he went on to tell about the Holy Ba’al Shem Tov having the habit of jumping around and dancing while he prayed. My grandfather stood up and got so caught up in the story himself that he had to show his listeners how the Master had hopped and danced around. From that moment on, he was healed. And that’s how one should tell a story.”
>
> M. Buber, Stories from the Chassidim

The title of this article is based on a very common psychological test known as the Sentence Completion Exercise and is only one of about fifty unfinished sentences that a patient is asked to complete using his or her own imagination. As the former staff psychologist at the SOS Children’s Village Curative Pedagogic and Therapeutic Center in Austria, I gave this test to about 300 children, who were either living apart from their relatives or had lost their families. Few of these children were full orphans, however. Approximately 100 of the children were in the process of being separated from their families and had been brought to stay at the Clinic to process and clarify their future out-of-home care. The majority of the children had already lived in an SOS family for some time prior to their admission to the Clinic and had been sent to us for severe behavioral problems.

For me, the above sentence has always been a vital way to discover more about the self-images of children affected by separation or loss. Of course, nearly all children, and even adults, have at one time wanted to become someone else, even if only to give their imaginations free rein.

I also chose this title to illustrate my intent not only to discuss the actual separation experience itself, but also to cover the broader impacts that separation has on a child’s personality and his or her life. As a staff

psychologist for SOS Children's Villages, I am very much involved with the out-of-home care of children, who for a multitude of reasons can no longer live with their parents.

The questions posed are: How do separation or loss influence the children's later life? Are the findings at SOS Children's Villages significant for care-givers responsible for the children? To what extent are such findings generally applicable outside SOS Children's Villages?

What SOS Children's Villages can Offer Children after Separation or Loss

The mission of SOS Children's Villages as an organization is to help children who are in need with regard to their care-giving situation and who must be, or have been, separated from the care-givers they have had to that point. Our most profound concern is to provide these children with an environment which fosters their development to as great an extent as possible, and where they can grow up into socially well-integrated adults. BETTELHEIM defines this objective as follows:

> Self-respect and a feeling that life is worth living can lead to self-reliance and independence. These are the essential components of spiritual and mental health; genuine autonomy is the result and is Man's greatest achievement. (The Way Out of the Labyrinth).

The central principle of our pedagogic concept is the SOS family, which provides the foundation for developing a permanent and stable relationship, and, in contrast to the biological family, fulfills conventional educational tasks, as well as placing greater emphasis on the responsibilities involving therapy and child development.

The years of experience and findings with regard to the status of children placed in our care enable us to introduce or develop additional measures to help them satisfy their fundamental needs for self-respect and develop an appropriate life perspective. Included among such measures are:

– a well-organized and well-coordinated admission procedure, which should make the transition to the new out-of-home care situation as easy as possible for the child;

– providing a parallel psycho-therapeutic support system for children and youth, as well as psychological support and consultation for the SOS Mothers on child-rearing and educational questions;
– collaboration with the children's biological families (known as "working with the parents"), which is essential to the development of the child's own identity;
– a regular review of the child's perspective of life; and
– offering possible admission to the SOS Children's Village Curative Pedagogic and Therapeutic Center.

Do the results meet expectations? This question, which goes above and beyond our duty to the public to account for our work, we must constantly ask ourselves for the sake of the children and in our own self-critical interest. This not only involves the light cast upon the organization as a whole, but also means that we continuously need to review and scrutinize the different aspects with regard to their potential for further development. It also means that even if the model of the "SOS Children's Village as an accountable and adaptable form of care" has proven itself in general, we continue to view our task as one of casting a critical eye upon various aspects of our work, such as for example the admission procedure for children or the collaboration with relatives, as compared to state-of-the-art experiences and outside research. First and foremost, we are concerned with the issue of how to properly assess and incorporate the effects of the separation itself into the planning of appropriate care-giving measures.

What does Separation Mean to a Child?

Separation of a child from his or her parents poses a life-threatening crisis, which affects in a special way the child's self-image and the way he or she sees the world. My experience has shown that immediately after the separation, a child's predominant reaction is a passive, "what ever happens, happens" attitude. It is rare that emotions such as grief and anger, incomprehension, or even relief are expressed openly. All the child's senses are in an anticipatory mode, with the child usually being somewhat anxious about the new environment.

Questions regarding the child's self-blame for the separation, his or her sense of solidarity with the parents, hope that the parents will come, and

doubts about his or her self-worth, etc. first surface after some time and are the decisive factors for the child's further development.

We distinguish between three main reasons for separation: a) *the parents are unable to handle the situation*, b) *the child is being neglected*, or c) *the child has been injured or abused by the parents*. Depending on the background and reasons for the separation, there are diverse psychological influences on the children.

What Needs does a Child have Following Separation?

When a child is separated from his or her parents, the child must be respected as the victim of the *current situation*. His or her emotional state is to be taken seriously and shown consideration in all circumstances. Subsequently, it is necessary for the child to confront the retrospective as well as the prospective aspects of the situation. Both factors appear to me to be of fundamental significance for the child's further development.

The *retrospective aspect* looks at what has happened and relates to the need both child and adult have for some explanation or clarification. In this case, "clarification" means security and safety, discusses the question of blame or guilt, and in conjunction with other factors, plays a major role in determining a person's sense of self-worth.

Just as important, if not even more so, is the child's *view toward the future*. Every inch of the way, the care-giver must continuously ask him- or herself whether the child is acquiring a positive perspective of life (Who is the primary reference person? Where will the child spend most of his or her time? How long will the child be there?).

Taking all three aspects of time into account – past, present and future – supports and fosters the child's connection to reality.

Need for Explanation and Clarification

It is vital for a child's further development that an explanation of circumstances up to that point in his or her life be provided. How did the child experience the separation? How does the child judge his or her role in what happened? The child looks to the past. The question is repeatedly asked whether or not it is good to dig around in the past and open up old wounds. On the one hand, such a confrontation with the past occurs automatically as

a psychological coping mechanism, and on the other, we often base our actions on our interpretations of past occurrences.

In my experience, every child has his or her own personal explanation for what happened, as well as an idea of who is to blame. Our task is to help the child "soften up" and dissolve possibly destructive explanation systems that he or she might have. The question of blame is multi-faceted. According to S. FREUD, blame and feelings of inferiority can often not be distinguished from one another. I would like to illustrate this by means of the following example:

> A. thinks that she is a bad child. She turned on the stove and the fire department had to come. She pushed her mother's baby from a chair. In addition, we suspect that her mother's new husband has behaved inappropriately with A. (who is being raised by her grandmother). Throughout her childhood – she has lived in an SOS Children's Village since she was six – she has shown very little reserve and is very responsive sexually. She clearly considers her living away from home in a foster care situation the result of her supposedly evil deeds. The logic here is: she deserves to be blamed for her evil behavior, and as an evil child, she is not worth loving.

If separation is initiated due to sexual abuse, physical abuse or one parent committing suicide, the *child* often feels responsible for the breakup of the family, and believes he or she is responsible for having to live in foster care.

By involving relatives in the explanation and clarification process, which is ongoing, it is possible to foster the child's sense of reality and the development of his or her personality in a positive fashion. If this process fails, the child may not recognize reality properly and have a permanently negative self-image.

It is not necessarily the frequency with which the child comes into contact with his or her relatives that is important to the success of this process. In some cases, such contact may even present stumbling blocks to the child. For instance, the child might be exploited ("my mother can't live without me, or might even commit suicide"), there could be rivalry with new siblings/children and partners ("you are responsible to me first, and not your new family members"), or the child might feel a need for revenge or retaliation.

Perspective of Life

In addition to understanding the circumstances which took place up to that point as factors contributing to a child's identity and self-worth, the second

fundamental need for a child is to come to grips with the new view of the future and be given the opportunity to put things into perspective. Without taking this into consideration, the child's chances for positive development are hampered. If explanations alone are offered, everything tends to go in circles. Other essential questions that must be answered for the child are: Where do I belong? How long am I going to stay here?

To provide the child with the opportunity to learn new things and integrate them into his or her life, it is vital that confusing items be clarified to as great an extent as possible, and that as many actual conflicts as possible be solved. A child who is unable to get used to or accept his or her new surroundings is unable to develop properly. Such conflicts can be destructive for the entire group as well.

Continuing or even establishing a relationship with the child's relatives can also fill valuable needs with regard to his or her view of the future, not even taking into account the function of developing the child's own identity. Here, this could mean support for the child's current needs (material, leisure time, common activities), as well as putting together a plan for the future, such as being able to move in with relatives at a later date. Again, I would like to provide an example:

> B.'s SOS Mother will soon retire. His biological mother, who became a prostitute at very early age and now leads a very unsettled life, agreed to the recommendation by the social worker that B. should live at the SOS Children's Village. When he was 10 years old, his mother contacted him again. With the support of her current husband, she was able to make a new life for herself. From that point on, she visited B. regularly. She wants B. to move back in with her after he has finished mandatory school, provided he finishes school successfully. This move to his mother's was successful and today B. is working at a highly skilled job.

Particularly with regard to the relationship between the SOS Children's Village and the children's relatives, I would like to emphasize how important it is for a child to have a sense of the future. Unrealistic promises, competition among the adults for the child's affection and attention, or involvement of the child in family conflicts do not give the child a good perspective, but, instead, can be extremely destructive and cause the child to question everything. We should take this into account in difficult situations.

The most frequent sources of problems and hurt resulting from a child's contact with his or her biological family are the hidden messages given to the child by his or her parents that they will soon be together again. Even

though this is understandable from the human perspective, all it does is lead to major disappointments for everyone involved.

It is not difficult to see why dealing with the child's biological family is necessary for the child, but is not always easy for the people involved. That is why the relationship between the SOS Mother and the child's biological mother as such already contains the seeds of contention, which sometimes surface as hidden competition, or can even erupt into open conflict.

> During arguments, C. (10 years old), already severely abused by his mother, frequently declared to his SOS Mother that she wasn't his real mother, that he didn't care for her at all, and that she didn't have the right to tell him anything. His own mother supported C. in these statements, and repeatedly promised him that she would file an application for his return to her. The SOS Mother agreed to C.'s leave of absence, primarily so that he could see how well he had things with her. She was very disappointed when C. decided he preferred living with his own mother.

Separation – Yes or No?
Which Type of Out-of-Home Care is Best?

A discussion of such questions may seem surprising since the laws clearly state who has the legal authority to decide on the foster or out-of-home placement for children. It is certainly not the enrolling institution or the family that makes such decisions. Nevertheless, the care-giver should be familiar with the decision-making process and his or her role therein. Not infrequently, he or she as an "expert" is forced to give a decisive opinion, which he or she is not authorized to give and that ultimately may even destroy future opportunities for collaboration. Under such circumstances it is necessary to monitor and control one's urge to help and play a starring role.

We should also be aware that information about possible out-of-home care facilities (their willingness to accept new children and their quality) affects the decision-making behavior of the responsible agencies and also has long-range effects on the development of youth welfare services. It therefore makes little sense to become involved in problematic issues which get you in over your head and only serve to defuse the immediate situation; this can ultimately be to the detriment of all involved.

The following question arises: Is it possible to utilize the behavior of children to be placed in out-of-home care facilities to glean information

concerning care-giving and organizational decisions? What are the "points" within the scope of a child's behavior, and how can we recognize them so they can serve as a basis for our decisions?

I would like to attempt to approach these "points" on the basis of verbal and non-verbal cues from the children, as well as on their behavior during the separation, and after they become used to living in foster care. Let us first look at the status of the children at the time of separation, prior to their possible enrollment in an SOS Children's Village. There are two tasks involved: first, providing the children with opportunities that allow them to cope with the separation as well as possible, and secondly, making the correct decision for their future care.

> Two siblings, D. (an 8-year-old girl) and E. (a 14-year-old boy), move to a women's center with their mother, seeking refuge from their mother's last "significant other". One month later, the mother moves in with another man and leaves the children behind. The mother's whereabouts are unknown. When the children are approached with the possibility of living in an SOS Children's Village (after more than a month's stay at the SOS Children's Village Curative Pedagogic and Therapeutic Center), D. is very open to the idea, while E. turns it down emphatically. He thinks that it would be a good solution for his sister D., with whom he clearly has a good relationship, but that he could no longer accept a mother as an authority figure and would therefore prefer to be in a foster care facility without a "mother figure". The children's wishes, at our recommendation, were honored by the youth welfare authorities, and the later positive development of both children confirmed that this decision was correct.
>
> F. (a 9-year-old boy) rebels against going to school. When there is trouble, he regularly seeks refuge for several days by going to his grandmother's house, a few doors away. Out-patient consultation and in-patient care at a clinic do not change things. He wants to continue living with his mother (and step-father and two half-siblings). Relatives and the youth welfare office feel that foster care would be better for him, so he is eventually placed in an SOS Children's Village. To date, his positive development indicates that this, too, was the right decision.

These two examples are intended to represent much of our experience that when a child verbally agrees to foster care, a new living situation, or even speaks out in favor of the separation itself, it *can* be a decisive factor, though it *need not* necessarily be. While a child might understandably oppose foster care at the moment, this decision might still turn out to be the appropriate one. In the long term, the success of our care-giving depends upon the child's adjustment to and acceptance of life at an SOS Children's Village.

In this connection, I would like to point out the unique situation when larger groups of brothers and sisters are enrolled. The oldest children are in a particularly difficult situation. They often serve as the links to the parents, and following the separation, still acting as their parents' proxies, may feel particularly responsible for their younger siblings:

> Even before his mother's death, G. (a 12-year-old boy) had to assume the role of the father in his family (three pairs of twins, one oldest child and one youngest child). He continued to exercise this "paternal authority" within the SOS Children's Village, which led to considerable conflicts and arguments with the SOS Mother. When he hit the SOS Mother ("women have to obey"), he was moved to the Curative Pedagogic and Therapeutic Center for a longer period.

Even when every effort is generally made to enroll brothers and sisters from the same family together, individual children often have extenuating individual circumstances that must be taken into account. For example, within one group of siblings, the new living situation can mean relief for one child, while presenting a problematic and stressful situation for another.

In addition to being able to accept new people and find his or her way around in a new environment, the separated child must also adapt to the specific conditions of the respective out-of-home care. In the SOS Children's Village, the child must become part of the "*family*" in which he or she will now live. Those responsible must therefore give considerable thought to whether or not this would be too great a challenge for the child's new family or for the child.

Just as a child's verbal consent or rejection of separation seldom provides a good indication of the child's future development, his or her behavior during this dramatic phase provides little insight. We know of cases in which the entire family, including the children, fought the separation tooth and nail, while at the other end of the spectrum some children were already waiting for the social worker's car in front of their parent's house, holding their belongings, without anyone there to even say goodbye. After some time had passed, in some instances the situation had completely changed again.

It goes without saying that out-of-home care can also have drastic negative impacts on the child's further development. Sensitivity and preparatory measures are essential prerequisites, so that the child does not experience the separation as a totally unexpected, overwhelming blow. We have also come to realize that as future foster care-givers, it is better not to pick the child up at his or her previous home, because the idea that it was the

new family who had initiated the separation could become ingrained in the child's mind.

Whenever a new child comes to live at an SOS Children's Village, it is vital that the care-giving philosophy and environment and the people involved are *well-matched* (within a relatively broad spectrum). This applies to every form of out-of-home care. In this way, a constructive care-giving and educational framework can be created to ensure the satisfactory growth and development of the child within a family-based community. Once this "fit" is established, there is nothing left to stand in the way of a child's positive development – with the logical exception of the child-rearing problems that appear in every family.

Has the Child's Integration into the SOS family been Successful?

How can one tell whether or not a child responds to our care? This question can not be posed to a child when he or she is still very young. Even if the child could answer, he or she does not know any comparable alternatives, cannot judge the outcomes, and is not aware of the various influential factors. Again, it is the child's *behavior* that provides the actual indicator of how well he or she is coping with the separation.

The key question is whether or not the child is able to *genuinely adjust internally*. This question can usually only be answered much later, including far after the actual time that the separation took place. This involves both the ability as well as a willingness to adjust, whereby with only a few exceptions younger children are more likely to have an instinctive need to seek and enter into new relationships. I have intentionally not discussed the artificial expectation of creating an ideal mother-child relationship; such a relationship cannot be prescribed, it is not a "must," as much as it is a "can". A precondition for a child's satisfactory development is that he or she accept and adjust to the care-giving environment, even if that only occurs after some time has passed.

The criterion we use to determine a child's integration or non-integration is thus deemed "adjustment" or "adjustment problem" (apparent adjustment, maladjustment, rejection). When adjustment is truly successful, there is no need for any further compensatory measures. We would therefore like to continue our discussion with adjustment problems, because they force the care-giving situation to be reconsidered.

Adjustment Problems

I would like to call the main adjustment problem "apparent adjustment". This refers to the child's outward behavior and indicates a discrepancy between his or her outward (demonstrated) behavior and the child's "secret" (concealed) behavior. The child's apparent comprehension of the situation is at odds with his or her deviant behavior (for example, messiness, avoidance of work or homework, bullying, theft, instigation, deviant sexual behavior or actions, bedwetting).

> Even today, I can still see H. sitting in front of a disciplinarian, his head hung in shame, while the disciplinarian discussed why stealing is wrong. When the talk was interrupted by a phone call – the disciplinarian only turned his head away for an instant – H. stole money from the top of the desk. The care-giver only noticed the theft after the discussion had ended and began to doubt his pedagogic capabilities.

This manifestation was or is called "neglect". An individual with a "neglected" personality is not capable of forming partnerships, and instead uses the community to his or her own advantage, to the disadvantage of others.

> Asocial behavior exists when the individual once or repeatedly disobeys laws recognized by the majority or breaks with the prevailing morals. ... The term is taken primarily from a sociological perspective. Neglect exists when the permanent asocial behavior or actions come from a disturbed or abnormal personality.. ... The term is primarily a psycho-pathological one. (NISSEN 1976)

Even though NISSEN distances himself from the term "neglect" and the term no longer appears in the newly revised ICD-10 diagnostic scheme, many concepts still applied in actual practice continue to be more or less structuralist in their approach. A theory is called "structuralist" when the causes of the behavior are assumed to be internalized in certain "inherent" personality or family structures that cannot be grasped directly. Behavior can be modified by influencing (the more or less accessible) mechanistic cause-and-effect relationships. For example, if one assumes that a child who destroys all of his or her toys is following an inner destructive drive, this behavior can be modified only by lessening the aggressive drive or by developing internal inhibition mechanisms.

Conversely, according to the constructivist (systems theory-based) approach, the sense units assumed to be reality are constructs defined as "sense elements consisting of elements and operations, which they

themselves construct autopoietically" (KRIEGER 1996). One result of using this model is that one examines the communicative conditions and effects of aggression, and need not operate according to prescribed aggression quantities.

Explanatory Models for Adjustment Problems

In explaining these symptoms, I would first and foremost like to discuss these two approaches - the structuralist and the constructivist - which provide the means for deriving specific conclusions for practical applications. In trying to arrive at the suitable pedagogic response, the possible reasons behind adjustment problems play an important role. Which theoretical model is more applicable to the ever-so-frequent occurrence of the apparent adjustment phenomenon during out-of-home care?

With great detail, authors who are oriented toward deep psychology and psychodynamics in the field of child psychology have examined the phenomenon of neglect. ANNA FREUD, BETTELHEIM and WINNICOTT tend more toward the theoretical side, while AICHHORN, MERINGER and PICKER are practitioners. Their discussions are based on the assumption that the behavioral picture of "neglect" corresponds to a particular personality structure.

When planning a therapeutic procedure, ANNA FREUD established four diagnostic categories, classified according to the type of inner conflict. Neglect, according to her classification, falls under the fourth category and therefore is considered a variant of infantile neurosis. The difference between this and true neurosis, which can be analyzed, is that in the case of infantile neurosis, the conflict between the Id (the unconscious) and the Ego is reconciled within the child's personality:

> When libidinous relationships are retarded during development or are damaged by events such as disappointment in the attachment figure, separation from the attachment figure, or the loss of the attachment figure, they prove to be too weak to contain the amount of aggression. ... Whenever it is impossible to rebuild the fusion between aggression and libido with new, successful connections to the attachment object, the further developmental path of the child is one of neglect and criminality. ... The judgmental (controlling) aspects of the Ego are unable to resist the influences of the regressive instinctual drives; instead, they adjust and degrade themselves, which means regressing to a lower developmental stage in an attempt to eliminate any opportunities for conflict between the Id and the Ego. ... In such cases, if the analyst wants to be something other than an interference,

> he must work to re-creating the internal contradictions between the Id and the Ego. In other words, he must favor or even induce the same sorts of conflicts of which he is trying to relieve the neurotic patient. (A. FREUD 1968)

From this explanation it follows that neglect can, but need not, result from separation. A trauma could already have occurred far earlier. In the first case, where neglect can be directly associated with the separation, it is possible to take precautions to "detraumatize" separation situations. In any case, neither psychoanalysis nor psychotherapy should be given priority, but rather, emphasis should be placed on establishing a relationship.

WINNICOTT speaks of the "antisocial tendency" as a personality correlate to neglect:

> The antisocial tendency is expressed in theft and dishonesty, incontinence and general slovenliness. ... When an antisocial tendency exists, one must also assume that real deprivation is also present (not merely a simple lack), meaning that something good that was present in a child's experience at a certain moment, has been lost. ... There are always two tendencies comprising the antisocial tendency. ... The one is typically expressed by thievery, the second by destructiveness. ... A child who steals something is searching for its mother, to whom the child has a right. The latter tendency is used to express the child's search for the degree of stability in his or her environment which can withstand the stress created by the impulsive behavior. ... The suitable method of treatment is to make available a type of child care in which the child is re-discovered and in which he or she can begin experimenting with the Id impulses – a type of child care that one can push to the limits. It is the stability of the new environmental conditions that has the therapeutic effect (1983).

The issue of the fusion between the aggressive and libidinous components of the personality seemed artificial and academic to me until I met children in whom such fusion had not taken place. In the course of my therapeutic work, I have worked with around half a dozen such children. All of them were brought to us with severe symptoms of neglect. The more one attempted to become close to each of the children, the worse the polarity between over-adjustment and destructive behavior became.

> I. (a 12-year-old boy), for example, suddenly began to speak using only proper grammar instead of slang, and behaved as gently as a lamb. We were particularly astonished by the use of proper speech, since we did not know where he could have learned it. When this situation lasted for several weeks, some of the staff began to speak of a "miracle cure". His behavior changed radically when he turned 13. We were forced to expel him when he and a friend stole a car from the

> SOS Children's Village Curative Pedagogic and Therapeutic Center, only to destroy it and then run away.

Psychoanalysis considers neglectful, spoiling and erratic pedagogic behavior, as well as unintentionally ambivalent, pedagogically maladjusted attitudes on the part of the parents, to be at the root of adjustment problems. HARTMANN (after NISSEN 1976) set up the following classification for the severity of neglect: instability syndrome (low), asocial syndrome (intermediate), criminality syndrome (considerable danger to society).

Traditional curative pedagogy has a bio-structural orientation; one of its major proponents for quite some time within the SOS Children's Villages was ASPERGER. Here, neglect is first and foremost viewed as a character problem ("integrated debility"), which can be counteracted with relationships providing human guidance.

Any forms of therapy and corresponding schools of thought, which are not concerned with the individual but focus instead on the family or social systems in general, do not use the term "neglect" since it represents the diagnosis of an individual patient. In structural family therapy, for example, social adjustment disorders in individuals are viewed as expressions of a dysfunctional family structure. Emphasis is placed on the fact that in a functional family, generational levels must be clearly distinguishable from one another, and younger members must respect older members, which plays a significant role, even when families members are separated (MINUCHIN and STIERLIN). BOSZORMENYI-NAGY highlights the significance of ingrained familial bonds:

> As they grow up, adopted children are faced with an almost inevitable problem. Giving up a child for adoption, the secrecy, ... all these manifestations produce an element of denial and insincerity. ... Because of this veil of insincerity, it is almost impossible for many adopted children to resolve their conflicts of loyalty, which consist of deciding which set of parents is actually more beneficial to the child and has thus earned his or her affection. No matter which set of parents a child prefers, the child will still be disloyal to the other parents, which often occurs without recognizing the reasons for and the extent of gratitude they owe to one or the other. (1992)

HELLINGER's procedure, in which relational structures are given strict rankings, seems clear and effective. First, the actual family constellation is established and then work is done toward resolving problems:

> Last year, I really enjoyed giving a course for SOS Mothers. They hung on my every word! They thought that the best thing for a child was to be in his or her

> own family, the second best would be the adoptive family, and as a last resort, the SOS Children's Village. I told them that this was not correct: the real family comes first, the SOS Children's Village is second, and then far below that is the adoptive family. The complications we often see in adoptive families do not exist in the SOS Children's Village. SOS Mothers do not claim to be the real mother. Everyone knows they are only SOS Mothers.

Based on these explanatory models it becomes clear that neglect behavior has much to do with dysfunctional or distorted family structures (problems with loyalty, relational confusion, etc.), which has also been confirmed in practice.

A constructivist approach, based on the importance of communicative interaction and the interpretation of this interaction, is supported by system-oriented authors such as WATZLAWICK and SIMON, whose ideas have yet to find more application in our field. The system-based analyst asks such questions as: What is the function of this behavior? Who benefits from the behavior? How is this behavior useful? Modifications take place through new interpretations and by interrupting communication patterns. Symptoms are not good or bad. Intervention is helpful when it is genuinely beneficial. An example:

> J. (an 11-year-old boy), after one year of living at an SOS Children's Village, is still rebellious, aggressive and full of rejection. Several sessions to discuss the circumstances that led to his separation from his family and his enrollment in the Children's Village have apparently worked wonders. The SOS Mother talks of a completely different child. He previously thought she had taken part in the decision to take him and his five siblings away from their parents.

Conclusions

From this global (but certainly not comprehensive) theoretical discussion and realizing that almost every consequently suggested therapeutic approach can be illustrated by an actual case, even though not every approach is applicable to every case, we can conclude that the behavior designated "neglect" does not in any way correspond to a uniform personality structure and, therefore, there can be no uniform concept for therapy or care-giving. One can not lump all impacted children into one basket, without taking away their uniqueness. This would be counter-productive and have an even more negative effect on their self-esteem.

The causes of similar behavior patterns (for ex. stealing) differ from person to person and situation to situation due to flexible social and personality structures. This means that clients have more or less space in which to act and react or diverse opportunities for behavioral changes (learning). Similar behavioral problems can be directly associated with the separation or the situation surrounding the separation. They may, however, equally well be caused by deficient care-giving over a longer period of time.

> There are two fundamental constellations which lead to disturbances or problems. The first is that someone is identified without his or her knowledge. This means systemic complications. The second situation, which induces disturbances at the individual level, is "interrupted movement toward someone." This means someone who is hindered as a child in his or her progress toward another person – usually the mother – whether by hospitalization, other separation or experience, associates this with an intense feeling of rejection. ... Instead of continuing along the path toward the person until he or she reaches the goal, the child withdraws or begins a circular path, until he or she returns to the starting point – and that is the entire secret behind neurosis. ... In my experience, 50% of all problems which surface during psychotherapy are systemic in nature, and thus can only be resolved in a systemic fashion. It might even be as many as 70%. The remainder, in my opinion, can be traced to problems during development, at least in the people I see. These things complement one another. When systemic problems are clarified, there are frequently still things that need to be processed emotionally. But then everything goes considerably faster. (HELLINGER, as cited from WEBER 1993)

Such processes as (interactive) information gathering and processing take place in the *systemic* area; relational models or patterns are effective. Here, the levels of communication and relationships can be influenced.

In the area of *(self-)representation*, neurotic (self-) images and behaviors have become anchored, and can also be expanded in an inappropriate fashion to include unrelated situations or people. Changes can be achieved by discussing fundamental fears and being given the opportunity to experiment with new behaviors.

Moreover, a very small percentage of personalities exhibit extreme dysfunctionality in terms of emotional adjustment, making it difficult to access them even through therapy. It is likely that such cases are founded on fundamental developmental problems.

This means that when providing out-of-home care, it is possible to overcome the majority of the problems at the systemic level, or even better,

that through preventive or accompanying measures (such as the admission procedure, work with the parents), these problems can be prevented.

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Coping with Grief after Separation and Loss

A Case Study

Gertrude Bogyi

Death and dying are subjects which are repressed and tabooed by society, especially when it comes to confronting children and young people with them. The author, with her years of experience with children, youth and their families, concludes that the silence surrounding death is an adult, rather than a children's, problem. The time to speak about death with children, instead of hushing the matter up, is when a death has occurred. However, from the perspective of prevention, this sensitive topic should also be discussed, not avoided, whenever the appropriate opportunity arises. Not infrequently, a child may be hampered in the grieving process by well-meaning, but untruthful, adult behavior.

The Grieving Process

Numerous authors (Bowlby 1983; Kast 1977; Spiegel 1973) distinguish between various phases within the grieving process. Such distinctions allow this multi-faceted phenomenon with its physical, psychological and psychosomatic aspects to be systematized. Additionally, by elaborating on the typical forms of grief processing, it is possible to categorize specific loss reactions, as well as to differentiate between healthy and pathological grief behavior. When analyzing the different phases of grief processing, it becomes evident that each phase places certain demands on the grieving person, whereby each phase involves specific difficulties in overcoming and coping with grief. If these are not resolved, the grieving process is hindered or suppressed. Of course, it must be recognized that the models of such phases must always be taken within a cultural and social context, and therefore may not be automatically transferred to other socio-cultural environments.

Generally, we distinguish between four phases of grieving. The first phase is called shock, disbelief or numbness. The second phase is a time of emotional outbursts, disorganization and despair. The third phase is characterized by a yearning and searching for the lost person. During the last phase, the grieving person begins to form a new concept of him- or herself, and of the world, resulting in reorganization and adaptation.

During the grieving process, diverse tasks must be accomplished. Allowing grief to take its course requires adequate self-confidence as well as the support and tolerance of the social environment.

Grieving by Children and Youth

Whether a child reacts to the death of an attachment figure or to a shocking experience by withdrawing, by becoming quiet and reserved, or depressed, or by responding with suspicion or aggression, or whether that child is able to actively become involved in life again, depends, on the one hand, on the child's overall personality and, on the other, on the situational circumstances, including support, that the child is given (Bogyi 1987).

With regard to grief behavior and grief processing on the part of children and youth, the following aspects must be taken into account:

- the age of the child and his or her developmental stage at the time of the event;
- the presence or absence of internal coping or defense mechanisms which the child possesses;
- the role played by the deceased in the child's overall life;
- the question of a repeated loss situation;
- the circumstances surrounding the dramatic event; and
- the extent of external support and assistance in the form of comfort, consolation, explanation, and other help the child receives.

In relation to age, it is important to remember that the child may or may not have developed the same concept of death that an adult has. This is because a child must first progress through various stages until abstract thinking has developed sufficiently (around age 12) to be able to actually comprehend what death is.

Another important factor in the grieving process is the role played by the deceased in the child's life. One must realize that attachment figures have differing meanings for the child depending on the child's developmental

stage. Here, it is vital that consideration be given not only to what the child *has lost,* but also what the child *will be missing* in the future.

It is also essential to ascertain whether or not the event represents the reactivation of an earlier traumatic experience. We continue to find that a child will cope with the first situation relatively well, only to have intense reactions when the next event occurs.

The circumstances surrounding the traumatic experience also play a significant role, since these determine what the child will have to cope with. The impact of the death depends on its severity and suddenness, as well as the vulnerability of the child's psyche at that point of time.

Finally, the child's social environment – the types of comfort, clarification and support provided the child – influence how well he or she is able to cope with the loss.

The frequency and consequences of fateful, traumatic experiences to which the child is subjected can lead to a pessimistic or resigned outlook on life, and eventually result in complete despondency and discouragement (Bogyi 1987).

Frequently, we are sent children whose loss experience occurred quite some time in the past. Ultimately, every symptom could be traced to an unprocessed loss experience and because it only appears after some time has passed, the direct relationship is not easily recognized.

A child is severely affected when a sudden or violent death occurs, particularly if the child is lied to or the situation is hidden from the child. When the child's relationship to the deceased within the family was fraught with conflict, this prompts intensified feelings of guilt in the child. Feelings of guilt play a significant role in a child's reaction to the loss of a parent or sibling. Other reactions are expressed as the child's own fear of dying, or of losing everything, and may even progress to the extent that the child wishes to die as well, which comes from the child's wish to be reunited with the deceased. Many children become hyperactive, and in many cases this is erroneously taken to mean the child has processed the separation. Some children exhibit aggressive and destructive outbursts, while others behave euphorically as if to protect themselves from dying. Yet others over-identify with the deceased parent and assume the deceased's behavior and mannerisms (Bogyi 1983).

When dealing with grief in adolescents or teens, it is important to remember that they are also in the process of detaching themselves from their primary attachment figures, for which they require their assistance.

Detachment from a deceased parent is a particularly difficult process for adolescents.

When they lose a parent, teens and adolescents frequently call upon their defense mechanisms of rationalization and idealization. Denying one's own emotions in order to "behave like an adult" often causes them to act in an extremely affected manner. Thoughts of suicide may often emerge from the pressure of no longer being able to bear the situation. Usually, adolescents and teens want to cope with their loss experiences by themselves, withdrawing into themselves and rejecting any type of discussion. At this time, the strength and stability of the teen's relationship with the remaining parent and receiving understanding from his or her environment for his or her often agitated reactions are of vital importance.

Case Study

The following discussion describes the reactions of a child who lost a loved one, how she coped with this grief, and the therapeutic interventions we used:

Reason for Admission, Current Situation and Family Background

Twelve-year-old Karin was brought to us by a child-care worker because of the extreme aggressiveness she had toward other children, which primarily surfaced at school. She was also doing very poorly in school, was extremely lazy with regard to studying, and didn't want to get an education at all. At the time she was admitted, Karin was repeating fifth grade at a public school. She had been living in an out-of-home care facility for six months with her two brothers, Peter, 8 years old, and Thomas, 6 years old.

At the time Karin was admitted, her mother had been dead for nine months. Her mother had died of a stroke after years of suffering from uterine cancer and one year of being bedridden. The children continued to live with their father and maternal grandmother for two months after their mother's death. The father, who had been departmental head at a respected company, had gone into early retirement for health reasons, and as a hobby musician, very frequently came home in the early morning hours. He was a severe alcoholic. Her grandmother suffered from senile dementia and was also an alcoholic.

At the recommendation of a family social worker, the Office of Youth Services was brought in. The children were placed in a home for one month, from which they gladly transferred to one on a smaller scale, despite the father's reluctant consent. At that time, a total of ten children were living there together with two male and two female care-givers.

The child-care workers described Karin as being provocative. She constantly destroyed things and cried "crocodiles tears" afterwards. She was always putting on some sort of act, seemed very cold emotionally and lacked empathy. Often, she acted dramatically and snippish. Her whole attitude seemed a façade; she was unapproachable. Karin always wanted to have everything; she was almost greedy for material things, whereby the only things of value to her were very expensive things. At the same time, things that she possessed were treated with a pronounced apathy. She did not have any friends at all and rejected all children of the same age. Karin was very aggressive at school, particularly towards boys. She was very controlling toward her siblings, always screaming at them and constantly telling them what to do. She completely accepted the rules at her new home with regard to orderliness, in contrast to her brothers. Karin is not as aggressive toward the other children with whom she lives, as she is with those at school. She keeps to herself, reads a lot, and prefers watching television although she also likes doing crafts. During shared activities, her unruly behavior draws attention to her. She cannot take any kind of criticism whatsoever and turns any friendly attention away sarcastically. Karin is a petite and pale girl who prefers to dress in black.

Psychological Examination

Psychological testing showed that Karin was a girl with average intellect, who also had weaknesses in some areas. Personality tests clearly indicated her emotional repression and lability as well as her inner loneliness. In several projective tests, one can clearly recognize the intensity of her feelings, her sensitivity and empathy. She is constantly faced with inner turmoil and conflicts, but is unable to speak about her feelings. Just the opposite: she behaves in a defensive and rejecting fashion, whenever her own emotional world is mentioned.

Beginning of Therapy

Because of the problematic situation presented by the girl's behavior, a clear indication for therapy was given. At the beginning, Karin behaved in a generally critical fashion. She was of the opinion that no one and nothing could help her, and that she could cope with everything by herself. After one confrontational initial meeting, in which the problem areas were presented as being realistic, she agreed to undergo therapy.

In my opinion, therapy involving teens and adolescents is the most difficult form of therapy. On the one hand, it is essential that the adolescent be motivated and convinced to take advantage of the help being offered and, on the other hand, the young person should not be put in a position that makes him or her feel dependent again or unable to make his or her own decisions.

For this reason, Karin and I signed a work agreement on the basis that "we will give working together a try". It took almost no time for Karin to speak about her mother's death, or about her mother in general. At first, she showed a strong tendency to idealize her mother. She stated that "when Mama was there, everything was different". Her mother always had some food prepared for her when Karin got home from school. They always did homework together, and had a lot of fun together. Now everything is so quiet when she gets home from school. The time spent with her father and grandmother, she felt, was wasted. Karin did not want to talk about either her father or grandmother at first, stating "When they're both dead, then I'll talk about them, too. Right now, they could find out what I said!"

As Therapy Progressed

Karin continues to open up more and more in talking of her mother. She repeatedly tells of the sight of her dead mother, which shocked her deeply. Her mother had died around midnight but the corpse was picked up only at noon the next day. Karin is still disturbed by the smell of the cadaver, and has the feeling that everything stinks.

Karin is also beginning to talk more about feelings of guilt. She heard her mother groaning during the night and thought about calling an ambulance. She didn't do that but, instead, crawled deeper under the covers. Her father was not home that night. Her mother was doing very poorly even three days before she died.

At first Karin continued to block, but then started to tell more about the responsibilities she had to assume at home for years. She now feels guilty because she never kept the apartment cleaned up, and because she secretly bought an ice cream cone or candy even though her mother had said "no" to sweets. Karin had already been doing the shopping for the family, including her brothers, for quite a while. She admitted that she had always chosen the ugliest clothes for her brothers, which made her mother very angry. Her mother scolded Karin repeatedly for that. Karin also thought that her mother probably would have lived longer if she hadn't gotten so angry at Karin all the time.

In this regard, she stated over and over that she didn't like herself and that it served her right that she didn't have any friends. She has the feeling that no one likes her, and she doesn't really know where she belongs. The other children and youngsters continuously call her names and say that she is "contaminated". This has led to her feeling increasingly "rotten", which was the reason that during the previous school year, she just stayed in bed and did not study any more. She really would like to have some girlfriends, but has always been considered quarrelsome and someone who always took things away from the other kids. Even in kindergarten, she stood out because of her bad behavior: "I always took my bad mood out on the other kids."

She had always hated her younger brother (four years younger), who apparently had been her mother's favorite. On the other hand, she loves the brother, who is six years younger than she, because from the very beginning, he had always been "her" child. She admits that she fought a lot with her brothers, even before her mother died, because they did not obey her. And now, when there is a lot of laughter and fun at her new home, she feels guilty because she has no right to be happy. On the other hand, the other children distract her and she doesn't have to think about how sad it was at home.

She believes she sensed for quite a while that her mother was going to die, but received no sympathy or understanding from her father or grandmother. Her grandmother was a severe alcoholic, who always went to the bathroom in her bed, and then made Karin do her wash for her. Her father also drank a lot and was unapproachable when he drank. Karin was very shocked when she discovered beer bottles under her mother's bed several years before.

At this point during the therapy, Karin is finally able to let go of the idealized picture she has of her home and can verbalize her deep-seated aggressions. At the same time, she begins to speak of her dreams. She always dreams of her mother and how her cold hand stuck out of the bed

sheets. This picture is repulsive to Karin. She fights back her aggressive feelings toward her mother by telling herself: "It was only a dream, and dreams aren't bad."

She was almost relieved when she figured out that she would not be sitting here if her mother were still alive. This is also the beginning of the phase where she felt it necessary to put her relationship to me to an extreme test. She continuously burst into my office at different times and acted very jealous when other children or teens were there. She then did not come for her own appointment, because she felt that I was rejecting her if I didn't always have time for her. Moreover, she always came late, stating that I couldn't stand her anyway and that I only pulled things out of her to satisfy my own curiosity. And, she really doesn't like me either.

These clearly aggressive outbursts toward me were followed by a period of regression. Suddenly, she wanted to play with the baby doll which she then symbolically killed by drowning it. Her thoughts: "I would like to be a baby." Together we made a doll, which was a constant companion for some time. The doll was fed and cared for, we played hide-and-seek with the doll, as well as many diverse roles. The handmade "Auxiliary-Me" doll kept Karin from regressing too much, which is always a risk when doing therapy with teens and adolescents. Finally, she reenacted many scenarios from her home life with the doll, so that the entire situation gradually became apparent through the world of pretend.

During this time, she fell in love with one of the boys in the group home and dreamt that he would marry her. At the same time, she corrected this desire by saying that her greatest wish would be to have her mother still alive and to live with her mother alone in a big forest.

While playing with the doll, Karin sometimes pretended to be her mother and indicated how careworn and bitter this woman was. One day, she brought me her diary, in which her mother had written that Karin must always be watchful and not trust anyone.

Gradually, Karin began to speak of her relationship with her father, on whom she ultimately blames her mother's death. Her father had always had a weak personality and was always withdrawn. Karin's grandmother also blamed the father for his wife's illness and death. Karin also spoke of her sense of guilt with regard to her father, whom she feels she left in the lurch by happily moving to the group home instead of going home to him. Her ambivalence is tangible. On the one hand, she imagines herself as a

beautifully dressed princess, attending the opera on his arm, and on the other hand, she has no respect for him and feels that he left her in the lurch.

While Karin was still in therapy, her father was admitted to the hospital for cirrhosis of the liver. She was unable to visit him there because "it smells so disgusting". Now she was also concerned about her father's possible death. At first, she was unable to admit her fear and simultaneously wished that he would die. Her relationship to her father was characterized by "contempt, pity and guilt", she said. She also revealed that she took money from her father when he was drunk and spent it recklessly.

Indications of Change – Completion of Therapy

Karin's way of dressing continued to change; she began wearing brighter clothing and was no longer called names like "graveyard ghost" by the other children, which made her very happy. She is also able to make contact with two other girls in her class. Her relationship with her teachers has also improved, now that she realizes that her relational difficulties also play a role here as well: she does poor work for teachers she likes, and good work for teachers who are very strict with her. Gradually, her academic performance improves as well. Finally, she begins to play the piano again, telling me that her mother liked playing the piano and played very well. Now she is able again to identify positively with her mother.

Toward the end of the therapy sessions, her father was released to a convalescent center and her grandmother was placed in a retirement home. Karin is now able to visit both. Therapy was completed after two years. We are still in contact with one another with longer intervals between. It appears that Karin is now able to process her grief with regard to her overall situation, and is once again able and free to attach herself emotionally. As we completed our therapy sessions, she told me that she wanted to become a nurse.

Contact with Attachment Figures – Behavior in the Group Home

During Karin's therapy, I was rarely in contact with the child-care workers; we had only two meetings together with Karin. These care-givers were advised to undergo intense supervision, because when Karin was in an agitated phase she tried to divide the group and searched for "good mothers" and "good fathers," as well as "bad mothers" and "bad fathers". During the regression phase, she also began to suck her thumb at the group home, and

started to withdraw even more, appearing increasingly lost, quiet and helpless to the child-care workers. She lost her adaptation to the home's rules in terms of orderliness for a while, and enjoyed disorder and chaos. At the time she was testing relationships, she began to take money from the other people she lived with. After this phase, she complained repeatedly of (psychosomatic) headaches and nausea, which helped her regain the affections of the care-givers and the people she lived with.

When working with children and adolescents, it is very important to also work with their environment; it is vital, however, that one proceed with utmost caution. In Karin's case, it would not have been possible for me to have regular contact with the child-care workers for, otherwise, Karin would have felt betrayed.

Interpretation and Conclusion

Karin's case shows how important it is to confront an adolescent or teen with the problem situation at the outset of therapy and to allow him or her to express feelings like aggression, anger or regression.

Of utmost importance during Karin's therapy was addressing and processing all her fears; first and foremost, her fear of separation, which made her incapable of forming attachment relationships, required attention. It was characteristic of Karin to concentrate all of her emotions into her aggressions and temper outbursts – sometimes it was the rage of hope, other times it was the rage of despair. By the time therapy was completed, Karin was able to accept the loss of her mother, her father and her grandmother.

It is essential to address both the positive and negative ways in which the patient identifies with the deceased (or lost) person, in this case, Karin's mother. Such identification can eliminate the painful processes of over-attachment and attachment withdrawal. In this way, it was possible to strengthen the Ego and help Karin integrate past and future.

One major step in the therapy was that Karin was finally able to cry, which enabled her to learn that sadness or grief need not make one feel helpless and overpowered. Karin's case clearly illustrates how she "battled" her way through to the last phase of grief processing. Ultimately, she was able to make amends with herself and her environment, was capable of forming new relationships, found a new "value system" for herself and discovered a new direction for her life.

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Separation as Trauma, Relationship as Therapy

Régis Thill

Separations are part of everyone's life experience. A child enters life with the ultimate separation from the mother's body, in which it has spent almost a year of protection and nourishment. A person exits life with an even more final separation, death.

Between the two ends of the separation spectrum, numerous smaller separations take place: a longer visit with the grandparents, time spent in a hospital, losing one's parents temporarily in a supermarket, the first day of school. Depending on a person's age, each separation is accompanied by a lesser or greater degree of fear. Over time, a person learns to distinguish between temporary and permanent separations and thus to control, suppress or cover up the mental anguish.

A teenager may feel the first pangs of love as the end of the world. But because of the human capacity to learn, everyone has the opportunity to draw conclusions about future relationships, often unconsciously. The more a person realizes that separation can also hold something positive – a new beginning, seeing the person again in the future – the easier he learns to cope with separation. Separation and hope are close allies; this is why when a separation occurs, a positive mindset to bridge the pain and fear begins as well. Hope can also lead to despair, however, when it goes unfulfilled. This is the point that I would like to discuss in greater depth in this article.

At certain times in a person's life, separation can mean a positive developmental step – for instance, when a young adult leaves home. But separation can also halt developmental progress, or even cause regression.

Diverse factors that influence the impacts of separation on a child include:

– the extent of his or her dependence;
– the intensity of the relationship;
– the child's age;
– the circumstances surrounding the separation;
– the unpredictability of the event.

Young children are most threatened by separation from beloved people in their lives – their father, mother or closest reference figures – because they are both materially and psychologically dependent upon these people, and experience the relationship to them as a unique emotional bond. To further complicate matters, young children have no influence on the circumstances that culminate in the separation, which may occur abruptly, without warning, and overwhelm the child.

The cumulative impact of augmenting factors – a high degree of dependence, strong bond, young age, unfavorable circumstances, unpredictability – can make the separation a traumatic experience for the child. This can have a significant effect on the child's quality of life and ability to form relationships in the future. In turn, it might lead to the child's becoming part of the social fringe, insofar as appropriate therapeutic measures are not provided to the child to help process the event and counteract these developments.

Evidence that children are increasingly being forced to deal with separation is provided by the rising divorce rates and ever-growing number of single parents in Western nations. Single parents or care-givers have greater burdens than larger families. In many cases, daily problems such as work and financial worries negatively affect psychological equilibrium. Taking care of and raising one or more children can become an almost unbearable task, which can lead to a voluntary temporary separation or even an involuntary out-of-home placement for an indefinite period of time.

In the prosperous Western nations, 0.8 to 1% of the children and adolescents live in foster homes or youth welfare institutions – at best, with the consent and cooperation of the legal guardian(s) and, at worst, as ordered by the courts.

It goes without saying that the child's welfare is at stake in such decisions – but who indeed is in a position to define what is "right" for the child?

The affected persons themselves are the only ones who can give us any clues – but these usually come late, sometimes even too late. Insights into the scope of the separation trauma and the hindering influence it can have on a child's development are provided primarily by therapists who have gained the trust of adults in need, and who have learned the tragic pasts of the people in their care. In this way adults can learn to understand. Care-givers can provide well-founded assistance, as well as receive better support in the

execution of their duties. Then a relationship can become therapeutic, or at least a chance to heal.

Let us put ourselves into the mental and emotional world of a small child who is torn from the natural environment of his or her parents.

Of course, there are good reasons that make a separation seem necessary. Although these reasons are known to the advocates of the separation, to whom they appear logical and justifiable, this is not true for the children. Often the logic of the separation is also lost on the parents.

Up to the point of the separation, the child had shared a long, common history with his or her mother. This relationship began symbiotically within the mother's womb. The child was rocked in the warm, fluid world of her womb, sharing her emotions and other circumstances in her life. If the mother was sad, the unborn child growing within her felt that, as well as any joys she felt. If the mother smoked, so did the child. If she drank alcohol, or even became drunk, the child inside her body went through the same experiences, and the first marks – indelible traces – were imprinted on the child's life memory. The unborn child experienced the external world from inside. Voices which became familiar over time, gentle tones, or rough sounds which startled the unborn child. If the mother was hit, the child felt it as well. In this way, a mother-child unit that went far beyond mere sustenance was created, becoming the formative basis of the child's further development.

Even after the child's birth, a strong mother-child relationship is usually determinative for the child's continued development. The emotionally and materially dependent child lives in a tightly-knit unit with his or her mother. Her world is the child's world. What she sees as normal, the child also sees as normal. If the mother starves, so does the child. If she feels miserable, so does the child. If the mother leaves, the child misses her. And if she hits the child, he or she doesn't find this unusual – it's part of the child's normal environment.

A child is torn from this world by an imposed separation, which places it in a foster home or in "out-of-home care". These terms speak for themselves. For the child, nothing is the way it used to be. Everything is strange, the voices, the furniture, the food, the bed. Nothing is routine, habits are disrupted, the regularity the child has known is no longer there. Perhaps this is the first time the child is exposed to rules and regulations. The child is a stranger, the people are strangers, everything is strange. Other people take

the liberty of imposing their authority on the child. Another woman is forced into the role of the child's main reference person.

That a child must at least be confused by all this is obvious. Even though the child may be young, it still attempts to find an explanation for the inexplicable. And what would be more logical than searching for such an explanation within oneself? The child has only itself. Why was it torn from its familiar surroundings and taken away from familiar people? What wrong did it commit to be punished in this fashion? What mistake led to its separation from its mother, its father? The child finds its own answer to these questions: "I must be a bad child. I am a bad child." Didn't the child leave its mother in the lurch? Maybe she's even dead and the child was unable to prevent that.

At the same time, a process that contains both hope and idealization begins. If the biological mother does not appear, she is replaced by an idealized image. This "wish mother" becomes a part of the child, as does his or her "yearning for mother". Of course, she will come back soon and take her child with her. The child would once again lie in a familiar bed, in a lovely home. They would take walks together, play, laugh ....

The child can no longer separate desire from reality. It retreats into a world of fantasy, where it is possible to hide the pain and the questions. For this reason, idealization brings with it the advantage of survival, but can also strengthen the child's negative self-image. For if the mother is seen as being perfect – which cannot be otherwise in a child's imagination – the child must suspect that it is to blame for the separation. A child who has been physically abused assumes that it deserved being hit for bad behavior. Somehow, the child must find a place within the mother-child structure, and there is no other alternative for his or her self-image than to think "I am bad and my mother is good", or "I am weak and my mother is strong".

This begins a vicious cycle which makes the situation difficult for both the child and the new reference figure. Feelings of guilt and lack of self-confidence – characteristics observed over and over in children of separation – become so ingrained in the child that it also behaves that way. This means that the child is also viewed by others as a bad and weak child. Once these learned emotional patterns have become internalized, the path for the child and his or her foster parents is predestined to be a difficult one. The child does not react differently than many other people: a pattern is repeated because repetition provides a sense of security and a structure for life. Such

patterns are repeated even if the feelings that are experienced are painful and destructive, even if they lead to death instead of life.

Within this negative cycle, the foster mother/parents and the child continue to go through the same conflicts, in the hope that the next time, they will be able to find the proper solution. Often for naught. The internal pressure to repeat painful sensations seems to be stronger. Both foster mother and child earnestly make efforts not to make the suffering any greater. As the child gets older, it attempts to change, to become different. It promises to stop inflicting pain and is convinced that it is possible to do so. But the compulsion to repeat is so firmly anchored in the child's unconscious that no promise in the world will permit to stop.

These feelings of guilt, idealization of the biological mother, lack of self-esteem, hope that the apparently lost paradise can be rebuilt – are augmented by living with the new foster mother or foster parents.

This also means giving someone the blame. Who's fault was it that the child was taken from his or her mother, parents? Who was interested in taking in a strange child? Only the foster mother, because she needed a child in order to be a foster mother and maybe even makes money doing so. She didn't take the child in for the child's sake, but only for her own benefit. Maybe the foster mother/parents even secretly got rid of the biological mother, because she didn't come back. If the child has not seen the biological mother for some time, it must speculate about whose fault her absence is - most likely that of the foster mother/parents, to bind the child more tightly to them.

The biological mother rules the child's emotions, even when she is not present, or perhaps precisely because she is not present. For the child, this can become a conflict of "to be or not to be". In such instances, only the foster mother is available. Available, and therefore someone toward whom to direct aggressive behavior. It's not a big step to being a "terror": the child lies, steals, behaves badly, and makes a poor showing at school to prove that he or she is unworthy. This is the onset of testing relationships to the breaking point, whereby the foster mother is between the child and the biological mother, like between a rock and a hard place.

Does the foster mother really love the child, like she says she does, or does she mean it when she shouts, "I can't stand it with you any longer!"? The child offers the foster mother more than ample opportunity to prove how patient love is. The child doesn't seem to have any feelings. Or better

said, it no longer allows emotions to surface. Weren't its first emotional experiences ones of disappointment?

One thing leads to another. To be able to build friendships or love relationships, a person needs a healthy dose of willingness, trust and openness. Where is the child to find such attitudes? He or she can only permit the illusion of a relationship: True intimacy is not possible. And trust someone else – no way! When trust is abused, it causes pain. And the child already has enough scars.

Somewhere in here is the crucial turning point in the relationship between the foster child and the foster mother/parents. If the foster mother/parents are able to gain sufficient distance from their own suffering to listen attentively and learn to understand what turmoil is going on within the child, there is a chance that the relationship can become more than one of just caring for the child, turning into one that serves a therapeutic purpose.

This is and will remain a path of suffering, however, as long as the foster mother is unable to realize or feel that in the conflict between her and the child, she is being attacked as a representative of the child's biological mother. The child wants to confront the suffering, the separation. And it must do this to be able to find mental and spiritual peace at some time in the future. Because the biological mother/parents are not available and initially are untouchable, the child's rage is directed entirely at the foster mother/parents. However, it is the foster mother/parents who are the agents, the catalysts, through whom the disruptions and distortions can be shifted to a more positive attitude toward life. The child only has this one opportunity, or must take the destruction out on itself.

Almost superhuman effort is demanded of the foster mother in such cases. She is expected to love a child who tries to prove that it is not worthy of being loved, most extremely on a daily basis. To be able to break through this destructive cycle, to find peace themselves, and to provide a sense of security to the child, three things are essential:

– endurance,
– the ability to accept suffering,
– the ability to find the "right words."

Endurance is the stamina-building training upon which every effort is founded. The ability to accept suffering is the fundamental mental attitude, without which permanent success would be impossible. And using the "right words" is the special technique which prevents these efforts from becoming lost or chaotic.

By accepting the child's suffering, the foster mother/parents become aware of the child's true internal questions and gain insight into the conflicts the child is experiencing and which surface through its behavior. This in turn provides them with the opportunity to accept the truth and to express themselves truthfully, without becoming hurtful to the child or the child's biological mother/parents.

The agent for the change is the word, the right word, the patient word, the sympathetic, respectful word. This provides the child with the opportunity to put the scattered puzzle pieces of its life back together in some structure until a complete picture appears, one with which the child can live.

"You were conceived by your mother and a man she loved very much. You grew in her stomach and she gave birth to you. She is your 'birth mother'. She made you the lovely child you are, but she couldn't keep you with her. Because she couldn't keep you with her, they tried to find people you could live with, who would take care of you and raise you. And I was looking for a child who couldn't stay with her birth mother." A foster mother can use words like these to tell about details in the child's life that are known. Where he or she lived before coming to the foster home, how the birth mother looked at that time. Gradually, the child learns the truth through the appropriate words. Words that make the child's self increasingly tangible and bearable. Words that also clarify the relationship with the biological mother, but which are never critical, and which also emphasize the love the birth mother has for the child.

In this way the child learns to accept its situation, to accept itself, and to live with the fact that it has two mothers, both of whom love the child, rather than the child being caught between two competing forces.

What sounds so easy here requires in reality a major show of strength on the part of the foster mother/parents and the foster child. Searching for truth in a respectful, gradual fashion is tedious work. Again and again, the child annoys with its questions and statements. Again and again, it seems that the foster mother/parents must start over from the beginning, as if their previous words had not been heard, as if fertile ground on which to plant these seeds did not exist. Somehow it seems as if the child were caught in a chasm. The memories of the birth mother, her scent, her voice, are too strong. In one single day, paradise was lost – the day the child had to leave home and was separated from his or her mother.

Of course, the child is provided with a secure existence with its foster mother/parents, and the child's physical needs are taken care of. But the

child's Ego, its spirit, has ceased to exist. The child has been caught in a chasm from which it cannot escape. To bridge this gap in the child's history, the child must be reborn into the foster family. It must once again experience the birth trauma, the passage through the narrow opening, the cries that make the child's life audible. The anger, the temper tantrums, the fits, the childishness – all of this has to occur. Only in this way can the child once again go through, process and eradicate, often painfully, the remaining traces of the dramatic experiences which determined his or her life.

Through this "re-birth", the child must re-learn some things that may have been taken for granted. Time for learning is missing from its life. It also takes time to accept the foster mother/parents. This period of time is done at the expense of the child's general development. This is particularly noticeable at the time the child enters school.

Here, endurance and patient words on the part of the foster mother/parents are vital, even when it seems these words pass the child by. Even when the child does not understand, a quieting word gives a purpose to his or her rage. Anger is ultimately an expression of the child's suffering. Keeping one's temper and remaining calm must be the responses from the foster mother/parents: "We understand. It was a hard time for you, when you were younger. You are still suffering inside, and you must let that out."

In this way, the tension and inner stresses are taken and put into words. The child does not lose face if there is another blow-up. And once he or she has calmed down again, the foster mother/parents can tell the child about itself. Whatever has been stored in the child's life memory is from a previous life, must be brought into the daylight, expressed through pleasant or unpleasant behavior. With the words of the foster mother/parents, the child can find an explanation. And over time, a final sense of peace can be achieved.

The discussion to this point has been about children who have been separated from one or both parents, possibly removed from the biological family through court intervention, and then placed in "out-of-home" care. This is the bulk of information on separation experiences known from therapy sessions. Foster mothers/parents can share these experiences with the child (though not always all experiences, which were described, and not always in such a vehement fashion). It is the sum total of the difficulties that can be experienced by a child. Situations are described which routinely occur in numerous foster families and social welfare institutions. Some

foster mothers/parents and other people involved in child-rearing, will probably see themselves in the descriptions.

Separation is suffering. And because we want to help the child become a holistic person, to develop both mind and body, we must also provide a place for the child's suffering, just as one provides physical space within the home, within the family. Suffering must find an outlet. The foster mother/parents take on this suffering and help the child express it. They provide the child with the certainty that they will always be there, even if they cannot be there physically at all times.

From the foster mother, the child will learn that leaving also means returning, and that the beloved person will not die while it is away. The child thus also learns to gradually cope with the deeply ingrained experience of being separated from the biological mother and to understand that she is there even when she is not physically present.

When the child is separated from his or her biological mother, the spiritual-symbolic dimension is missing from the child's life, even though it has survived physically and is loved and cared for. Normally, this dimension is transferred to the child by the "birth mother". If this dimension cannot be created, if the mother image cannot be anchored or fostered sufficiently (for instance, with regular visits), it is vital that the child be provided with opportunities to understand why he or she cannot live with the biological mother.

The mother figure, rather than the father or the parents, plays the prominent role in this discussion, because we know from experience that a missing, incomplete or disturbed mother image leaves the deepest scars in children of separation, not least of all because the child has spent the most time with the mother (sometimes only the time in the womb). It makes sense that the foster mother poses the greatest rival. The father naturally also has to be adequately included, at least when telling the child about its family.

This psychological-symbolic level is fostered by very simple things, such as photographs of the father, the mother, the apartment, in which the child spent his or her first months or years of life. Solely the fact that there are witnesses, and that evidence exists about a period of time that shaped the child's personality, is a positive developmental factor. Even if it is not possible to make its wish come true, to reproduce the "original paradise", it is nevertheless very important that the child be able to play with this idea.

Traces of the past must be made visible and tangible to children who are not yet capable of doing this for themselves. These traces become an integral component of the children's personalities.

If the separation does not happen suddenly but, rather, is predictable, it should also be documented. For example, there should be witnesses who are able to speak of the circumstances surrounding the separation and can thus provide connections for the child along its life timeline. The connection between all the people who were important in the child's life at a particular point in time should be made to bridge any gaps in the child's life.

It is perhaps these witnesses, or even objective third parties, who can explain to the child, in the presence of the foster mother/parents, that when the child is grown, it can return to the "birth mother" if it so desires. Nevertheless, it can continue loving the foster mother.

For the foster mother, this approach might seem fraught with risk, because she is afraid that too large a burden might be imposed on the child. But she will be able to see positive developments. Perhaps not immediately, because the child must begin anew with a regressive phase, but it is certain that the foster mother will give the child's life structure.

It is possible that the child will subsequently exhibit aggressive behavior or act "impossibly". The patience and love given by the foster mother/parents are put to a hard test. But even when things go poorly, for the foster mother/parents it is vital that she/they realize that the momentary difficulties are not their fault, but are caused by the child's earlier experiences, which it is now repeating with the foster mother/parents. It is important that this be explained to the child in the presence of the foster mother/parents.

It would go beyond the scope of this discussion to go into more depth, but we must also not forget the pain suffered by the biological parents. If the opportunity arises, the biological parents should also be provided a place in which they can express their suffering, where they can state what they would do if ... if only life hadn't happened the way it did.

Relationship as Therapy?
Relationship as Opportunity, for Sure

It goes without saying that not all separations are alike. Divorce is not war. The age of the child plays a role, as do the circumstances surrounding the

separation. It is certainly significant whether both parents are still alive or only one parent remains, whether or not there is a reasonable expectation that the child will be able to return to the original family, or whether the child will most likely stay in out-of-home care. All these factors make each situation unique. For this reason, there are no specific methods which can teach us to do everything correctly when dealing with children who have undergone a separation. But we are certainly on the right track when we take into consideration that:

In every instance, separation is a traumatic experience for the child. Separation need not lead to permanent damage. A relationship can heal wounds, when it:

– allows suffering,
– allows witnesses to clarify circumstances,
– and repeatedly provides clarifying and explanatory words in a respectful fashion to the child, its parents and foster parents.

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PART III
SEXUAL ABUSE

Child Sexual Abuse

Challenges Facing Child Protection and Mental Health Professionals

David Finkelhor

After providing an overview of some of the most important facts about the problem of sexual abuse in childhood and its epidemiology, I will discuss certain dilemmas that commonly confront professionals, such as how to diagnose the presence of abuse. Finally, I will also try to lay out certain principles that encapsulate what we have learned in North America over the last ten years, and that might be used as a foundation for successful intervention in the problem elsewhere.

Definition of Sexual Abuse

In general terms, child sexual abuse can be defined as sexual contact with a child that occurs under one of three conditions:

– when a large age or maturational difference exists between the partners;
– when the partner is in a position of authority over or in a care-taking relationship with the child;
– when the acts are carried out against the child by using violence or trickery.

However, there is no universal agreement about the exact details of such a definition, for example just how large the age or maturational difference must be. Obviously, individual and cultural factors play a role. But there is widespread international agreement about most of the common kinds of situations that confront us in actual practice: sexual acts between adults and prepubertal children, between parents and their offspring, and sex acts against children using force and violence.

Prevalence of Sexual Abuse

Even using relatively conservative definitions, there is evidence that sexual abuse is much more widespread internationally than was once thought. For a long time, most of the studies of sexual abuse came from North America, and some skeptics believed that it might be uniquely common or isolated to that area. However, there have now been community epidemiological surveys in at least 20 different countries. In every case, these surveys have found child sexual abuse histories in a large fraction of the population. In every country, the studies have established a prevalence of abuse far exceeding the scope of the problem that would be inferred from the number of cases that were officially reported. At this magnitude, it is clear that virtually any mental health professional is going to be dealing with many individuals who have been sexually abused, whether disclosed or not.

Incidentally, most of the differences in Figure 1 probably reflect differences in methodology, not differences in true underlying prevalence. The high rate found in the Netherlands, for example, is the result of very sensitive and well-trained interviewers using a meticulous interview protocol with 14 separate questions related to a history of abuse. It shows that people's willingness to disclose a history of abuse is related to the interviewers' ability to demonstrate a sincere and sensitive interest. But it doesn't tell us much about cross-cultural patterns of abuse.

Unfortunately we do not know enough about cross-cultural patterns. In my experience, claims about some cultures that sexual abuse is rare have usually been wrong. Large amounts of underlying sexual abuse can occur in an area with few official reports, especially if the culture is one that treats sex with a great deal of shame or secrecy. The international epidemiological studies suggest to me that the burden of proof is now on those who would argue that sexual abuse is rare.

Epidemiological Factors

The prevalence surveys have also given us important epidemiological information about the distribution of the problem, at least as it applies to North America and to some extent Europe as well. For example, boys appear to be victimized at about half the rate of girls; that is, they make up about one-third of all actual occurrences. Unfortunately, abused boys are less likely to disclose or be detected, so they are underrepresented among cases

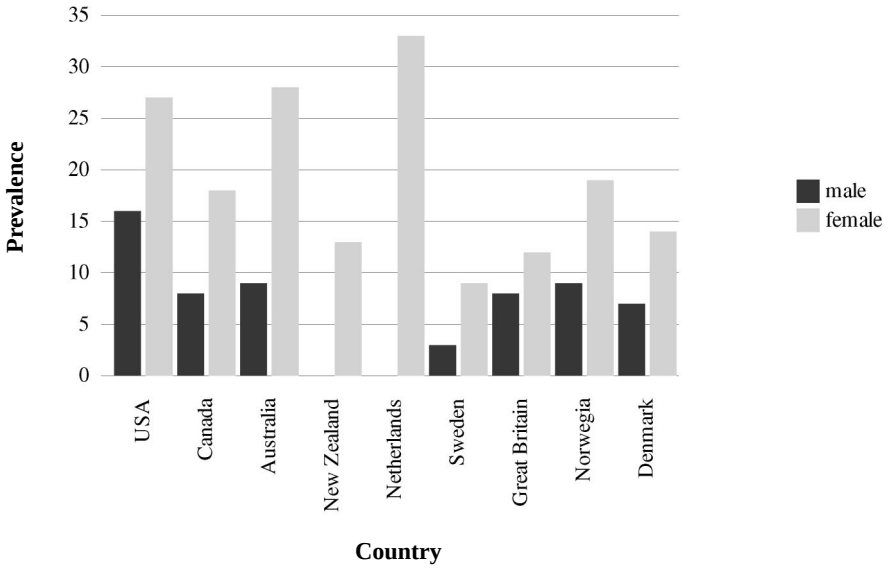

Figure 1: Prevalence of Child Sexual Abuse

that come to professional attention. They constitute at the most about one-fifth or less of clinical cases.

Boys seem less likely to disclose for several reasons. Boys seem to have more of a peer ethic of being independent, and not asking adults for help. They are concerned about adults trying to curtail their freedom, which they fear will happen if they admit to victimization, which is something that normally happens only to girls. And they are concerned with the loss of masculine reputation and the stigma of homosexuality that would go along with the admission of having been victimized.

The studies show that most offenders, or around 90%, are male. The peak age of vulnerability for sexual abuse is between seven and 13, but about 20% of cases involve even younger children. Adolescent children are particularly vulnerable to sexual assault at the hands of peers.

Although studies have been done of many different subcategories of sexual abuse, based on our experience in North America certain major types have been specifically recognized and distinguished:

– Intrafamilial abuse, involving most often fathers or father figures, uncles or older brothers. This is regarded as the most serious form of sexual

abuse, because it tends to go on over an extended period of time and threatens the relationship between the child and his or her most important source or social support. Such abuse tends to undermine the child's relationship to even the other non-abusive family members, such as her mother or other siblings, because it creates such severe loyalty conflicts. Girls are more likely than boys to be abused inside the family. About half the victimization of girls occurs within the family. For boys only 10% to 20% occurs in the family.

– A second large category of abuse worth distinguishing is abuse at the hand of non-family caretakers, such as child-care workers, teachers, clergy, music teachers and sport coaches. These cases generally provoke a great deal of public controversy, since they often involve individuals who have been trusted and respected by the general community.
– As a third category, we now recognize that as much as a third of all sexual abuse is committed by youthful offenders, those who are themselves under age 18. Some of this consists of older siblings victimizing younger preadolescent brothers and sisters. Some consists of what we call "date rape", namely adolescents forcing sexual activity on other adolescents. There are also many instances of groups of adolescents victimizing younger or same-age children. We also see a few cases of young children, themselves 5 through 10 years old, who victimize their peers. In most instances, these are victims of sexual abuse, who are repeating against others the acts hat have been perpetrated on them.
– Female perpetrators are rare, but of some clinical interest, so they constitute a fourth group of importance. They are a diverse group that include some very isolated mothers, some adolescent girls under pressure to acquire sexual experience, and some women manipulated into joining the abusive activities of their boyfriends.
– Children also get exploited sexually in the market place, as prostitutes and for use in making pornography. This is a fifth form of sexual abuse with its own dynamics. These forms of abuse tend to be particularly widespread in areas where populations of homeless or drug-addicted youth congregate, and also in areas of great poverty, particularly in certain developing countries.

Risk Factors

Studies in North America have demonstrated that certain groups of children appear to be at higher risk for abuse than others. Among them are children who have experienced parental divorce or separation or have lived for an extended time without one parent; children who live with step-parents; children whose parents are violent or hostile toward one another or toward their children; children whose parents have an alcohol, drug abuse problem or some debilitating psychiatric condition; children who are themselves disabled or impaired, due to mental retardation or a physical problem such as blindness.

There appear to be two important commonalties that underlie these risk factors. First are conditions which compromise the quantity and quality of adult supervision that the children receive: for example, children who live with a single parent get less supervision. Second are conditions which can create emotional deprivation for the children; for example, children whose parents are rejecting will be emotionally vulnerable. Both these dynamics, poor supervision and emotional deprivation, are exploited by offenders to gain access and manipulate children into sexual contact.

Interestingly, social and economic deprivation are not primary risk factors. Sexual abuse of children appears to be much less concentrated among children of disadvantaged social classes than other forms of child maltreatment. But sexual abuse in higher social classes is often overlooked because professionals assume it is rare.

Theoretical Framework

Four preconditions need to be present for sexual abuse to occur:

First, an offender needs to have some motivation to abuse a child sexually. This is usually a combination of having some particular emotional need that the child fulfills (labeled Emotional Congruence), acquiring the ability to be sexually aroused to that child, and the blockage of their ability to get their sexual needs met in more conventional ways, with peers or without the use of force.

Second, the potential offender has to overcome internal inhibitions against committing sexual abuse, i.e. their moral scruples or fears of getting caught; alcohol and rationalizations that minimize the seriousness of the actions, also play a role here in undermining inhibitions.

Third, the potential offender has to overcome external inhibitors against gaining access to the child and completing acts of sexual abuse; these include the supervision and protection of the child by other adults.

Finally, the potential offender has to overcome the resistance of the child; that is, the child's suspicion or discomfort with the activity or their attempt to escape. Many of the risk factors I mentioned earlier work to undermine these external inhibitors and the ability of the child to resist.

Indicators of Sexual Abuse

The most important thing that psychologists, therapists and educators can do is to improve their ability to identify sexual abuse. But because of the shame, fear, and secrecy, most sexual abuse is still not diagnosed.

When it is diagnosed, most often (two-thirds of the time) it is as a result of the explicit disclosure by a child. The child will mention the abuse to a parent, relative, friend, physician or school official, or the child will ask questions, mention activities or have sexual knowledge that will clearly signal the child's involvement. In some cases, an adult will discover the abuse in progress or infer it from the behavior of the child or offender.

In addition to spontaneous disclosures, children will also frequently disclose abuse under questioning when they are brought in to a professional for examination for some physical or behavioral problem. This shows the importance of knowing how to ask a child about the occurrence of sexual abuse.

Unfortunately, there are no behavioral indicators or behavioral symptom patterns that clearly signal the presence of sexual abuse. The response to abuse can be expressed in an extremely wide variety of problem behaviors and frequently by no problem behavior at all. Thus it is best to ask regularly about the possible occurrence of sexual abuse in a routine fashion with children, even when the child is displaying no blatant or even subtle symptoms that might be a reflection of abuse.

There are certain behaviors that more than others can signal the presence of sexual abuse, but they are not specific to it. The primary one of these is sexualized behavior. Sexualized behavior covers a wide range of things depending on children's developmental level. In very young children it can be compulsive masturbation, or a preoccupation with the sexual parts of others, or the enactment of developmentally inappropriate sexual acts. In

older children, it can mean promiscuous sexual behavior or unusually eroticized ways of dressing and acting.

Another somewhat common set of behaviors in sexually abused children is what are increasingly called "post-traumatic" symptoms: These include high levels of fearfulness and anxiety, nightmares, and phobias, particularly about certain places or certain people.

Other common symptoms include depression, aggressiveness, running away, school problems of sudden onset, drug abuse and suicidal behavior. Curiously, the research suggests that boys and girls do not differ in major ways in the expression of symptomatology. Boys may be somewhat more likely to act out and be aggressive and girls somewhat more likely to be depressed and withdrawn, but the similarities are more striking than the differences.

It is also important to recognize that a very large number, as many as 40% of sexually abused children, have no behavioral indicators whatsoever. So a disclosure of sexual abuse or suspicion of sexual abuse should be taken seriously even in the absence of behavioral symptomatology.

Physical Indicators of Sexual Abuse

Although our ability to detect physical indicators of sexual abuse has increased dramatically in recent years, it is now well acknowledged that, unlike physical abuse, very few cases of sexual abuse can be diagnosed through physical examination alone. Summaries from nearly two dozen studies show that 50% of girls and 53% of sexually abused boys appear entirely normal upon physical examination. And findings specific to or diagnostic of sexual abuse are found in only 3% to 16% of victims. Nonetheless, we now recommend that all children suspected of sexual abuse receive a comprehensive physical exam, preferably conducted by a specialist.

Distinguishing False Allegations

Given the absence of clearly diagnostic behavior patterns and the rarity of clearly diagnostic physical findings, professionals are often faced with allegations or suspicions of sexual abuse about which they have

considerable doubt. These are particularly common when dealing with young children, who have poorly developed verbal skills, and also when dealing with articulate or educated perpetrators, who may make very convincing denials.

It is important for professionals to recognize that the intuitive reactions that they may have to cases are sometimes misleading. Some facts about the family or the disclosure, which might make them skeptical about an allegation using ordinary common sense, can be entirely consistent with true abuse. Thus, truly abused children frequently make partial or incomplete disclosures or change their stories, in part because of the fear and embarrassment they experience. Children also sometimes retract entire disclosures when they are confronted with denials by perpetrators or the shock of family members. This retraction does not necessarily mean that the allegation was false; it may just mean that the child got intimidated. As I said before, perpetrators are sometimes very unlikely individuals, with good reputations and a seemingly positive relationship with the suspected victim. The professional may find the accused person very likable and charming. Having a positive relationship with the child is not at all inconsistent with the possibility of sexual abuse.

False allegations do occur. We estimate that they comprise about 5%–10% of all allegations. In the U.S. they are more likely to be instigated by adults, who raise a suspicion for malicious purposes. Spontaneous fabrications by children are not so prevalent. False allegations appear to be more common in situations of dispute about child custody, where a parent may try to manipulate the child's living situation or access to a parent or relative by raising the suspicion of abuse.

These false allegations are often frustratingly difficult to discern. But there are some aspects of false allegations that can sometimes help in distinguishing them from honest disclosures. When children have been coached about what to say by adults, sometimes they will use language that is not consistent with their age or developmental level. In false allegations, children will also tend to provide much less in the way of specific details or extraneous observations. They may repeat the same story almost by rote, and be unable to describe events out of sequence. Truly abused children tend to be fearful, embarrassed, halting in their disclosures, while children who are fabricating stories may have little convincing emotion and may repeat details in a formula fashion. Evidence that parents have coached the child or filled in details for them suggests a fabrication. The presence or absence of

some motive for making the false allegation is also an important indicator. In older children, false allegations can occur when a child is angry at an adult for some other reason, or is trying to affect their living situation.

In the U.S. it is becoming increasingly common for accused perpetrators to try to blame therapists and interviewers for creating false allegations. They contend that these therapists ask very leading questions, like, "If someone touched your genitals, it is really OK to tell me", and that compliant and suggestible children take this as an invitation to fabricate. This claim has not received much empirical support. Researchers have tried in a variety of experimental situations, for example, in the wake of a videotaped medical examination, to mislead children into saying that adults touched their genitals, but without much success. We have concluded that it is actually rather difficult to get a child, particularly after age 5, to make false allegations, even with encouragement. But the controversy has alerted mental health professionals that they should avoid very leading questions that appear to be urging shy or reluctant children to make disclosures. The idea of hypnotizing possible victims to help in recall is also considered a mistake.

Sexual Abuse and Healthy Sexual Activity

A question that frequently arises is how to discriminate abuse from healthy sexual activities. Parents and professionals sometimes are ignorant of the fact that children, even very young children, engage in sexual experimentation. Their personal and moral anxieties about sex will sometimes prompt them to label such normal behavior as sexual abuse or symptoms of sexual abuse. It is unfortunate that we do not have good developmental studies of normal sexual behavior in children to help differentiate it better from abuse. However, these following points are useful in trying to distinguish the two:

Age Difference

Most of the sexual exploration of preadolescent children occurs with children who are the same age or one or two years apart. Small age differences among young children mask large disparities in strength, authority and knowledge. Since children generally prefer to play and associate with peers, when an older child chooses a younger child for sexual

exploration, it is often because the older child is exploiting the power differential.

Consent or Coercion

Normal sexual exploration among children is mutual and involves taking turns and exchanging roles. When all the initiative comes from one child and when another child is consistently in a subordinate position, some exploitation may be occurring.

Developmental Appropriateness

For preschool children, sexual experimentation generally involves an exploration of genitals and genital differences, primarily looking and touching, and also an interest in urination and defecation. When the play involves attempts at penile insertion or object insertion or extensive oral genital contact, this is an indication that the activity may be prompted by abuse experiences.

Compulsivity

Most normal sexual exploration among preadolescent children occurs in short periods of sustained interest, but surrounded by equal interest in other activities and explorations. Children who appear preoccupied with sexual activities to the exclusion of other things over an extended period of time may be experiencing distress as well as exploiting other children.

Outside Influence

Even if children are engaged in appropriate sex play, if the activity has been arranged for the pleasure of an older child or adult, this is exploitative.

Reaction to the Activity

Given the current moral attitudes about sex, even mutual sexual exploration may engender some guilt feelings in children. However, when children experience other strong negative reactions such as anger, fear, sadness, this may be indicative of some exploitation. Children do sometimes react in a neutral or even positive way to activities of a clearly exploitative nature, so emotional response is not a reliable indicator of abuse.

Principles of Intervention

Intervention in the problem of sexual abuse is a complicated art that depends on many aspects of the case and the situation, including the age of the child, the nature of the abuse, the reaction of the family and the resources of the community. Even if the problem itself were similar, for example, in Japan to what it is in the U.S., the institutional structure is not. Certainly one needs to develop systems of intervention that are specifically tailored for the institutions, professional practices and laws of the particular country.

However, I can mention to you several principles of intervention that we have arrived at in the United States after much experience that you might want to incorporate as much as possible in your own approach:

Multidisciplinary Approach

In the early years, sexual abuse cases tended to be managed by whatever institution or professional first received the disclosure, thus either physicians, psychiatrists, social workers, or the police, usually acting independently. This resulted in much duplication of effort and conflicts among professionals. Most communities in the U.S. have now recognized that they needed to have detailed, agreed-upon, collaborative protocols for handling cases, and that these protocols needed to specify the roles that each institution and professional should play. This means that cases will be handled uniformly, guided by a common philosophy and that all cases will receive the benefit of all the relevant institutions. Usually this means a team of mental health, social work, medical and police officials will meet together to make decisions about cases.

In this collaboration, melding the objectives of mental health and police officials has been particularly hard. In the United States, police are frequently involved in such cases, particularly when abusers are outside the family. This is both because the public wishes to see such abusers brought to justice, but also because the professional community to a large extent believes that prosecution is an important adjunct to controlling abusers' behavior. It has, however, required much discussion and education to develop mutual respect for the goals and practices of each institution between police and mental health professionals. Police and judges have needed to learn a lot about child development and how to respect and protect the needs of children – for example, changing their interviewing and investigatory practices. Mental health professionals have had to come to see

the investigation and prosecution function as a necessary and often beneficial one that does not inevitably interfere with therapeutic needs.

Minimizing the Negative Impact of Disclosure

Few children when they decide to disclose are able to anticipate the unpleasant gauntlet of reactions and results that will ensue. Mostly they want to stop the abuse or to have someone to talk to about it. Then, the unanticipated consequences of disclosure – the interviews, the hearings, the disruption in their lives – and the reactions of others – the denials, the outrage, the confrontations, the ostracism, these are often more upsetting to them than the abuse. Thus every effort needs to be made to minimize the impact of these reactions and interventions. This means, for the professionals, keeping interventions to the minimum necessary to get information and protect the child. It also means respecting the child, the child's needs and the child's autonomy. Thus every effort is made to limit the number of times a child has to be interviewed about the abuse. The child's living arrangement and schedule should be preserved as much as possible. The child's confidentiality must be protected. In addition, it is important that all procedures be explained in detail to the child so that he or she knows exactly what to expect. Children must be given options and choices, so they do not feel like victims of a huge adult-run bureaucracy. And a resolution of the process needs to come quickly. Studies have demonstrated that the longer it takes for an investigation and court process to occur, the harder it is for the child to begin the recovery process.

Maximizing Family Support

Research has also demonstrated that the most consistent predictor of the impact of sexual abuse on a child is the amount of support that the child receives from family members. Unfortunately, many kinds of sexual abuse result in an alienation of a child from his or her family. At the very least, family members feel guilty for allowing the abuse to occur. At the worst, they do not believe the child or they ally with the perpetrator, who may be their father, husband or some other cherished family member.

Perhaps the most important of all principles of intervention is to try to maintain a positive bond between the victim and non-abusive family members. This means that the professionals need to treat these individuals with respect and concern and involve them in the process and decision-

making as much as possible. It means providing family members with information to make sense of what happened and to encourage them to believe and support the child.

It also means providing counseling for them and giving them an opportunity to deal with their own feelings about the situation, without venting them on the child. They also need to be considered victims of the situation. Support groups for parents of sexually abused children have been useful. Sometimes it is necessary to help parents deal with their own histories of sexual abuse that they have never before disclosed.

Community Response

In addition to these principles of intervention, I would also like to mention three components of a community-wide response to sexual abuse that I believe are very important for a successful comprehensive response to the problem.

First is an effort to increase the level of general *professional awareness* about the problem. Diagnosing and intervening in sexual abuse require us to draw upon a lot of community personnel, and these personnel will be more helpful and available if they have been exposed to information about sexual abuse and have been encouraged to abandon their prejudices and discomforts. So, for example, people as diverse as teachers, clergy, recreation leaders, journalists and lawyers all need to be well educated about sexual abuse. This can be done through workshops, books, articles in popular magazines, and professional publications.

Second, there is a pressing need for *specialized professionals* who can play a crucial role in the process of diagnosis and intervention. For example, I have mentioned specialized pediatricians and pediatric gynecologists who can perform medical examinations. It is also important to have specialized police officers who are trained in child development and are capable of doing effective criminal investigations in these cases. It is also useful to have specialized therapists who are familiar with some of the current therapies for treating sexual abuse offenders. It has been fairly conclusively established that conventional psychotherapeutic techniques do not work with sexual offenders and untrained therapists get into grave difficulties. We have also arrived at a consensus that group family therapy with the offender as the exclusive modality of treatment is inadequate. Offenders, even incest

offenders and juvenile offenders, need individual evaluation and treatment by therapists with specialized training in work with offenders. When communities give access to specialists in these areas, the process of diagnosis and intervention is much another and more effective.

Finally, communities need to have *sexual abuse prevention education* for children. In North America, most schools nowadays have programs that teach primary school children how to recognize sexual abuse, and how to avoid such activities, and that encourage children to tell adults. Such programs, which often include games, films, plays and exercises to practice, have become very popular among children and educators in the U.S. We do not yet know how effective they are in actually preventing abuse, although there are many encouraging anecdotes. But these programs have been demonstrated to help promote early disclosures, and they also do a great deal to educate parents and professionals in the community at large. Some have criticized these programs for unnecessarily frightening children. But the evidence from research is that they are well liked by children and have few negative effects.

Conclusion

In concluding, I want to say that the problem of sexual abuse is a new one and a challenging one and it has a very sobering message for those of us who work with children. It has been almost a century now that we can say we have had a scientific approach to child development and the conditions of childhood. We have made a lot of impressive advances in that time. In recent years it has almost seemed that we had unlocked most of the secrets of childhood.

But it is certainly humbling to discover, here in the late 20th century, that for most of the time we have been studying childhood, we have ignored such a fundamental reality as this, that most of our scientists, physicians and educators failed to see how much sexual abuse was occurring and how profound its consequences were.

This should alert us to the fact that we do have serious blind spots when it comes to children. There is much about children we still do not know. And it is most ironic because we were all children ourselves once. The fact that we lose access to that perspective is one of the mysteries of being human. So

children have a lot to teach us still, and not just about themselves, but our own selves as well.

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Early Crisis

On Dealing with Sexually Abused Children and Adolescents at SOS Children's Village Facilities in Germany

WOLFGANG GRASSL (with Commentary by PETER JAKOB)

The Social Context of Sexual Abuse

During the 1980s, when sexual abuse of children and adolescents became a very current topic with the media and experts in the social fields, it moved from the shadow of taboos into the public eye, becoming its own field of research.

A significant number of scientific papers indicated that the extent of sexual assaults committed on children and adolescents was far greater, both in the past and currently, than had hitherto been assumed. Even today, it is extremely difficult to find verifiable figures documenting the incidence of criminal acts that violate the sexual rights of children and adolescents, because the number of unreported cases is presumed to be high. In 1995, some 16,000 charges of sexual abuse of children and adolescents were filed in Germany,[1] a 6.1% increase over the previous year. On the other hand, the scientific literature generally assumes that 150,000 to 300,000 abuse cases go unreported each year.

More recent publications (BAURMANN 1991) advised taking a cautious view of the number of unknown cases and differentiating the types of cases, without seeking to minimize the immense social significance and often long-term consequences that such traumatization has on the victims. When the number of sexual abuse cases increases in the print media, there is also the hazard that "a certain over-emphasis on the sexual portion combined with a minimization or concealing of the violent aspect of the crime tend to scandalize the sexual aspects and play down the violent acts" (BAURMANN 1991). Particularly in the general public, this does not prompt horror but, instead, sensationalism. And such "over-reactions" do more harm than good to the affected children and adolescents (OBERSTEINER 1993).

When attempting to make a more precise analysis of the overall social situation, in order to determine what sort of intervention is needed in individual cases, and in particular, to establish preventive measures, it is

necessary to differentiate between attempted and completed assaults, between acts done in the presence of a child and with/to a child, and between violent and non-violent acts. It is particularly difficult to further break these groups down into cases of reported assault and convicted perpetrators, because it is often very hard to prove a crime has been committed and because charges are repeatedly withdrawn to protect the victimized children or because of fear on the part of family members.

The rising number of charges must also be viewed in connection with the rising divorce rate (ROEMER/WETZELS 1991), where one partner tries to positively influence the custody hearings or where "children's statements are erroneously misinterpreted by third parties", resulting in false accusations (ROEMER/WETZELS 1991).

It can be assumed that in the majority of children who were victims of sexual assault the abuse already started at preschool or primary school age, usually continued for several years and that the perpetrators were for the most part from the children's own family environment (JOHNS 1994; HEBENSTREIT/MUELLER 1994).

One area that continues to be tabooed is the sexual abuse of boys (BROEK 1993). Recently, it has become increasingly clear that the number of unreported cases could be much higher than previously assumed and that research has paid far too little attention to this problem thus far.

It is also hard to determine whether or not sexual abuse has actually occurred, because the symptoms are relatively unspecified and can only rarely be clearly attributed to abuse. This means that it will remain difficult to make proven statistical statements on the extent of sexual abuse.

How SOS Children's Villages Germany Deals with Sexual Abuse of Children and Adolescents

Since the mid-1980s, as the topic of "sexual abuse" gradually shed its taboos, SOS Children's Villages Germany also took a more intense look at this issue. All advisory facilities as well as the residential facilities, such as the SOS Children's Villages themselves and the youth facilities, are repeatedly confronted with sexually abused children and adolescents. Usually, the abuse cannot be seen as an isolated instance but, rather, the majority of cases must be assumed to include multiple violence and abuse

experiences in the sexual, physical and psychological context (Loerzer 1996).

A closer look at the subject of sexual abuse prompted many staff members, both male and female, to want and need to acquire the necessary competence through continuing education and training in order to prepare themselves for working with affected children and adolescents as well as dealing with the children's families of origin. In many cases, SOS Children's Villages calls upon outside therapists to help accompany, advise and provide therapy for the children as well as to provide support for the care-givers and to work with the families of origin.

In some instances, the growing awareness and sensitization to the issue of sexual abuse that began in the Eighties led to unsubstantiated suspicions. Today, because of greater experience and more comprehensive expertise in this field, the SOS facilities no longer rush things but, rather, proceed with the necessary competence and sensitivity.

The sexual abuse of boys remains a highly tabooed issue even in the SOS Children's Villages. It appears that the social situation is reflected in the facilities. Even though it has recently become apparent that many boys have been subjected to sexual abuse, an awareness of the problem and the corresponding sensitivity are growing slowly.

The Situation in SOS Children's Villages

All SOS Children's Villages have sexually abused children and adolescents in residence. It is difficult to determine the extent to which the number of impacted children and adolescents has increased over the past several years, because prior to the intense focus now accorded this problem, no concrete facts or figures were available. It must, however, be assumed that more work is now being done with such children since the veil of silence has been lifted and staff members are prepared to deal with the issue.

The growing awareness and the disappearance of the taboos surrounding sexual violence against children have also resulted in an increased demand by the youth welfare services for out-of-home care for children and adolescents with this diagnosis. Basically, all SOS Children's Villages, when faced with the question of enrolling a sexually abused child, review the facility's capacity to provide specialized care for the child, namely whether

this care already exists or can be arranged. In some cases, the child is not enrolled and another facility is recommended.

Prior to enrollment in an SOS Children's Village, it is clear in only a very small proportion of the children, usually girls, that sexual abuse has occurred. Generally, only after some time has passed in the out-of-home care situation does it become evident that a child was the victim of sexual abuse, or at least that this assumption must be made. In many cases where this assumption is made final verification will never be possible, even though the need to substantiate or invalidate the suspicion in each individual case is recognized (H. Offe/S. Offe/P. Wetzels 1992).

For most abused children, the perpetrator comes from the immediate family or social circle, and therefore is usually well known to the child prior to the abuse.

In individual cases, SOS Children's Village staff discover that one child of a group of siblings has been removed from the family of origin due to sexual abuse and then placed in an SOS family. Sometimes, it is only several years later that the Youth Welfare Office seeks to place additional children from the same family with similar histories of abuse.

Dealing with Sexually Abused Children
The SOS Children's Village Sauerland as an Example

Using the SOS Children's Village Sauerland, located in North Rhine-Westphalia, as an example, I would like to show how the issue of sexual abuse is handled prior to a child's enrollment and during the time he or she lives at the Village (Schetter). The following points cannot, of course, be applied to all the other SOS Children's Villages, but are generally comparable.

The problem of sexual abuse is viewed by the SOS Children's Village Sauerland as an important current and professionally challenging issue. Of the approximately 50 children who currently live at the Village, it was known of two children prior to their enrollment that they had been sexually abused. With five of the other children, this diagnosis was reached after some time in the care-giving situation. It is thought that yet another four of the children were sexually abused, and a more detailed look is being taken into the situation. All of the abused children and adolescents are girls. Additionally, there are four "alumni", who prior to their enrollment in the

SOS Children's Village, had been sexually abused and who still remain in close contact with their SOS families. In all cases the perpetrator was from the immediate family or from the extended family. In more concrete terms, the perpetrators were a foster father, a sibling from an earlier foster family, and the biological fathers.

All SOS staff members, both male and female, were given in-house training to familiarize them with the problems associated with sexual abuse and to prepare them for dealing with sexually abused children.

The SOS Mothers and the educational co-workers receive on-going peer support from the Village psychologist, who underwent a two-year supplemental training program in sexual abuse issues. This means that all involved staff are provided with on-going opportunities to reflect on and continue their training in how best to deal with the subject of sexual abuse.

If sexual abuse is suspected, the child is given the opportunity to speak about this experience with a person he or she trusts. In everyday life we give the child special attention and opportunities to talk in order to show that there is certainly a reason for the child's (sometimes inappropriate) behavior and that it might be difficult to talk about these things. The staff give the child courage to open up, without demanding too much or even pushing the child. It should be clear to the child that he or she has someone who takes these experiences seriously and who leaves it up to the child to decide when to talk about these issues. It is also made clear to the child that talking about his or her experiences can bring relief. If sexual abuse is confirmed, the child is told that he or she can speak with an SOS Mother or educational co-worker at any time. Moreover, there are regular sessions between the affected child and the psychologist to help prepare the child for external therapy.

The educational co-workers advise SOS Mothers with the specific aim of encouraging their understanding of the consequences of sexual abuse and their dealings with abused children. In cooperation with the SOS Children's Village psychologist, they also support the affected children by holding group and individual discussions on such topics as "Sexuality and Self-Determination".

When a child is an apparent or suspected victim of sexual abuse, questions of how to deal with the child and how to process the traumatic experience are always an integral part of the case-planning process. Within this framework, open coordination meetings initiated by the SOS Children's Village are conducted with representatives of the Youth Welfare Office, an

external advisory facility, the parents and, in some cases, with the abused children themselves.

One particular advantage in dealing with abused children is in having a specially trained psychologist on the staff of the SOS Children's Village; this permits rapid communication and a trusting collaborative work environment, and also ensures that the abused children have on-going, well-qualified care available to them. The close working relationship between all parties involved has for the most part created an atmosphere in which the children have the opportunity to better break through the syndrome of secrecy.

Fundamentally, SOS Children's Villages places great significance on working with the families of origin (through visitation and conversations). However, when a child has been sexually abused by a member of the immediate family, utmost caution must be exercised regarding the extent to which direct contact with the parents should be made and maintained, in addition to helping the child deal with the trauma.

At the SOS Children's Village Sauerland, there has been no direct contact with the perpetrators with only one exception. In this one case, where the biological father was the perpetrator, the victim, a young woman, was accompanied by the SOS Children's Village staff psychologist to a meeting with the perpetrator. Even though the sexual abuse had occurred sixteen years prior to the parties' meeting, a criminal charge was brought following this encounter and the perpetrator found guilty. This was only possible because of the support given to the woman by the staff psychologist, and because convincing evidence was subsequently presented to the court.

Prevention is given great significance by SOS Children's Villages, with the ultimate goal of protecting children from sexual assaults. As part of the child-guidance work, children are particularly encouraged toward self-determination. Within the framework of sex education sessions, children are taught about self-determination and learn that they have the right to say "No" in personal matters and to defend themselves from assaults.

Training SOS Mothers to Deal with Sexually Abused Children

During the two-year training period to become an SOS Mother at the organization's own Mother Training Center,[2] the topic of "Sexual Abuse" is covered in a three-day seminar. An independent family therapist presents the

material, emphasizes the most important aspects, provides fundamental information and encourages the future SOS Mothers to deal actively with the issue. The major emphasis during the seminar is on conveying discussion techniques for everyday use.

The instructor helps the future SOS Mothers process the significance of their own experiences, as well as to review their own attitudes toward the subject. She shows them possible symptoms indicating sexual abuse and how to recognize them (diagnostic methods) and also provides the future mothers with conceivable planning steps in terms of possible support opportunities, including external ones. Finally, information about therapeutic work with the affected children and their family systems is provided, along with references to encourage more in-depth study of the topic. To support work in the area of prevention, information is made available in the form of up-to-date, age-appropriate (child or adolescent) literature and video films.

Ancillary Facilities of SOS Children's Villages Germany Working with Abused Children and Adolescents

Staff members at the *residential youth facilities* are also continuously confronted by children and adolescents who have been sexually abused. This necessitates intensive involvement with the problem of sexual abuse. Many of the staff members therefore also participate in issue-specific training and continuing education courses on this subject.

In this regard, a discussion at the residential youth facilities involved the issue of equal gender representation on the team. Specific attention is repeatedly given to clarifying whether or not it is appropriate to have a male staff member as the reference figure for children who have been sexually abused by men.

At several SOS youth facilities, in conjunction with a needs-oriented analysis of the regional environment and within the framework of the professionalization of the staff the entire facility was conceptually specialized. In addition to the three existing youth facilities, which deal exclusively with girls and young women, in the early 1990s an additional youth facility was established to place greater emphasis on *work with girls*. The Youth Welfare Office specifically requests that girls who were subjected to sexual violence be enrolled in these four facilities.[3]

At the SOS Children's Village *Advisory Centers*, children and adolescents with histories of sexual violence and their families count among the daily clientele. It deserves mention that guidance or therapy for sexually abused children is, as a rule, not the sole or main area of emphasis of the advisory centers. Depending on the specialization of the staff, sexually abused children and adolescents are either directly cared for and treated at the facility, or referred on to special facilities. Because of the closely knit network with other social welfare institutions of the region, it is usually possible for children and adolescents to receive qualified care and assistance.

Due to the large regional need and the involvement of a workgroup comprised of representatives from a wide diversity of institutions, in 1994, a *Family Assistance Center* was founded in Kaiserslautern as part of the Kaiserslautern SOS Children and Youth Assistance Program.[4] The Family Assistance Center has the special task of providing out-patient aid and short-term live-in opportunities for neglected, mentally, physically and sexually abused children and their families from the region, as well as working against and preventing violence toward children in all of its various forms.

The Family Assistance Center has made child protection a priority. This means that a wide range of assistance and support as required by an active child protection service is provided. Here, it is of utmost importance that the underlying conditions of the respective form of violence be taken into consideration, since "child abuse" varies from case to case. The causes of physical abuse can be clearly distinguished from those of sexual abuse and require that specific steps be taken. When studying causes, the Family Assistance Center takes into account the social, family and individual facets, and their interrelated impacts on one another. The Center is first and foremost there to help, and attempts to remain free of moral judgment.

The multi-faceted professional team (psychologists, child-care and social workers) does not see its tasks limited to single-case crisis intervention, support services, therapy and assistance in actual everyday problems but also view themselves as playing a key role in the area of prevention. The major point of emphasis in the Family Assistance Center's "leitmotif" is building cooperative relationships based on trust with the people seeking advice and assistance. Abused children and their relatives receive comprehensive support. In this way, the psychologically overwhelmed parents find relief, while measures to help bridge social and economic crisis situations are introduced. Furthermore, a comprehensive range of advisory

and therapeutic services is available. In this respect, family and psychodynamic processes, which are manifested as violence toward children, can be treated and processed. In the case of sexual abuse, however, in order to protect the affected child no work is done with the perpetrator.

The Family Assistance Center's centralized location, the long hours during which it is open, the fact that participation is voluntary and that absolute confidentiality and anonymity are ensured, along with openness for all involved, and the broad range of services offered not only inside the Family Assistance Center, but also within the families or at other locations, provide easy access for impacted families.

The principles of voluntary participation and confidentiality find their limits when a child's life is acutely threatened, or when children over the longer term are hindered in essential areas of their development, and the parents, despite appropriate offers of support, are not in a position to create an appropriate child-rearing environment, in which the right of the child to "have his/her development fostered" is respected (German Children and Youth Protection Act, Section 1). In addition to the advisory services provided on an out-patient basis, the Family Assistance Center is also able to place children ad hoc and temporarily in emergency stand-by foster homes, supported by an emergency stand-by care concept for the child, until further steps are clarified (Jockisch 1996). The child is separated from its parents only when absolutely necessary, because in many cases by clarifying family problems and introducing opportunities to cope with them hidden potentials for action, particularly by the parents, are set free.

Foster families are carefully selected, trained and given on-going parallel support. This is also ensured by the close contact maintained between the foster families and the Family Assistance Center (FAC) team, and the FAC's 24-hour Emergency Stand-By Service. The primary duty of the stand-by foster families is taking care of the children and adolescents within the scope of their normal, routine family life. As a rule, children stay with foster families for one week to three months, until their future situation has been clarified (return to the family of origin or long-term foster placement).

Necessary Requirements for Dealing with Abused Children and Adolescents

Commentary by PETER JAKOB

When I read the previous article, "Early Crisis", by WOLFGANG GRASSL, it became evident that SOS facilities apparently treat the sexual abuse of children in a responsible manner. Factors deserving mention include the prerequisites for competent work such as the special training of the psychologist at the SOS Children's Village Sauerland over a period of several years, the preparatory training provided both male and female staff members through in-house continuing education courses, as well as ample opportunities for peer consultation and supervision, which are offered all SOS Mothers. These or similar fundamental prerequisites are absolutely necessary in any facilities dealing with youth welfare and support on an in-house basis. Both male and female staff members at these residential facilities are constantly confronted with sexual abuse problems, regardless of whether they are aware of them in individual cases or not. Being able to competently deal with sexual abuse victims and/or with their relatives requires a very broad spectrum of special knowledge, as can only be gained through many years of practice in this field, and/or special education and training over a period of several years. In my opinion, this not only means acquiring theoretical knowledge but also intensive experience with one's own response patterns to violence and assault, as well as one's own way of dealing with power structures and gender-specific issues. It is not possible to respond from an objective distance: all psycho-social staff members as men or women with their own histories and experiences in terms of overstepping boundaries are personally challenged by the abuse experiences of the child with whom they are working.

The sex education for children mentioned in WOLFGANG GRASSLS article has a preventive effect and indicates to the children that it is OK to express themselves about negative sexual experiences. I feel that all child-care facilities should also supplement their program of sex education for children with a pedagogic concept to inform about the sexual abuse of children.

Particular attention should be given to the development of sensitive and differentiated work with the relatives of children or adolescents who have been sexually abused. Especially the mothers of sexually abused children very frequently become the target of open or subtle judgmental messages

from the psycho-social support network. The result is either symmetrically escalating conflicts between the mothers and the support workers (particularly at in-house facilities) or complementarily escalating conflicts, in which the mothers passively retreat in submission. Another possibility is that the mother silently stops coming to the facility and also withdraws from the child. Regardless of which sort of complication occurs in the triangle relationship between the facility, the mother and the child, it brings with it the considerable threat of secondary traumatization of the child. Furthermore, such attitudes augment the mother's insecurity and vulnerability, as well as becoming a burden to the facility's staff members who are working with the child. Work with relatives which takes into consideration these processes can have a preventive impact on the child and help the pedagogic staff, both male and female, achieve positive results.

Wolfgang Grassl mentions that occasionally only the sexually abused child is taken from the family of origin and placed with an SOS family. This happens at many out-of-home youth facilities and with particular frequency, in my experience, this occurs when the abuser remains in the family or returns to the family (e.g., when pretrial detention is waived). Placing a child in an out-of-home care facility while leaving the abuser at home provides a context for interpreting the sexual abuse which is harmful, if not even catastrophic, for the child. Removing only the sexually abused child, who is really the only known victim, implies that there is no need to protect his or her siblings. If one further follows this train of thought, the reason for the abuse lies in the relationship between the abusing adult and the child. My experience has shown that abusers are often multiple perpetrators and that many of them even began sexual assaults as adolescents. Finally, by being placed in a foster-care facility, the sexually abused child is also implicitly given part of the blame for the assault. As a result, the pedagogic or therapeutic staff must deal with the child's secondary problems, which staff members erroneously believe to be the direct consequences of the abuse; they thus feel helpless because their support for the child seems to bear so little fruit. I recommend that this method of placement not be accepted. Instead, the care-giving facility should work with the pertinent Youth Welfare Office, the relatives, the guardianship court and other psycho-social workers involved in the case. This type of cooperation can and should, of course, also have a preventive effect for the siblings of the abused child.

One prerequisite for successfully working with the problem of sexual abuse in children is the willingness to recognize that sexual abuse can also

occur within the facility itself. As mentioned above, adolescents or older children begin carrying out sexual assaults at very early ages. The proportion of children who are particularly at risk of becoming victims and/or perpetrators of sexual abuse, because they suffered sexual abuse, physical or mental violence or neglect within their families of origin, is of course very high in residential youth welfare facilities. If this problem remains a taboo, the message sent to the children and adolescents is that they really cannot speak openly about sexual abuse.

This of course also applies to sexual assaults perpetrated by staff members. Because the SOS Children's Villages are staffed primarily by female staff members, such assaults are probably far less frequent than in other residential youth welfare facilities.

Finally, I would like to draw attention to one more important point that WOLFGANG GRASSL mentioned in his article: the taboos surrounding the sexual abuse of boys. Frequently, sexual acts perpetrated by considerably older boys on prepubescent boys or boys just entering puberty are misunderstood as normal adolescent experimentation or as temporary adolescent homosexuality. Gender-specific patterns of perception and interpretation make it more difficult to see boys as victims. This leads to the fact that they often do not receive help. Many boys, in turn, compensate for the abuse they suffered by becoming abusers themselves, thus laying the foundation for a "career of abuse". If this problem is brought to light and discussed, and if residential youth welfare facilities provide services specific to boys that teach respect for the integrity of women, girls and younger boys, this could also have far-reaching preventive impacts.

Notes

1 Police Department Crime Statistics 1995, Bonn, 1996.
2 Cf. the curriculum of the SOS Mother Training Center, Mörlbach.
3 Cf. concepts for the SOS Children's Village Girls' Communities Fürth-Burgfarrnbach, the SOS Girls' Facility Augsburg-Hochzoll, the SOS Youth Facility Bremen – Girls' Community, and the SOS Youth Facility Saarbrücken – Community for Young Women.
4 from: Concept of the Kaiserslautern SOS Children's and Youth Assistance Facility – FAC.

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Sexual Abuse in the Family

A Case Study

Christa Wagner-Ennsgraber

This case study on the topic of "Sexual Abuse in the Family" is unfortunately not one of successful intervention and assistance. It does show, however, the typical course of events of traumatization and is therefore suited to teach a few lessons. Because we have no adequate means to prevent sexual abuse, it is all the more important that we critically review our own activities as professional helpers in order to at least prevent secondary traumatization of the children involved.

> A sixteen-year-old girl goes to a friend's house for a visit. When she is alone for a moment, she is overcome by an indescribable feeling of anxiety, one that has been familiar to her for quite some time. Everything seems senseless. Intending to end her life, she swallows some pills. She overdoses on the medication she takes to prevent attacks. Everything becomes fuzzy and she loses consciousness. The girlfriend's family finds her and calls an ambulance. She regains consciousness in the hospital.

This attempted suicide is central to a life of suffering that shall be discussed in more detail.

Early Childhood Development

The girl, whom we shall call Anna, was born in 1978 as her parent's second child. The pregnancy was normal, and she was born 14 days before term. Anna was nursed for about three months. According to her mother, Anna's early childhood development was somewhat delayed. The child first began to walk when she was 18 months old, and began talking when she was two. Anna was "potty-trained" during the day by the time she was three, although she continued to wet the bed at night until she was six. Anna attended kindergarten between the ages of 4 and 6 and was described as exceptionally quiet and well-adjusted. When she was five, she was given 12 months of speech therapy and kinesitherapy to compensate the developmental deficiencies mentioned above.

School-Age Development

Anna started primary school when she was six. She was well able to meet the academic demands, but from third grade on, unusual things started to happen which Anna described as "attacks." From the time she was 8 years old, she often slid off her chair onto the floor, for example. A pediatrician determined that she suffered from hypotension, or low blood pressure. When she was ten years old and entered middle school, the type of attack changed. When Anna was alone, she began to shiver all over. When she was with other people, she was able to control these attacks. She didn't tell anyone about the attacks. However, she was found asleep in the restroom of the school several times following such attacks. No one asked any questions, no one sent her to a doctor to be examined.

After finishing middle school, Anna attended a home economics vocational school for one year, and in September 1993 began vocational training at an art school. She lived there in a dormitory and visited her family regularly on weekends. In January 1994, Anna's behavior was noticed by the people around her for the first time. She had to be taken to the hospital twice because of her attacks, which she could apparently no longer control. The diagnosis was a vague "nervous breakdown".

What Happened?

Shortly before her breakdown, Anna told a friend at the dorm that she was sexually abused by her father when she was 8 years old. The abuse continued until she was 12. The friend told Anna she should tell the doctor who treated her at the hospital about this, which Anna finally did. As a result, an anonymous complaint was filed against her father. This happened without Anna's knowledge and, naturally, without her being prepared for it. The conventional chain of events began: police questioning, statements, the responsible Youth and Family Agency was called in. At that time, the assaults had taken place four years previously.

To protect sexual abuse victims, it is often necessary to separate them from their families. In Anna's case, this was not difficult, since she was already living in a dorm. After the abuse was exposed, she didn't spend the weekend with her parents anymore but, instead, with a teacher with whom she had developed a good relationship. A short time later, she started to live at a group home specializing in abused children and adolescents. This group

home was also open on weekends and holidays. Additionally, Anna was given individual therapy sessions with a systemic family therapist, which Anna attended once a week. Contact with her family broke off from one moment to the next. The court hearing was scheduled for July 1994, and, according to Anna, a direct confrontation occurred there between her and her father. However, because a psychiatric/psychological opinion had not yet been obtained, the hearing was adjourned until January 1995.

The summer months passed. In September 1994, the girl suffered from so intense an attack followed by a very deep sleep that she had to be admitted to the hospital once again. “Epilepsy” was diagnosed and the patient was treated with “carbamazepine”. Three months later, the girl attempted suicide as described above, using her anti-epilepsy medication. She said her actions might be connected to the upcoming date for the next hearing.

Anna’s care-giver in the group home insisted that Anna be admitted to the University Clinic for Neuropsychiatry for Children and Adolescents, on the one hand as crisis intervention and, on the other hand, to find a reason for the increasingly frequent attacks.

How Did Anna Act at the Clinic?

She was quiet, nice, fitted in well, somewhat hesitant. When asked about the sexual abuse, she stated, as she previously had for innumerable official examinations, the following:

The assaults by her biological father began when she was eight years old, when she was in 3rd grade. First her father stroked her and then kissed her all over her body. The mother was never home at these times; she was visiting the grandmother, who needed her help around the house following a stroke. The assaults escalated to vaginal intercourse, several times per month, whereby she was repeatedly tied up by her father. The father’s reasoning was always the same: all fathers do this with their daughters, and if she told anyone about it he would kill her. The sexual exploitation ended as Anna turned 12 and told her father that she had started to menstruate.

Results of Our Investigation of Anna's Family System

Anna's family is accepted as an average family within their social environment. They perhaps keep a bit to themselves, but take exemplary care of their children. Both grandfathers are deceased, the paternal grandmother lives with Anna's family, suffers from diabetes and dementia of old age. The maternal grandmother lives close by and is taken care of by her daughter, who is a homemaker. The father was a gardener, but retired early due to a disability. Anna's 18-year-old brother is apprenticed as a cabinet-maker. Her 14-year-old sister attends a home economics school. At the same time that Anna was brought to us, the sister was admitted to a neurological hospital; she showed psychotic symptoms. There are no statements from her regarding personally experienced abuse or observed assaults.

Everyone in the family says that Anna's alleged sexual abuse by her father cannot have happened. Particularly the mother is afraid that the father will be unable to bear the disgrace his daughter brought on him and will do himself harm. She accuses Anna of lying. All attempts to initiate a confrontation between the mother and Anna about what had happened fail because the mother is convinced of her husband's innocence. It is not possible to speak with the father. For one, visitation is prohibited and, secondly, the father also refuses to meet.

What Did we Find Out About Anna During her In-Patient Stay?

In December 1994, Anna was admitted to the clinic for ten days for examination. In January 1995, she was again admitted for 17 days because the upcoming court proceedings make crisis intervention necessary.

Neurological Findings

The medical work-up shows unremarkable neurological findings, electro-encephalogram (EEG) and computed tomography (CT) scan. We found no epilepsy and diagnosed Anna as having "dissociative convulsions" as per ICD 10 (F 44.5), better known as "psychogenic attacks" in the sense of a neurotic disorder. The anti-epilepsy medication was discontinued.

Psychiatric Findings

The patient appears subdepressive, fearful, hopeless, and internally tense. Her drive is diminished. She has difficulty concentrating and trouble falling asleep. We also found that she has low self-esteem, as well as feelings of guilt. She has already distanced herself from thoughts of suicide. Psychotic symptoms could not be explored. The psychiatric picture fulfills all criteria for a reactive depression in accordance with the International Classification of Mental Disorders established by the World Health Organization (WHO), Chapter V (ICD 10 F 43.21).

Psychological Findings

The psychological work-up shows, on the one hand, massive traumatization of Anna by the father and, on the other, fear of losing her connection to her mother. Overall, the patient shows an enhanced tendency to anxiety, a feeling of powerlessness, signs of ego diffusion in the sense of having difficulty drawing boundaries between her Ego and her environment, between reality and fantasy. In addition to her tendency to symbolization, she shows ambivalence toward the suicide, has a negative body image, and is autoaggressive. We found a weak social network and that Anna is unable to ask for help from others in crisis situations. Procedures used included the "Thematic Gestaltungstest" (TGT), a Depression Inventory for Children and Adolescents, and the Rorschach Test.

All of our examinations confirm the actual trauma of sexual exploitation with typical mental sequelae and support the opinion reached by a sworn court expert.

The "Bottom Line" of Anna's In-Patient Stay

First of all, she sees that various people believe her. She wants to get her life together again and is thus no longer suicidal. She wants to continue school as soon as possible and therefore be released from the hospital. On the other hand, she is being rejected by her mother after months of having no contact. Very disappointed, she decides to cope with her problems herself. This leads to the discontinuation of psychotherapy, during which she had hardly developed a relationship with the therapist. She also does not want to talk about the abuse any more. The court proceedings, which were set for

January 1995 and for which the girl was to receive support, have been postponed once again for an indefinite period.

Post-Clinic Period

At this point, I assumed out-patient care of the girl. The conditions are difficult. She does not want to meet more than once a month, because of the geographic distance among other reasons. We agree to call one another by phone to serve as an "anchor" in an emergency. It is clear to me how inadequate this solution must be. Since early childhood, Anna has had difficulties with the spoken word and still has problems expressing herself.

Anna now seems primarily focused on school since she has missed a great deal. She wants to meet that challenge and pass the school year. Another problem she has involves social contacts. She often feels left out, different and misunderstood. In keeping with her Ego diffusion and tendency toward symbolism, she has given herself two names: "*Anna*" represents the depressed past, "*Cheesy*" (taken from the English request to smile for pictures) represents a new, optimistic life. "Cheesy" is energetic, stands up for herself and asserts herself.

In April 1995, however, the past catches up with her abruptly and unexpectedly. The court proceeding takes place without her and the father is acquitted for lack of evidence. Anna's only witness was the girl whom she had once confided in. The girlfriend testifies that she suggested the abuse to Anna.

Anna's ecstatic mother calls the dormitory. Everything is alright again; Anna can come home again any time and the family will forgive her. Anna no longer knows what she should feel or think. One month later, she succumbs to her family's urging and goes home. She feels guilty and is afraid of being reproached. The roles are reversed now: Anna is grateful that her family accepts her again. Not a word is said about the past or the abuse. Anna deeply regrets that she ever said anything to anyone. It set off an avalanche and that avalanche buried the truth. Anna's courage was not rewarded.

Anna continues to vehemently oppose any kind of psychotherapy. She breaks off all contact with the clinic. After the mother regains custody from the Youth Welfare Office, Anna no longer stays at the group home on weekends.

As early as 1961, SUMMIT described the "accommodation syndrome of incest", which is easily traced using this case. The first phase, namely where the abuse is kept secret, is marked by psychosomatic complaints and psychogenic attacks. The second phase is characterized by helplessness and reactive depression, which merge in a suicide attempt. This is followed by the third phase, exposure of the abuse. In the fourth phase, accommodation, Anna lives up to the court judgment, confirming her lack of credibility. She escapes into a world of alcohol and drug abuse and a behavior of acting out. She used her last visits to Vienna to acquire barbiturates and drugs. This behavior of destructive acting-out emphasizes the girl's rage and disappointment.

Ever since her childhood speech deficiencies mentioned at the beginning of the story, talking has always been a very poor means of expression for Anna.

Final Comments

When planning crisis intervention, according to FÜRNISS (1989) the first crisis is that of the professional helper who is confronted with the sexual abuse of a child. This crisis encompasses not only the danger of over-eager involvement, but also the possibility of neglecting to intervene due to lack of evidence. Depending on the particular situation, a decision must be made as to whether primarily criminal intervention, therapeutic intervention, or child protection intervention is needed, and/or how these different types of interventions can be combined in a logical and effective manner. Regardless of the theoretical concept upon which we base our attitudes and actions, every case must be considered individually, not only to help the afflicted person overcome the trauma, but also to prevent secondary traumatization, such as that which occurred in Anna's case. In no case are we spared the crisis of deciding how to intervene.

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Child Prostitution and Sexual Abuse in Latin America, with a Special Look at Paraguay

Peggy Perez, Anna Aldrian, Heike Stender

Conditions in Latin America

It was only in the Nineties that the sexual exploitation of children, particularly those in the so-called developing countries, finally gained public attention. From the United Nations Convention on the Rights of the Child in 1990 to the Stockholm World Conference on the Commercial Sexploitation of Children (1996), awareness has increased for the injustices that were and are being perpetrated on children all over the world, including in developing countries.

The social conditions and fates of the impacted children are similar for children throughout the entire Third World. Generally, child prostitutes can be found at the lowest end of the "market", where prices are lowest, conditions are worst, and "productivity" is highest. There are, however, culturally determined regional differences; these were clearly revealed by the international nature of the Stockholm Conference, at which 173 countries were represented.

As an example, while Asian children, usually of poor families in rural areas, are intentionally sold as either prostitutes or domestic servants and then taken away to larger cities, in Latin America, the primary factors driving children to the street are conditions within the family, such as disintegration of the family or violence within the family, migration from rural to metropolitan areas, or extreme poverty. To ensure their survival, and simply because more money can be earned here than in other forms of life in the streets, these children begin to prostitute themselves or work for a procurer (pimp). The expression "children prostitute themselves" is of course misleading in that it presents the children as protagonists. For this reason, only the term "commercial sexual exploitation" was used at the World Conference in Stockholm.

In contrast to Eastern Europe, Latin America has for several decades been confronted with an ever increasing scale of child prostitution and child trafficking (conversely, child pornography is less pervasive in Latin America than in other cultures). Until about ten years ago, this involved primarily local residents. In the meantime, however, due to rising sex tourism, there are increasing numbers of foreign perpetrators, particularly in Brazil, Costa Rica and the Dominican Republic. This has brought about a drastic change in the type of sexual exploitation. Before, children were not the specific targets of abuse. It was far more the case that children were also abused, because they are readily available, lack protection and are vulnerable.

The considerable increase in international business and holiday travel (revenues increased seven-fold from 1960 to 1995), has intensified the commercialization and globalization of the sexual exploitation of children. Fierce competition in the airline travel sector has resulted in ever-cheaper long-distance flights. The Caribbean Islands and Costa Rica, for instance, are already considered inexpensive holiday destinations by Europeans, and thus are no longer unattainable for many tourists.

Many perpetrators hope that by turning to ever younger victims, they will be able to avoid contracting AIDS or other sexually transmitted illnesses. As the sex objects become younger and younger, there is a corresponding regional shift of sex tourism away from Southeast Asia and Africa, where AIDS rates have skyrocketed, toward Eastern Europe, Latin America and the Caribbean.

Representatives of the Latin American countries present at the Stockholm World Congress agreed that in their region, the increase in child prostitution cannot solely be explained by rising poverty and urbanization, but instead, is primarily a factor of the culturally determined general use of violence against women and children, which begins in the family and permeates all of society. “Many girls ... prefer sexual exploitation on the streets to the permanent violence and incest in their own families”, was an observation made by Dorianne Beyer, the former director of the US Department of the non-governmental organization (NGO) “International Movement for the Protection of the Child”. In Latin American countries, the inherent human dignity of women and children is not respected by the male-dominated society. As the orientation toward consumerism grows, women and children are increasingly treated, used and exploited as goods.

A 1995 study conducted by UNICEF in Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama, showed that 47% of the

minor-aged prostitutes surveyed had already been victims of sexual abuse and violence under their parents' roofs. Almost half of those interviewed began to sell their bodies between the ages of 9 and 13. Between 50% and 80% of the girls admitted to taking drugs, which they frequently received from their pimps or "protectors".

Also in 1995, the organization "End Child Prostitution in Asian Tourism" (ECPAT) conducted a survey in Costa Rica, which showed that a significant number of retirees from the USA have settled in Costa Rica, including many pedophiles who maintain contacts with child prostitutes. In the capital city of San José (278,000 inhabitants), there are at least 3000 prostitutes, many of whom are minors.

Cuba, too, has seen an increasing problem with informal, unstructured prostitution due to its slowly developing tourism industry. Even more severe is the situation on the neighboring island of the Dominican Republic, which has 1.5 million foreign visitors annually. A recent study indicates that 25,000 children, of whom 63% are girls, are sexually exploited by tourists. At 37%, the percentage of boys in the sex tourism "branch" is considerably higher than in other areas of sexual exploitation of children, where the victims are almost exclusively girls.

A 1993 study commissioned by the Government of Nicaragua showed that 92% of the prostitutes there are between the ages of 12 and 18. A report by the Committee on the Rights of the Child published in 1994 indicates that in the urbanized areas of the small country of Paraguay, 26,000 children work as street vendors and prostitutes. In Venezuela, according to a 1995 UNICEF report, up to 40,000 children are involved in prostitution. The people mainly responsible for the sexual exploitation of children in that country are transient workers, sailors and miners (ECPAT Report 1996). In Brazil, organized trafficking in girls serves the many miners working in remote areas of the Amazon. Furthermore, more than 100,000 children work and live in the streets of Brazil, many of whom are sexually exploited.

In Columbia, between 1986 and 1993, the number of sexually exploited children between the ages of 8 and 13 rose by 500%. In Bogotá, there are between 5000 and 7000 prostitutes who are minors, a third of whom are younger than 14. Over half of these children have sexually transmitted diseases, according to a report by the Colombian Chamber of Commerce published in 1994.

In preparation for the Stockholm conference, a seminar was held in Brazilia from April 16–20, 1996 at which the ethnic components of abuse

and child prostitution were also examined. The majority of child prostitutes in the cities, ports or mining regions were not born there, but rather immigrated there, either with their families in search of work, or alone, or they were brought there by child traffickers. They come from other countries or other regions of the same country, and generally are not of the same ethnic or cultural origin as the local residents or the tourists who abuse them. In Columbia and Bolivia, Indio girls hired as domestic servants are particularly vulnerable to the sexual attacks of male members of the family. Uprooted girls are naturally more defenseless and unprotected than those who are tightly integrated within their own family. If one looks at the discrimination against the Afro-Brazilians, with all its associated socio-economic impacts (poverty, illiteracy, unemployment), the vicious circle continues due to the fact that increasingly the children of this ethnic group are driven to the streets and into sexual exploitation.

The majority of Latin American penal codes deem any procurement (pimping) for gain a criminal offense, regardless of whether the prostitutes are adults or minors. In Chile and Cuba, on the other hand, only procurement with minors is a punishable offense. Spain recently adopted similar laws, which in all likelihood will affect the adoption of criminal legislation in diverse Latin American countries. Child prostitution is, however, rarely dealt with as a separate offense, but instead tends to be viewed as a "public nuisance". This means that in the eyes of the law, not the children, but rather the "upstanding" people whose feelings of shame and sense of propriety are offended, are the victims. If one looks at what constitutes procurement (pimping) and prostitution under criminal law in the various Latin American countries, the following terms are used throughout: "vice, propriety, sexual mores, sense of shame, etc." In Ecuador, for instance, sexual crimes such as seduction of and procurement with minors, as well as the "public violation of the sense of honor", are subsumed under the heading of "offending good morals". Cuba alone provides laws against "the violation of the normal development of the child and adolescent", and is thus the only country to consider the violation of the victim and not of the abstract "public sense of shame" a punishable offense.

All Latin American countries signed the UN Convention on the Rights of the Child. Nevertheless, almost all Latin American nations continue to view abused children as the perpetrators or wrongdoers, with police and the justice system treating them as such. This only means that these children are driven further and further into a life of crime.

In this regard, it is interesting to find that in Brazil organized prostitutes are valuable allies in the battle against child prostitution, and also proponents of clarifying the legal status of their occupation. Even if appropriate laws to protect the rights of the child were on the books, this does not mean they would indeed be implemented. The most severe problem, in our opinion, is that very frequently, the police and other government officials are involved in procurement, the trafficking in drugs and people, as well as in prostitution, even if that "only" means accepting bribes.

On the other hand, legal protection for children and adolescents involved in prostitution must not automatically mean locking these children up in homes, because the children are "neither fallen angels nor recyclable wastes, but rather citizens who have been marginalized and are therefore particularly vulnerable, who have the right to reintegration into society, and who must be provided special assistance and support in upholding these rights" (Minutes from the preparatory conference in Brazilia in 1996).

Child Prostitution and Sexual Abuse – Looking at Paraguay as an Example

Current Situation

The Commercial Sexual Exploitation of Minors

Very little is known about the commercial sexual exploitation of children prior to puberty. It can be assumed that it is primarily street children who are affected, who sell themselves for a little money.

It is very evident, on the other hand, that many children and adolescents become available for sexual exploitation during and after puberty. This involves both genders, but girls make up by far the greater proportion. These are children who loiter around bus stations and marketplaces, or well-dressed girls who walk around with cellular phones, or they might be young people from the interior of the country who come to the city looking for work, or students at private schools who feel compelled to keep up with their classmates' consumer behavior and allow themselves be abused by financially strong, older men.

Almost 70% of the statistically recorded prostitutes are under 16 years of age. Over half of them began when they were between the ages of 10 and 13. And it is these children, who are just approaching or going through

puberty, who are the most at risk. “They don’t know how much they should ask for, anyone can do anything with them, even without a condom” (UNICEF 1996).

Here, as is true throughout Latin America, the main reasons are poverty and migration from a rural to an urban environment (only 2% of minor-age prostitutes come from the capital city). In addition, many come from broken homes (50% come from families without a permanent father figure), as well as homes in which sexual abuse occurred early on within the family itself.

Unscrupulous adults recruit the “beginners” from the large number of children in at-risk situations: from the “criaditas”, the “campesino” girls willing to work as unpaid small servants so that they might attend a school in the city; the poorly paid and exploited young domestic servants; the “army” of child street vendors.

One of the pathways into prostitution, a phenomenon previously unknown in Paraguay, and one which might seem somewhat implausible to Central Europeans, is an increasingly popular Satanic cult which uses initiation rights to draw pubescent adolescents into the world of sex and drugs. The archaic fears embedded in the deepest layers of the psyche of the Paraguayans, who still feel threatened by mysterious natural spirits, provide fertile ground, even among modern disco youth, for macabre Satanic sects backed by a powerful drug Mafia.

Especially in Paraguay, highly technological, modern business practices are repeatedly combined with archaic cultural concepts, the victims of which include sexually exploited children. To provide an example, the traditional overemphasis placed on female virginity automatically robs abused or seduced young girls of their sense of dignity. A person who has nothing more to lose and who is convinced that he or she is worthless, is at far greater risk of being caught in the clutches of a mafia profiting from drugs and sex.

The fact that those who profit from the commercial sexual exploitation of minors go unpunished makes a farce of any laws dealing with this subject. One document published by a government office reads: “Several judges do not take any measures against a bordello, in which sexually exploited minors were found.” Here, the word “several” is a scandalous circumscription for the lack of judicial activity in this area.

With regard to the victims’ health, this official brochure goes on to state: “All (100%) of these minors have venereal diseases. Many are pregnant. 90% do not use anything to protect them from AIDS”. The majority (82%) have already had (illegal and risky) abortions.

For one-third of these minors, finishing elementary school (6th grade) remains a dream, even though almost all would like to continue attending school. For many of these children, the shame alone (associated with how they earn their living) is an enormous barrier to their integration into a normal school. Without an education, however, the chance of escaping a life on the streets is practically nil.

Sexual Abuse without the Commercial Component

Commercial sexual abuse exists within a diffuse gray area, but is nevertheless in the public eye because it is ruled by market forces. In contrast, the problem of sexual abuse within a child's family or circle of acquaintances, or by outside violent criminals, remains almost entirely in the dark.

Official records available to the public are outdated and reflect only a very small proportion of the sad reality. Thirty-five years of dictatorship have silenced the people of Paraguay. The fear that a complaint filed with the police could produce just the opposite of protection and assistance is deeply ingrained in the populace, even years after the country has become a democracy. For this reason, the police (Dep. de Asuntos Familiares) registered only 15 cases of sexual abuse over a period of 16 months; the victims are girls between the ages of 3 and 15, and in 90% of the cases the perpetrator was the father.

The responsible agency in the capital city (Primeros Auxilios) registered 167 rapes of minors in 1995. This horror list, which unquestionably represents only a tiny fraction of the everyday sexual violence against children, as well as information provided by the police confirm that most perpetrators are found within the immediate family, and that even small children fall victim to brutal sexual aggressions.

The reasons for the "everyday sexual abuse" are, to some extent, identical to those discussed above for the commercial sexual exploitation of children. Brutal machismo, migration from rural to urban settings, the impoverishment of broad sectors of the population, promiscuity inside the squalid shacks, a lack of protective laws – all these factors contribute to the "routine nature" of these crimes against children. In addition, the rapist can count on the victim's reacting with silence, shame and deeply embedded self-contempt: "It was my fault. I am a bad person. I am worthless."

In Paraguay, this negative picture is further enhanced by specific historical and socio-cultural factors. It has been 100 years since Paraguay's population was so decimated by war that only several hundred men of

reproductive age were left in the entire country (Battle of the Triple Alliance, 1864–1870). The necessity of reproduction under any circumstances and in complete disregard of any rules or customs legitimized machismo and continues to do so today. "If you meet a woman walking by herself and don't take advantage of the situation, then you're not a macho man." Only recently, a well-known entertainer was acquitted by a court of law, despite proof that he raped and injured a minor: the court reasoned that the girl had gotten into his car. One couldn't possibly expect the man not to "take advantage of the situation". Apparently, the judge did not consider it important that the perpetrator had promised to bring the girl home after a family celebration (proceedings: Friedman, acquittal on August 19, 1996; ABC Color daily newspaper September 20, 1996).

Another historical-political factor is the 35-year dictatorship (1954 to 1989), under which the country, down to the smallest village, was controlled by an arbitrary and all-powerful police state. When a victim is more afraid of the police than of the perpetrator, he or she can only bear the horror in silence – a still deeply ingrained attitude throughout the populace. This is why in most cases neither the victim nor those who know about the crime have the courage to report the incident to the police, even though today some support can be expected from several female children's judges, the Family Department of the police, the Secretariat for Women's Issues, and from the unfortunately almost unknown private women's organizations.

Particularly in the poorer social sectors, which comprise the majority, the Paraguayan family structure is not that of the traditional father-mother-child family. The miserable situations in rural areas and unemployment drive the men ever further away from their families. Wherever they find work, they start a new family, which forces the abandoned wife to find a new head of the family, with whom she has more children. The mother's new partner is thus placed in an environment that makes it easy for him "to take advantage of the situation" and assault his current partner's daughters. The close quarters, usually one room, in which the entire family (including grandparents, uncles and cousins) lives and sleeps, enhances and provokes the likelihood of promiscuous sexual relationships and sexual abuse. Taking into consideration the "machismo" described above, in most cases this does not involve promiscuity between partners, but instead is a clear "perpetrator-victim" relationship within the family.

Small children in the developmental phase in which they explore their own bodies (between 3 and 6 years of age) are particularly at risk. A child's

behavior and actions during this period are frequently viewed as an "invitation" for abuse. Because there are repeated cases of young children dying from injuries to their genitals caused by brutal abuse, some such cases sadly reach the public eye.

Even though the Paraguayan mother – who is often a victim herself – traditionally remains silent about abuse within the family, she does her utmost to protect her daughters as soon as they reach sexual maturity, not letting the girls out of her eyes. It is therefore easier for perpetrators to take advantage of children who have not yet entered puberty and are therefore not as closely supervised. The police statistics for this read: "Offense: Sexual abuse. Age of victim: 9 years. Gender: female. Perpetrators: Father and grandfather."

A relatively large percentage of children do not grow up in their own families. Poverty forces the parents to give the children up to somewhat more affluent relatives as "criaditos." Not all children suffer from such arrangements; many would not have the opportunity to attend school without having moved in with another family. On the other hand, they are often treated as second-class offspring and free labor by the new family. Not infrequently, a mother gives her daughter by her first marriage to another family when she reweds, because the mother knows the threat of molestation posed by the new step-father. It is especially such girls, however, who are particularly at risk of being abused by the male members of the new family.

SOS Children's Villages Paraguay

How the SOS Children's Villages Respond

SOS Children's Villages Paraguay provides homes for around 500 children in four villages, one of which is for handicapped children. Almost all of the children come from the abject poverty in which the majority of all Paraguayans live. Most of the children were born and grew up in a rural setting; several have already lived on the streets. Many of them have lost their mothers through death, or were abandoned by their impoverished mothers and finally ended up in the SOS Children's Village. With only a few exceptions, the fathers are "invisible", unknown, have disappeared or are dead. The age of the children living at the SOS Children's Village ranges from newborn babies, whose mothers died at childbirth, to the older sisters and brothers, who are already 14 or 15 years old. Usually several children from the same family are enrolled together; all of them live in the same SOS family. If a child enters the SOS Children's Village beyond the age of

newborn, he or she has generally been subjected to a number of physical and/or psychological injuries already: malnutrition, inadequate living quarters, lack of medical care and a minimum of sanitary conditions, loss of attachment figures, child labor, as well as violence within their original family, and sexual abuse (always concealed, but not uncommon). We only know of the latter with certainty when the child was transferred to the SOS Children's Village by the Youth Court following conviction of the perpetrator.

What goes on in the mind of a child who is torn from an environment with which he or she is familiar, who has suffered a life-threatening loss such as the death of the mother, who has been abandoned, who may or may not be physically or mentally handicapped (as is the case of children taken in by the SOS Children's Village for the Handicapped), and in addition, has possibly been subjected to the trauma of early sexual abuse? What impact do these have on his or her ability to integrate in the new environment, on the child's emotional and mental health?

A child who has lost his or her most familiar environment and adult attachment figure (siblings can stay together in the same SOS family) has enormous difficulties in defining his or her new identity and entering into new, permanent emotional bonds. The SOS Children's Village is there to help the child do so. What happens, though, when the loss and the pain of separation are further augmented by memories of the child's own body being violated, the brutal invasion of privacy, the humiliation and the nightmarish subjugation forced on the child by an older, fearsome male entity? We have assumed the responsibility for these children and are obligated to take their suffering seriously when planning our pedagogic work, even when we often do not know how many or which children may have been victims of sexual abuse.

For several years now, this challenge has been taken on by the Centro de Formación Regional SOS, the SOS Children's Village Regional Training Center, which is responsible for the training and ongoing education of the SOS Mothers, directors and all other SOS Children's Village staff. The point is not merely to present the subject of sexual abuse in a lecture format and consider the matter dealt with. This would do nothing to change the inner, personal attitudes of the male and female staff members. Instead, it is far more important to gently build a foundation of trust as a prerequisite for gradually dissolving taboos and for people to confront their own ingrained machismo, their personal experience, as well as their fears. Within the

framework of regularly scheduled continuing education courses, sections covering sexual abuse have their permanent place on the agenda. One course section covers a period of several days. Stories, films, scenarios, and other group dynamic methods are used to carefully approach this topic. Breaking through traditional concealment and silence is initially a painful process, which does not stop short of a person's attitude toward his or her own sexuality. It is only when concealment, resignation and traditional self-protective mechanisms are overcome that SOS Mothers and other staff members are prepared to accept psychological and pedagogic knowledge. Only then can they be taught about prevention and protection, how to recognize the symptoms of abuse, and what attitudes are needed to help heal and support impacted children. The abused child is not seen as the target object of therapeutic measures, but rather as the protagonist in his or her own healing, so that the child can move from being a "victim" to a self-confident "survivor".

In this fashion, not only children and adolescents are helped, but the SOS Mothers as well, who have to cope with routine conflicts, the aggressions and depressive phases the child goes through, which can be traced to an existential mistrust and boundless self-contempt due to the abuse; all of these she must handle with love and patience.

SOS Children's Village Response within the Framework of its Social and Education Centers

Over 1000 children from the surrounding region attend SOS Kindergartens and Hermann Gmeiner Schools or are integrated in SOS Children's Village social work through the Mothers' Clubs. The majority of these children live in the slums at the periphery of the city of Asunción and along the banks of the river. In the country's interior, about 200 campesino children can attend an SOS Kindergarten.

The educational work done in the Children's Villages is very closely integrated with the ancillary kindergartens, schools and social centers, which are also open to neighborhood children. Every month, there is a "Network Meeting" of all managerial SOS Children's Village staff. Particularly the school principal and teachers are continuously confronted with the sexual abuse of female pupils, with the culture of concealment and with helplessness when a criminal charge is to be made against the perpetrator(s).

For the educational work with both male and female teachers regarding abuse prevention, we have been able to depend on the support of the private

organization BECA (Base Educativa y Comunitaria de Apoyo) in Asunción. BECA has only recently begun to broaden the scope of its efforts, but always finds itself in financial straits. In courses dealing with abuse organized for teaching staff, we work with well-designed teaching materials, which are also suitable for the students. The teachers learn to recognize abuse situations based on the behavior of the perpetrators and the victims and also help support students in risk situations by strengthening their feeling of self-worth and empowering their resistance.

The teachers must be supported in their work by goal-oriented collaboration with the parents. Of utmost importance is gaining the support and alliance of the simple, long-suffering, silent and resigned mothers if abuse situations in the family are to be avoided, or recognized and overcome. This is the most difficult part of the work. In this country, teaching sex education free of taboos, as has only recently been incorporated into the curriculum, and teaching children to say "NO", is not only hard for the teachers to carry out, but also evokes the protests of the parents.

Naturally, this work must not be limited to certain times, but instead needs to be spread over the entire school year and over a period of years. The Hermann Gmeiner School in Asunción, which has been in existence since 1983, began integrating theater workshops in the weekly curriculum as soon as the dictatorship ended (1989).

This work, under the guidance of a professional actor trained in psychology, offers the children the opportunity to approach conflict situations from a playful, imaginative perspective, and to experience these in a variety of roles and various acted responses. Theater work is not limited to improvised psychodrama, but also includes performing classical plays (for instance, by LORCA), which have already been performed in the City Theater.

The director of the theater work, SILVIO RODAS, sees his tasks as follows:

> We work with and improvise about issues which preoccupy the children. It is important to maintain a basic structure, comprised of the three elements build-up, development and denouement. In the first phase, the build-up, we present the background on which the current situation arose. The people involved, with their characteristics, perceptions and perspectives, are shown. In the development phase, existing conflicts are introduced and the actions and reactions of the diverse people can develop. In the last phase of the play, diverse solutions to the conflicts are played out, whereby the consequences for each person involved are always presented. In this way, actors and actresses can experience different ways to resolve the same conflict situation. ... Integration games are intended to

> establish the concepts of respect for the individual and the possibilities for collaboration based upon that respect. Experiencing one's own body as an instrument of expression together with an intensified perception of it enhance the awareness of one's own identity and self-esteem.

What is particularly disturbing for the audience is that female students between the ages of 12 and 15 often choose abuse situations as the subject of their acting. Even when the horrible experiential background makes a haunting impression on the adults, this form of conflict resolution is without doubt helpful for the actors, both in terms of prevention as well as in overcoming past events.

After eight years of targeted work in the theater workshops at the Hermann Gmeiner Schools, with students between the ages of 5 and 16, we are able to review the results and state that the participants have successfully been able to:

– express conflict situations of their everyday lives in a dramatic fashion;
– view conflict situations in a more objective way, experience the situation as part of the group, and come up with thoughts and concerns about the situation;
– try out various verbal and non-verbal responses and actions, where in real-life situations sometimes only one single reaction seems possible;
– learn to appraise their own emotional and intellectual capabilities when dealing with difficult situations, and try out alternative reactions and responses;
– become familiar with their own creative potential in the artistic expression of diverse subject matter; and
– improve the self-esteem of the children and youth.

During this work at the Hermann Gmeiner Schools we became aware that it was necessary to do intensive psychotherapy with some of the children (about 10%). Long individual psychotherapy is, however, not financially possible for such a large number of children. Such work would also be emphatically rejected by the parents, because for these unsophisticated people any word beginning with "psycho" infers insanity.

Our alternative was to hold therapeutic workshops. These are not integrated in the normal operations of the school, but do depend on the facilities and staff of the Hermann Gmeiner Schools and the SOS Children's Village. The director of these therapeutic workshops, a psychotherapist, works very closely with the team of the SOS Children's Village Regional

Training Center and with the director of the Theater Workshop for planning and conceptualizing.

The children's parents, the SOS Mothers and the Village Director, as well as the teachers make every effort to ensure that there is a place for every child they feel needs help. While about 12% of the children attending the Hermann Gmeiner School are from the SOS Children's Village, a far greater percentage of around 60% participate in the therapeutic workshops, because many of the SOS children were subjected to a plethora of psychological injuries.

For the children, attending the workshops means a happy, exciting afternoon session of small groups of 10 to 12 children. The group leaders (women), all young graduates of our schools, play, paint, do handicrafts or cook, direct a theater or dance group, or let the children work on the computer. They have gone through simple but intensive training, during which their own feelings and conflicts were explored. Every group session is prepared in collaboration with the therapist, who also observes the sessions and analyzes them afterwards. In addition, the staff are provided with guidance and support within the framework of periodic get-togethers to reflect on their practical experiences.

The objectives of this work are the same as those of the SOS Children's Village organization as a whole when dealing with children and adolescents: the child is helped to develop relationships and bonds, within which it has the chance to develop its own responsible decision-making capabilities. The child is part of a whole, yet develops in its own way and evolves an awareness for its own identity and capacities. Again, the child should stop seeing itself only as a victim and, instead, begin to actively shape its own reality.

Surprisingly, confirmation and encouragement for this work is provided by the positive reactions of those who have until now been silent - the mothers from the marginalized strata of the population. They attempt in as discreet and "coincidental" a fashion to meet with the therapist to let her know that "my child too...". In these women, who have long since resigned to their own fates, maternal instincts overcome deeply rooted feelings of shame and fear. At such moments, they also change from victims and objects to people acting in a responsible fashion and therefore become the most important allies in the battle for a better life for their daughters.

Finally, there is one additional SOS Children's Village project that focuses on people who were sexually abused as children: the guided self-

help group. As soon as the foundation of trust is strong enough and the silence has been broken, the prerequisites for the self-healing process are given. The goal of this self-help group is basically the same as that of the theater groups and the therapeutic workshops. People suffered sexual abuse as children are empowered in their step-by-step search for their own path in life, and learn how to cope with the story of their own past.

Several of the essential steps along this difficult path of healing, according to BASS and DAVIS (1992), are: being able to say "Yes" to one's own healing; breaking through the wall of silence and being able to remember; understanding that it wasn't one's own fault; recognizing the consequences of the abuse in one's own actions (self-destructive survival strategies), particularly with regard to one's own sexuality; living through pain, grief and anger; building up one's own sense of self-esteem, as well as developing a new relationship to one's own body.

Conclusion

Prevention, protection and healing are the primary tasks that SOS Children's Villages Paraguay has taken upon itself. We are, of course, aware that because of the data and gray areas on child prostitution and sexual abuse in Latin America the projects of SOS Children's Villages Paraguay described here are far too small and local in nature. Nevertheless, it is valuable to know that such efforts are being undertaken in many regions of the continent (also see project descriptions in "La explotación sexual de los niños. Repuestas de campo", BICE 1993). But assistance alone would not suffice to relieve the infinite suffering of the abused children of Latin America, even if thousands of such projects existed. Although it is clear that abuse exists in all cultures, it is just as clear that the prevalence of criminal acts against children in Latin America will not diminish before socio-economic conditions improve. The only way that children can be better protected is to reduce poverty and ignorance, exploitation and lawlessness.

For this reason, it is vital that international cooperation in this area be expanded. Because it is only with the support of super-national laws, for example, that sex tourism or child pornography on the Internet can be abated.

Every initiative must, however, begin at the local level, so that the people of the country itself become sensitized to the suffering of the children and to

the lifetime consequences which sexual abuse can have on the impacted children. What SOS Children's Villages has achieved in its 20 years in Paraguay not only in terms of protection, care and healing but also in the field of children's and women's education could indeed serve as a model. Stronger collaboration with other groups lobbying for the protection of the child, other NGOs as well as governmental agencies responsible for youth and women's issues provides a further chance for reducing the number of children who fall victim to abuse.

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PART IV
WAR

Children in War

Experiences from Croatia

Dubravka Kocijan-Hercigonja

Without question, war is an extremely stressful event, one that gives rise to any number of traumatic reactions in someone who encounters it. The types of reactions, their intensity, their duration and the question of sequelae, are dependent on numerous factors. Some social groups suffer the impacts of war to a greater extent than others, and thus are placed at a particularly high risk. These groups include people who, due to their developmental status, illness or other reasons, are especially dependent on assistance from others. Such people are the chronically ill, the bedridden, the elderly and otherwise helpless people, the mentally and physically handicapped, as well as those who need some other form of support or assistance. Children must also be included in these groups, because they are to a particularly great degree dependent upon their environment and their family. The family, as well as the relationship structure within the family are of great significance for the child's physical and psychological development. During a war, families are torn asunder both physically and mentally, and can no longer offer their children the care and security they need.

During a war, the child experiences situations with which he or she had never before been confronted, which the child does not understand, and which no one in the changed surroundings can plausibly explain. Nor has the child reached the stage of development that would allow it to take compensatory measures to cope with the trauma as an adult does. Finally, a child loses a great deal during a war, and may even lose everything which is important for his or her development: toys, the child's own bed, a beloved pet, its home and family. In most cases, an appropriate replacement for these losses cannot be found.

Traumatic experiences, which the child directly or indirectly (through the family or environment) goes through, alter his or her physical and mental state. The extent to which trauma halts or changes the child's development depends upon the child's particular developmental stage. The age of the child, as well as his or her relationships to people who are important for his or her development, are determinative. For example, the relationship

between an infant and its mother, the way she nurses the infant, holds it to her, changes its diapers, and plays with the infant, are of utmost importance. A traumatized or depressed mother, however, is incapable of giving the infant what it needs, or she might smother the infant with too much love. The infant reacts to both with fear and resistance; frequently it refuses to eat, cries often, and suffers from insomnia.

For a somewhat older child, the relationships to the mother as well as with other family members are significant. At this age, the child deepens his or her relationship with each individual family member, and, based on good or bad experiences, develops a sense of security and trust, or one of insecurity and mistrust, toward a specific person.

From late kindergarten age on, social relationships outside of the child's own family begin to increase in importance. The question arises here as to the extent to which a refugee child, a child whose family has been torn apart or who has suffered other war-related traumata, is even capable of entering into social relationships. Having friends, knowing that there is someone who can be trusted, etc., are factors which play a significant and determinative role in a person's psychological constitution. During a war, people frequently lose all sense of trust, even in one's own friends, and in the future. This loss of trust is particularly difficult for adolescents, who are already in a state of developmental turmoil as they pass through the phase of re-orientation and finding their own identities.

Various Types of War-Related Trauma

War-related traumata which children, in our experience, most often suffer, can be divided into the following categories:

1. Direct war-related traumata: These are traumata which the children experienced themselves. This group includes children who were wounded, who lived in prison camps, who lost their parents, or who were mentally and/or physically abused.
2. Indirect war-related traumata: This group includes children who witnessed violent acts or even murders, who lost their relatives and their friends.
3. Traumata closely related to living in that country: When the rules and customs with which the child was familiar suddenly lose their meaning or

validity, the child becomes unsure. He or she does not understand why many things are no longer the way they were.

Phases of War-Related Traumatization

During the *first phase*, the child is confronted by situations to which he or she had never previously been exposed and which are directly associated with the war. The child experiences violence and injury, becomes the witness to murder, must seek safety in cellars or flee, and endures separation and loss. Most children have gone through at least one of these situations. This phase is characterized by acute post-traumatic disturbances, which are usually closely associated with the fear of separation, the feeling of abandonment, and a wide variety of other fears, which can be triggered by certain objects or events. These disturbances can also manifest themselves in a refusal to eat, an altered emotional state, sadness, frequent crying, and a general sense of being unsure.

In this phase, some children wish to see their father or older brother wear a uniform, help and protect other people. The children draw weapons and soldiers. They identify with the soldiers and want to dress as soldiers. I would like to illustrate this using an actual experience:

> A twelve-year-old boy came to my practice. He refused to go to school. One day, while he was on the way to school, planes flew at low levels over the city, causing a general panic. After that, the boy no longer wanted to go to school but, instead, to remain at home with his mother. He was afraid of sleeping by himself and suffered from nightmares. When I asked him to draw a picture of his family, he placed himself between his father and his mother. He drew his father as a large man in a uniform. He was proud of his father and told me how he fought and how he was so brave. I asked his mother if the father was in the military, and she answered that the boy did not even know his father.

The *second phase* the child passes through is when it lives under different conditions, as a refugee or in exile. The child, who is already traumatized by having suffered numerous losses as well as by having been confronted with emotional and physical violence, is placed in new and unfamiliar surroundings, which often differ significantly from his or her original environment. It is difficult for the child to get used to these new surroundings and the usually incomplete family, with different roles within the family structure. The child is suddenly confronted by strangers, other

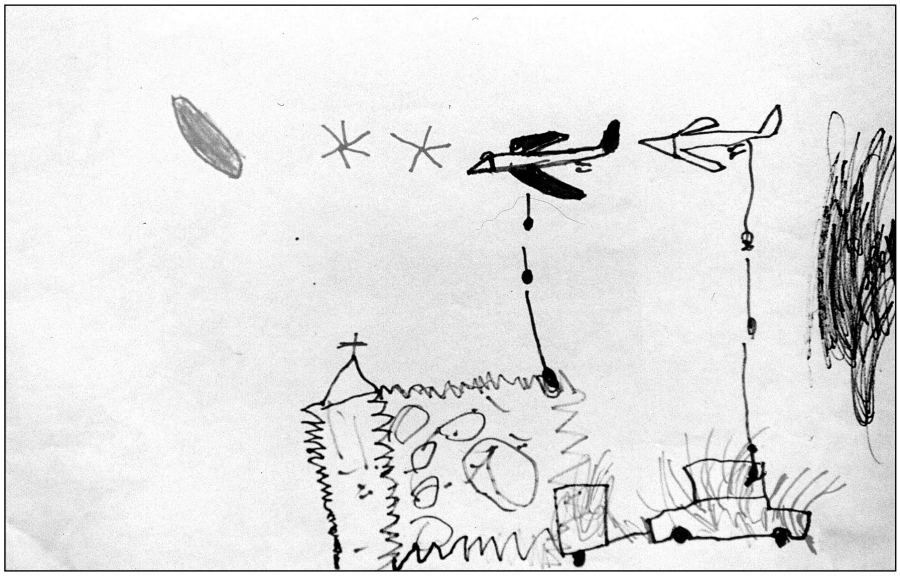

Figure 2: Drawing by Bojan B., 6 years old, 1993

children, a new school, unfamiliar customs, and often another dialect or even another language.

The child's parents, who until that point were his or her authority figures and powerful, helpful people, lose the child's respect and special meaning in the child's life when seen next to his new friends' parents. Often, the child is ashamed of his or her parents and origins. During this phase, the strange surroundings, the new living conditions and often the problem of his or her own identity and that of his or her family, pose a new trauma to be added to the primary trauma. In addition to the chronic post-traumatic stress disorder (PTSD) already present, many children in this phase develop behavioral disorders such as aggression, depression and communication disorders. Serious changes also occur in the family. In many cases, the roles of the parents are reversed; conflicts arise between the parents, as well as between the children and the parents. Separations and divorces result, which makes the situation even more difficult for the children.

The *third phase* is that of returning to the homeland or making the decision to permanently stay in the new location. For a Croatian child, returning to the once besieged homeland from which he or she had to flee because of the war, is associated with many lovely memories, as well as the horrible memories of the war.

During this phase, the post-traumatic stress disorder becomes more severe in many instances. In particular, this can happen when the child during the time it was away from the homeland did not process its losses. Returning home means that the child is once again confronted with issues he or she had repressed and forgotten over the past several years. During that time, the child dreamed of returning home and looked forward to seeing his or her friends, house and village again. Instead, the child discovers that in reality everything has changed drastically. The houses have been destroyed, many of the friends are no longer there, and those who stayed or returned have changed. This phase is often accompanied by very strong emotional reactions.

Fifteen-year-old Kiki was brought to our clinic after an attempted suicide. The boy was from Knin, where he lived with his mother and sister until the war broke out. His father had abandoned the family when Kiki was still very young. Kiki can barely remember him. When the war broke out, his mother sent the children to their grandparents in Zagorje (near Zagreb) and stayed behind in Knin to protect the apartment and keep her job. Over the next three years, the boy didn't hear anything from his mother and, when Knin was finally freed, he found out that she had been murdered. In his grief, he developed a strong desire to return to Knin, see his family's home again and to visit his mother's grave. His grandparents fulfilled this wish, and as Kiki came to Knin he found his house had been completely destroyed during the war. He also learned the truth about his mother's death. She was murdered at the door of her house and – like many others – her body was thrown into the river. There was no grave. After returning to his grandparent's house, he tried to commit suicide. His condition was critical and he suffered from severe and long-term amnesia. Through therapy, he finally learned to accept reality, and after some time he decided to return to Knin again, to visit various places. This time he was prepared for the visit and was accompanied by people whom he trusted.

Another example is the story of Ivana, a girl who came to Zagreb together with her mother, her grandmother and her two sisters, after the father had been murdered in the yard of their home. In Zagreb, Ivana lived in a refugee camp with her family for some time. She was an excellent student and did not appear to be suffering from any trauma. As the war finally ended and her village was freed, the question or returning home was raised. Her mother did not want to go back, because she saw better opportunities for the future in Zagreb, where she eventually found an apartment and work. On the other hand, the grandmother wanted to return to her homeland and live where her son had been murdered. This led to a conflict between Ivana's mother and the mother-in-law. Ivana suffered from nightmares. Every night, she dreamt about her father lying dead in their

yard. As the situation at home threatened to escalate and Ivana feared another separation, this time from her grandmother, but also did not want to return home, she swallowed a large number of pills, incapable of dealing with her nightmares and fears. She was admitted to the ICU of our hospital. During her subsequent therapy, she told us that she hadn't wanted to kill herself – she just wanted to be able to "sleep through" all her problems.

Symptoms of Post-Traumatic Stress Disorders in Children

The reactions of war-traumatized children depend first and foremost on their age, their susceptibility to illnesses, their family situations, the support and attitudes of the people around them. Most children's reactions fit into the framework of a post-traumatic stress disorder: thoughts and feelings are repressed in different fashions, but even a minor stimulus can summon massive reactions in the child, can alter the child's emotional world, and cause communication problems.

A nine-year-old boy was to be treated for blinking. During treatment, it came to light that he was a refugee child and lived in a camp. His father was missing. The boy had the same dream every night. He dreamt that he was tied to a bed and that a man in black wanted to kill him. The image of this man appeared to the boy during the day as well, and he tried to get rid of the image by blinking his eyes. Through drawings and by talking with the boy, I was finally able to trace the majority of his problems to the fact that his mother was unable or unwilling to communicate with him. His mother never spoke about the father, and the boy was afraid that his father had been killed, but couldn't talk to anyone about that fear. By drawing his thoughts about his father, he was able to express his feelings and cry. He was also able to convince his mother to speak about his father. His nightmares ended after that.

Another example: A boy who had to stay in an air-raid shelter with his parents and neighbors for days during a bombing attack on his city continued to have the same dream, over and over. In that dream, he was with his mother, father and sister in a house on which a huge, glowing ball that looked like the sun was falling. The ball threatened to tear down the house and kill the entire family. Every time he had the dream, the boy would wake up screaming. During therapy, we found out that several bombs had fallen on the house, leveling the entire structure, right down to the cellar walls. The cellar door was blocked by the debris and the family was trapped inside the cellar for quite a long time.

A reaction that occurs frequently is an altered emotional state, whether it is the child's emotions for itself or for others.

> This was the way a girl from the town of Vukovar expressed the pressure she felt in her chest ever since the day she was told that her two best friends had been killed in an attack. She herself was wounded and was brought to the hospital with them, not knowing at that time that they were already dead. Since then, she can no longer laugh or cry, can no longer be happy. It is as if everything around her had stopped.

The Most Frequent Reactions within the Scope of Post-Traumatic Stress Disorder

Children Under Three Years of Age

Small children react by changing acquired habits and behavior patterns, by regressing to earlier developmental stages, frequent crying which is not understood by others, changes in verbal and non-verbal communication.

Children Between 3 and 8 Years of Age

Children in this age group generally react very fearfully and suffer from diverse phobias. They are afraid that the traumatic event could re-occur and do not understand why people must die. They speak little, re-play traumatic experiences, suffer from sleep disorders and nightmares, have problems communicating with those in their environment, and show regressive behavior such as bed-wetting and thumb-sucking.

School-age Children between 9 and 14 Years of Age

Children of this age group are afraid of stimuli that could cause them to recall the traumatic experience, suffer from learning and concentration disorders, and often – almost compulsively – play games related to the trauma. Images and thoughts which remind the children of the traumatic experience resurface constantly in their emotional world. Physical symptoms like headaches and stomachaches, as well as loud beating of the heart occur. These children have excessive fear about others, observe the reactions of their parents and others in the immediate environment, and try not to burden their parents with their own problems. They show behavioral changes such as aggression and passiveness, as well as eating and sleeping disorders.

Adolescents between 14 and 18 Years of Age

At this age, trauma is manifested in serious behavioral changes. Teens are often depressed and irritable, exhibit antisocial behavior by drinking alcohol and taking drugs. Their perspective of life and the values they attach to inter-

personal relationships change, and they tend to withdraw. It is impossible for a teen to imagine a future. Increasingly, he or she becomes more aware of his or her own vulnerability and helplessness, and in some cases this progresses to the point of attempting suicide. In addition to these symptoms, symptoms of more severe mental illnesses such as psychoses are also seen sometimes.

We often ask ourselves if a certain behavior is the normal reaction to a horrible experience, or if it is the first sign of mental illness. It is essential, even if sometimes difficult, to find the correct answer, because appropriate treatment first of all needs a diagnosis. During analysis, the personality of the therapist, his or her emotional relationship with the child, the therapist's personal values, as well as those of the child, all play significant roles. It goes without saying that the child's developmental dynamics also need to be taken into consideration. In this regard, particular mention must be made of the fact that the same clinical picture can result in different prognoses. The child's social environment, which first notices changes in the child, often gives too much or too little attention to these changes. Either can have determinative consequences on the child's further development. This is particularly true of children who suffer from communication disorders resulting from traumatic experiences and from problems within the family. People who work with children must be familiar with childhood behavioral patterns and form their diagnosis on the basis of observations and comprehensive discussions with the child and people in the child's environment. It must also be remembered that many children's behaviors are dependent on the situation. For instance, a depressed child will show different behavior patterns within his or her own family than with peers, with whom the child plays in a relaxed and bright manner one time, only to exhibit aggressive and destructive behavior the next time they meet.

At a certain age, aggression, resistance and defiance are part of a child's natural development. As long as these remain within the scope of "conventional" behavior, they do not require treatment. In the case of a traumatized child, however, these reactions may signal insecurity and fear that the child is attempting to overcome. They could indicate that the child is having problems identifying with his or her surroundings, or point to a brain function disorder. To be able to provide the child with appropriate help, a responsible diagnosis is naturally of utmost importance.

> A five-year-old boy was brought to us by his mother, because he was particularly aggressive and defiant toward her. The mother wanted to know if her son's behavior was normal for his age, or whether it was a reaction to a traumatic experience he had gone through. Prior to the war, he had lived in a village with his parents, his grandparents, and his six-month-old sister. When the father was killed in the war, the mother had to look for work and the family moved. From then on, they lived in a small apartment in a tall apartment building. Because the grandmother was no longer able to watch the boy, he had to get up early every day to go to kindergarten. The boy became aggressive and took these aggressions out on his mother in particular.
>
> It was clear that the boy was suffering from a trauma. Within a period of a few months, his life had changed completely: He lost his father, his grandparents, his home, and his friends. He initially resisted therapy until he discovered the stuffed animals and began to play with them. At the beginning, he played alone without speaking. He lined up the dangerous wild animals on one side, and the gentle, domestic animals on the other. Every time, the game ended the same way: the gentle animals were killed. After some time, he looked for a playmate. He continued to play the same game with his new playmate, a doctor at the clinic. The doctor played with the domestic animals and always had to be defeated. One day, when the doctor refused to play this game and told the boy that he wanted to win for once, the boy told him that he didn't want to change places because the good animals were always killed. And he added: "My father was good too, and he was killed. I always want to be bad and dangerous; therefore, I will never be killed." What will become of this boy, and what values will determine his attitudes and his life, if he does not get treatment?

This example lets us recognize both the immediate and the late consequences of war. The shock phase, grief and incomprehension are followed by functional changes. There are changes in values, as well as in relationships to relatives, friends and the world in general. The horrible experience that the child has not yet been able to process, the lack of support, loneliness, and unhappiness lead to emotional disorders and aggressions, as well as to defiant behavior toward social values.

This means that traumatized children may turn into adults who suffer from emotional and other psychological disorders, and that people who initially use aggressive behaviors as defense and protective mechanisms, later integrate these aggressions into their behavior. Numerous studies confirm that war-induced traumatization has a great influence on children's emotional, social and mental development.

In addition to the type and intensity of the trauma, a major role is played by the extent to which the child receives support from his or her family and

the greater environment. The family structure and dynamics, as well as the way the family functioned prior to the trauma, are of particular prognostic significance for the child. Because war brings about changes in family structure, the support system available to the child, and society in general, it is clear that the consequences of these changes for the child are difficult and protracted. It is therefore particularly important that the entire family as well as others in the child's social environment, especially the school, be incorporated in the treatment.

How can Traumatized Children be Helped?

Before beginning therapy, it is vital to determine whether the child's behavior is a normal reaction to unusual circumstances and events, or whether the reactions are psychopathological symptoms, which can be considered illnesses.

When dealing with normal reactions to an extremely stressful event – which is the case with a traumatic occurrence – we support the child by helping him or her process that trauma. We help the child reconnect with his or her environment, accept his or her life and the trauma, as they are. We help the child be a child again. Of course, our methods vary according to the individual, in terms of age, the type and severity of the symptoms, and the child's current living conditions. Everyone involved in the healing process must be aware of his or her great responsibility, because the child's future depends on the care-giver's help. It is therefore extremely important that these helpers possess sound psychological and psychopathological skills, as well as a good knowledge of themselves, and that they are aware of their own specific role in the therapeutic process.

Play Therapy

For toddlers and children of preschool age, play therapy is the best form of therapy. It is most suitable to help the child regain contact and communicate with the surroundings. When playing, a child can be a child once again and express his or her feelings, particularly grief and fear.

I would like to return to the example discussed above, in which a five-year-old boy was able to express his problem and associated fears non-verbally by playing with stuffed animals.

> Thanks to the game, he was finally in a position to articulate his needs and emotions. Thereafter, his relationship to his mother also improved. His aggressions and other behavioral disorders lessened, because he was once again able to discuss his problems with his mother. The mother told us that now he also talked about his father and his feelings, particularly his grief and yearning for his father. In addition, we also found out from the mother that the boy, when hearing about his father's death, declared that he heard from all sides that "You're already a big boy", "Boys don't cry", or "Your sister isn't crying either", "You must help her; you're her big brother", and "Your father was a good man and bad people killed him", and similar remarks. The boy was expected to assume an adult role, while, on the other hand, he had not even been told about the upcoming move and the new living conditions. His aggressions, particularly toward his mother, were his way of expressing his fears and repressed emotions, about which he had no one to speak with. The game showed, however, how great his need was for communication and for a reference figure, whom he could trust and confide in.

Play therapy is always oriented toward the particular child, his or her age, and the specific situation. This means that with one child, a therapist must be very patient, until the child at some time asks the therapist to participate in the game, and with the next child, the therapist must assume a more active role and take the initiative to help the child express his or her emotions and process these in a playful situation.

Art Therapy

Drawing is a form of therapy often used for children. Younger school-age children find it easier to express their feelings and thoughts through drawings, while with older children, this method is well suited to establish the first contact with the therapist.

I would like once again to refer to the boy who was being treated for blinking.

> After rapport had been established between the child and the therapist through drawings, the boy gradually began to speak about his nightmares. After that, we could proceed one more step. With his drawings and stories, we were able to learn from the boy that he thought about his father constantly, but did not have anyone he could talk to about him. I encouraged him to talk as much as he wanted to, and suddenly, he began to draw. He drew a river bank, on which sacks were weighted down with stones. He told me that his father had been killed and then tied up in a sack and thrown into the river. From that point on, he was able to speak about his father and to cry. Crying helped him express his grief, which he had never been able to speak about with anyone. In a next step, he was asked to

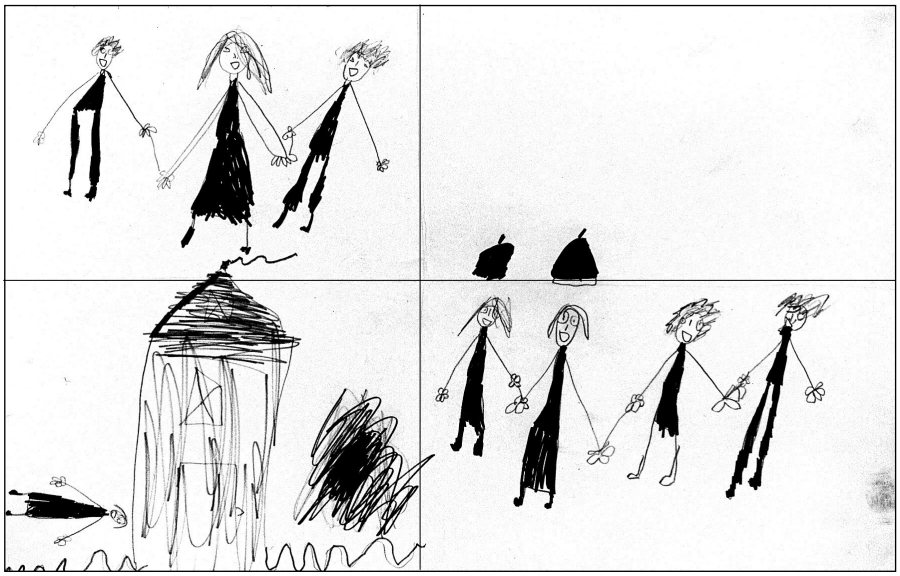

Figure 3: Drawing by Ivana I., 8 years old
Upper left: How Ivana remembers the time before the war; lower left: Ivana's portrayal of the war; upper right: Her view of the present; lower right: The future.

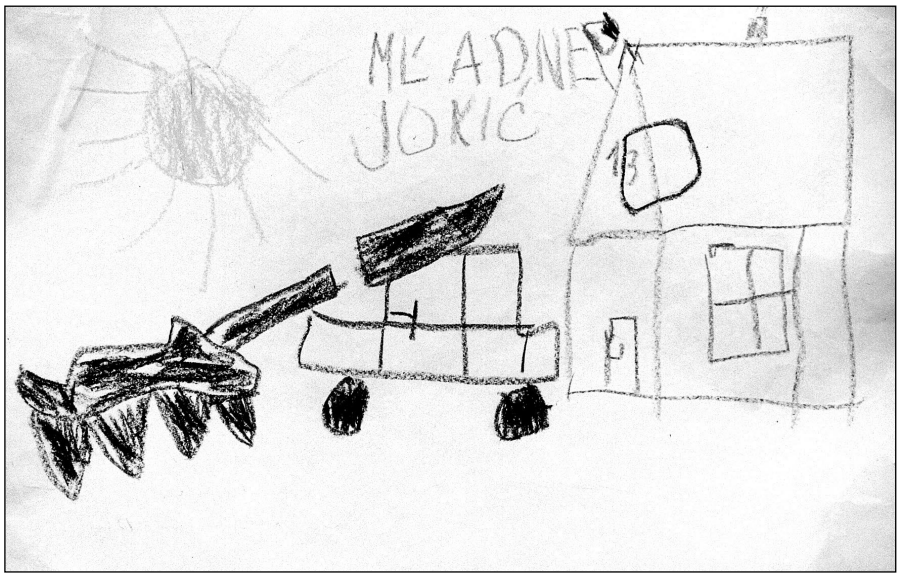

Figure 4: "My House", drawing by Mladen J., 6 years old, 1992

> draw people whom he trusted and with whom he could speak. After a closer analysis of every drawing, we encouraged him to take the appropriate initiative to actually approach these people. The mother was then also able to speak with the boy about her fears about the father. This contributed greatly to an improvement in their relationship, and they became closer again. During the last session, the boy wrote a letter to his father. He told his father about his feelings and about his plans for the future. For us, this was the point to end the therapy, because we felt that he would be able to handle things on his own from then on.

Of course, art therapy varies from case to case. With this form of therapy, we often live through the diverse grieving phases with the child and help process and cope with his or her problems. Our foremost objective is to provide the child with an opportunity to express his or her feelings by drawing. When the child speaks about the drawings, at the same time he or she is speaking about him- or herself and the associated emotions. It is important that the process proceed gradually and that the speed of the therapy match the child's needs.

Storytelling

The third form of therapy frequently used for preschool and primary school children is storytelling. This method is used when the child is not capable of articulating or expressing his or her feelings in any other way, or when it is easier for the child to have someone else tell his or her story.

> To provide an example: There was a boy who woke up crying every night. He didn't want to be separated from his mother, because he was afraid that he would be abandoned. His father was a soldier at the front, and the boy had only his mother, with whom he had fled from home. I was unable to find out the true reason for his fear. I couldn't get him to play, and he only stared at the door, behind which his mother was waiting. He appeared to be afraid that she would leave him behind. When his mother was with him, he would hold her very tightly and hide his head in her lap. He drew only because I asked him to, scribbling around a little bit. After that, I decided to tell him a story, in which the main character was a little boy like him, who had a dream. I asked him to continue the story. In this way, we were able to create a variety of stories, step by step, in which he was the main character. As we finally got to his problem, we were able to speak about it. At this point, we included the mother in our sessions, because she obviously played a major role in our stories. We tried to encourage the boy to express his emotions, and especially his fears, through the stories. In addition, we also made every effort to improve the channels of communication between the boy and his mother and allow him to develop a feeling of security. It was very

important during this process to help the boy find clarity about the different events within his family.

Children respond to different traumata with different psychopathologic reactions. Therapeutic treatment must therefore always be directed toward the child's specific symptoms. This is particularly true for states of anxiety, depression, psychosomatic reactions, behavioral disorders and diverse psychotic reactions. It is only after going through a precise diagnostic procedure, in which the child is asked specific questions and undergoes observation, where the therapist has a firm role and where art, play, storytelling, and other methods play an important role, that we decide which type of therapy is most appropriate for the child's age and disorder. When, for instance, a child shows psychosomatic reactions, we work with him or her in individual therapy sessions and also use relaxation methods. In this way, we try to help the child find new ways of expressing his or her feelings and problems. Parallel hereto, we work with the child's family, which forms an important component of the therapy. We explain the child's problems to the parents, speak with them about the role they played in the development of these problems, and how they can help the child. In other cases, we include the entire family in the therapy.

When anxiety and depression are the problems, we also use group therapy, where we treat children with similar symptoms. During group therapy, we attempt to take steps toward recognizing problems and solving them. Within the group, the child sees that he or she is not the only one with these problems, and that lots of other kids have them too. When the child tries to help the other children solve their problems, he or she simultaneously solves his or her own, and therefore is able to help him- or herself. In some cases, particularly with adolescents and teens, we also treat such symptoms with medication (anti-anxiety drugs and anti-depressants).

In the case of psychotic states caused by war traumatization, we also use psychopharmaca in addition to behavioral, group and individual therapy. The number of children with psychotic symptoms, in our experience, is considerable. Usually, these are children, whose psychological disposition alone puts them at risk of becoming psychotic or whose premorbid condition prior to the trauma already led a possible psychotic ailment to be suspected. During treatment, we take into account the child's current psychotic state, as well as the traumatic experiences he or she has gone through. With the child, we attempt to process the trauma and thus relieve the symptoms.

One group that requires particular attention is children who have attempted suicide. From a diagnostic perspective, this group is extremely heterogeneous, which means that the type of therapy applied varies greatly from case to case and depends on the particular underlying problem. For these children, the diagnostic procedure is of particular significance, because the diagnosis determines whether or not we can use therapy to help the child accept and process the trauma, whether or not we should treat the child with drugs, or whether the child needs to be removed from his or her familiar surroundings and temporarily admitted to our clinic.

Within the scope of this article it was possible to provide only a very general overview of the different ways of treating war-traumatized children. The actual work with the children is, of course, far more complex than could be described here.

Outlook

We know which immediate effects war has on children. But what are the later sequelae? We can only surmise what will become of today's children. Systematic studies on this issue do not exist. What is available are studies of the impacts of the Holocaust, which were conducted retrospectively. The results of these studies provide sufficient reason to call for the establishment of a systematic support and assistance program for our children and teens as quickly as possible.

We know the extensive problems with which adults who were abused or mistreated as children must battle today. We have a slight idea of how difficult it is for sexually abused children, or children who have witnessed sexual violence, to find their own sexual identities. We do not know, however, how children who have witnessed systematic destructive rage, torture and murder, who have been oppressed and injured by their former friends, acquaintances and even their relatives, will one day behave. These children urgently require help – not only professional assistance, but also, and first and foremost, personal support, so that they can gradually regain trust in their fellow humans, so that they will again want to live in a community and simply be children again.

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The Work of SOS Children's Villages in War Zones

SOS Children's Villages was founded in 1949 by HERMANN GMEINER in response to the aftermath of World War II. The first children to be enrolled were war orphans who found new homes with war widows – the first SOS Mothers. In the meantime, 50 years after its creation, SOS Children's Villages operates in 130 countries. Many of those countries are the scene of armed conflicts and know the ongoing impacts of war. Such countries include Bosnia-Herzegovina, Croatia, Lebanon, Liberia, Rwanda, Sierra Leone, Somalia and Vietnam, where one of SOS Children's Villages' primary tasks is to provide support for war-traumatized children. Such assistance not only benefits children and adolescents living at the SOS facilities, but also other suffering people in that country.

Taking Rwanda, Bosnia-Herzegovina and Lebanon as examples, the reader will be given an idea of how SOS Children's Villages as an organization has responded to the effects of military conflicts, and which measures have been applied to specifically meet the needs of the affected children and adolescents.

Childhood Dreams Lost

War-Traumatized Children in Rwanda

Elisabeth Ullmann

This report is based on a three-week stay in Rwanda in April 1996. On assignment for the Hermann Gmeiner Academy, I was to act as a "reporter" for SOS Children's Villages and investigate which scars the war had left on the children, the "survivors" of genocide, and to look more closely at the fates summed up by the anonymous term "traumatization". My job was also to see what opportunities existed for SOS Children's Villages as an organization to help the affected children process and cope with their experiences, articulate things for which there are no words, or express themselves in other ways.

The most recent war in Rwanda between the Hutus and the Tutsis raged from April to September 1994. During that short period, over one million people were either brutally murdered or died from epidemics or starvation. Two million more people fled to the neighboring countries of Burundi, Zaire, Uganda, and Tanzania, whereby these numbers are only rough estimates. I still shudder when I remember the pictures I saw on my living-room TV; yet, only now, since I was in Rwanda and developed personal contacts with our staff, do these images hold true meaning for me.

On the outside there is little evidence of the war these days. A few bullet holes at the bus stops and several yet unrepaired shell hits at the Hotel Meridian were the only visible signs for me. As an outsider, it was only later that I learned about the real wounds, by talking with the local people and from files containing the histories of the children who were brought to us. It still remains incomprehensible for me how well our staff members carried out their duties, almost as a matter of course, despite all they went through personally during the war. I know, for instance, of two colleagues who lost their entire families. No one was left, no one.

One SOS Mother, who was working on the Emergency Relief Program in Kigali, saw her husband and five of her six children being murdered. After the war, she decided not to continue her career as a teacher but, rather, to start a new family for herself, an SOS family. Her only surviving child, a

son, is already 20 years old and visits her regularly at the SOS Children's Village.

SOS Children's Villages reacted to the tragedy of the 1994 genocide with diverse immediate response measures: Emergency shelters were set up in the two SOS Children's Villages which had been founded prior to the war, Gikongoro and Kigali. At Ngarama, a temporary village was established for war orphans. Families from the surrounding areas were given both material and medical aid. New children who came to us – over 80% of them under the age of 5 – were given medical treatment and nourishment to strengthen them. Most of them were suffering from malnutrition at the time of their enrollment. But even for some of these children every effort came too late: in Gikongoro, seven children died from their malnutrition and starvation.

Emergency Relief in Ngarama

In August 1994, even before the war ended, SOS Children's Village staff members from Kenya and Uganda, who had better and safer access to the northeastern part of Rwanda, began to develop this Emergency Relief Program. Ngarama took mostly older children, while infants and toddlers were taken care of in Kigali and Gikongoro. The majority of the children came from the many refugee camps, where they had been living ever since the war had separated them from their families. Initially, 291 children were accepted at Ngarama. At the time of my visit 137 were still living there. The others had been reunited with their families. Even today, we have not been able to determine the names or origins of several children.

As is true at all other SOS Children's Villages, every child at the Emergency Relief Village Ngarama lives in an SOS family with an SOS Mother, brothers and sisters. If a child has biological siblings, they all remain together within the same family. The SOS Mother is supported in carrying out her duties by other staff members (educational co-workers and household personnel).

The kindergarten, an integral part of every SOS Children's Village, was also set up: three classrooms with an appropriate number of children and three trained kindergarten teachers. Like every other SOS Kindergarten, this one is also open to children from the surrounding area.

The Family Houses at Ngarama are temporary ones. Even though the original tents have been replaced with small, masonry houses, a "regular"

SOS Children's Village is not foreseen for this location. During my stay in Rwanda the cornerstone for the third SOS Children's Village was laid in Byumba. Ngarama remains a temporary solution until the Byumba village is finished.

Emergency Relief Programs in Kigali and Gikongoro

Emergency relief programs were also set up at the two existing SOS Children's Villages in Kigali (in operation since 1979) and Gikongoro (opened in 1992) in response to the plights of the innumerable refugee and orphaned children. An additional 350 children were taken in, primarily war orphans. About 85% of them had been living in refugee camps before coming to the SOS Children's Village, where they were brought by SOS staff members who took children in particularly dire condition (malnourished, injured) from the orphanages and refugee camps as well as through collaborative efforts with other non-profit organizations such as Médecins Sans Frontières or UNICEF. When they first came to us, many of the children were in terrible physical and psychological condition – sick, undernourished, only skin and bones. Similar to the situation in Ngarama, we often had no information as to where they came from or who their family was. To house all these children, existing facilities like the SOS Hermann Gmeiner School or the chicken barn were adapted to accommodate several families at both SOS Children's Villages.

A dietician, three social workers, two psychologists, a physician and several nurses were hired to support the SOS Mothers and family assistants under these extremely difficult circumstances. The dietician, for instance, ensured that the underfed and poorly fed children were given proper food and trained the SOS Mothers and family assistants in nutritional matters.

To be able to offer medical care to needy people from the neighboring community, the small clinic at the SOS Children's Village Kigali was expanded both in size and in number of staff. This made it possible to treat an average of 120 people per day. Because the majority of Rwandan hospitals had been destroyed during the war and the need for medical care is still extremely high, an SOS Hermann Gmeiner Hospital will be built to serve the medical needs of some 60,000 people per year. Additionally, almost 350 people from the surrounding communities (first and foremost widows and the elderly) were given material support with food, blankets and other items.

Reunification with the Family

One of the most important tasks of the SOS Children's Village social workers in this emergency situation is to identify the children. This means finding out their names, their origin and their family. Once this is accomplished, the search for the parents or other close relatives, such as siblings, grandparents, aunts or uncles, begins. If the search is successful, the social workers visit the child's family and determine its circumstances. It sometimes happens that the families ask SOS Children's Villages to continue to take care of the child, because they are not able to do so themselves. It also happens that SOS Children's Villages postpones returning the child to his or her family if the relatives' circumstances appear to be too poor. As a rule, children are reunited with their families whenever relatives can be located. When the child goes home, the relatives receive material support in the form of food staples and household items. After some time has passed, the social workers revisit the family to check on the child's condition. To make the reunification with the family go as smoothly as possible, SOS Children's Villages works closely with the appropriate government ministry and other non-governmental organizations (NGOs).

It was hoped that the majority of children who had been taken in could be reunited with their relatives within a few months of the war's end, but it proved to be far more difficult than anticipated to determine the children's identities, particularly when infants or toddlers were involved, and to find any surviving relatives. For this reason, of the 15 emergency relief families with 119 children originally living at the SOS Children's Village Kigali there remain 12 families with 97 children. In Gikongoro, a total of 156 children have been reunited with their families and an additional six children will be returned in the near future.

I had the opportunity to witness several reunifications. Here is an excerpt from my journal about returning Alfonse and Alfonsine, brother and sister, 7 and 9 years old, to their family.

> About a week ago, their mother showed up at the SOS Children's Village Kigali and inquired about the children. Their reunion brought tears to my eyes. During the war, the woman had fled with the children, her husband remaining with the house. During an attack, mother and children became separated – she was able to keep two of the children with her, but Alfonse and Alfonsine got lost in the confusion. The two children joined other refugees and somehow got to Butare, where they were brought to an orphanage. From there, they came to the SOS Children's Village. "Save the Children" and UNICEF went from "prefecture" to

> "prefecture" with lists of names and photos of unidentified children to help find the children's parents or other relatives. They were lucky with Alfonse and Alfonsine. The mother found their names on one of the lists. When we took the children home, both children and both parents were overjoyed. The grandfather was there, too, and scooped up the children. We all sat down together in front of the family's clay hut, the men on folding wooden chairs, we women on a reed mat, and I thought the whole scene was like a dream. A farmer's family with a single goat in front of the hut, banana plantations all around, no beds, no electricity, no plumbing. The doctor at the SOS Children's Village Clinic told me that 80% of Rwanda's population lives this way. Alfonse and Alfonsine's mother and father made a loving impression on me; the two children are certainly in good hands with them, even though their clean clothes, pretty shoes and freshly scrubbed faces didn't seem to fit into the picture. I thought to myself that within the week they certainly would. The Mère Conseillère (the consultant for the SOS Mothers) will check up on the two children after some time has passed.

But not every reunification is as full of love and joy as this one. When we brought a little boy, about five years old, back to his biological father and the father's second wife, the boy reacted more or less negatively. He was clearly insecure and fearful, and from his reactions I was not even sure whether he recognized his father. I hope the boy has meanwhile become reaccustomed to his new living situation and in the bosom of (what remains of) his family will get over his terrible experiences. As with Alfonse and Alfonsine, SOS Children's Village staff members will check on the child's well-being.

Opportunities for Therapy

The majority of the children retain not only physical but also psychological scars from the war. However, facilities offering therapeutic support are rare in Rwanda. In the entire country there is only one psychiatric hospital, with only two staff psychiatrists. They receive support from two psychiatrists from Switzerland at regular intervals. The range of psychotherapy offered is similarly meager. There is only one special government facility, the "Centre de Traumatisme" in Kigali, where a few experts are available to care for the innumerable people traumatized by the war.

For this reason, at the end of 1994 SOS Children's Villages hired a psychologist from the University of Burundi to serve as a counselor and to conduct an initial study of the psychological and emotional condition of the children at the SOS Children's Village Kigali. Based on her study, the

professor recommended that a long-term, broad-based therapeutic project be put in place for those children traumatized by the war. After the study was completed, two young clinical psychologists from Burundi came for one month of practical training at the SOS Children's Village Kigali; that one month became a permanent job. The first step in their task, namely to conduct the "Detraumatization Program", as they called it, was to identify the children with clinical symptoms. By means of participatory observation within the SOS families, a questionnaire developed to diagnose war-related traumata, discussions with SOS Mothers, family assistants and kindergarten teachers, as well as by means of numerous games and discussions with the children themselves, it was possible to identify the most severely traumatized children. At the SOS Children's Village Gikongoro alone, there were 52 such children.

At this point, I would like to share some excerpts from a report on one case compiled by the two psychologists, ZACHARIE NZEGIMANA and DISMAS NYAMWANA. The anamnesis is that of Eric, who was four years old at the time:

> After the war broke out in Rwanda, the child was brought to the SOS Children's Village Kigali by his aunt on August 20, 1994. She did not want to or was unable to take care of Eric any longer and after bringing the boy to the SOS Children's Village she rarely visited him there. At the time he was brought to us, he was in horrible, pitiful condition. He suffered from deficiency symptoms and psychomotor regression, which means he no longer appeared to be growing.
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> Eric comes from the Gitarama (Mukingi) region. During the war, he lived with his parents, siblings and other relatives in his grandfather's big house, where they were attacked by rebels with machetes. No one survived the slaughter except two older brothers, a female cousin and Eric himself – all between the ages of 4 and 10. The terrified children fled. They wandered from village to village for days and nights. They hid in the underbrush or in abandoned huts, until they finally found their way to an uncle, who brought them to Kigali. During their flight the children learned about war first hand. Their long wanderings had exhausted them; they were hungry and had gone for days without food. They had witnessed aggression and massacres, seen streets strewn with corpses and survived massive explosions from shells and other heavy artillery.
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> All of these are traumatizing experiences which seriously threatened the children's psychological equilibrium. In peacetime as well as during war, various disasters can induce short- or long-term mental crises and disturbances in adults and especially in small children. The military conflicts, precipitous flight, first-hand encounter with aggression and life-threatening situations, the disrupted family, uncertainty about the fate of family members and not knowing whether to

expect help – all these can disturb a child's mental functions. A child can have various types of reaction to such experiences: organic, psychological or social.

What reactions did we observe in Eric?

– Auditory and visual memories of the shots, the screams and the suffering of his family members, the sight of disfigured corpses and the members of his family who knew they were going to die continue to resurface in him, both when he is alone and when he is with others.
– In his dreams he is pursued by various people (parents, priests, ghosts).
– His behavior is marked by a tendency to isolate himself, be absentminded, by an empty look, sadness, and lack of appetite.
– He has a pathological fear of the dark and of crowds.
– He feels a compulsion to pray and often sings "Tubabarire nyagasanyi" ("Forgive Us, Lord") by himself.
– He suffers from enuresis and encopresis (bedwetting and defecation).
– Eric exhibits an affection deficit. He doesn't confide his experiences to anyone in his household, nor to anyone who asks him. He shows his care-givers affection only when they take the initiative.

After describing the children's "current" status, both psychologists conduct regular therapy and also coordinate and optimize the available resources within the SOS Children's Village network. In concrete terms, this means the psychologists work closely with the SOS Mothers, family assistants and social workers, and that the Village Director, Mère Conseillère, teachers and kindergarten teachers are incorporated into the program.

Among the tasks assigned to the kindergartens as part of the Detraumatization Program, are:

– The kindergarten teachers observe the children on a daily basis and write up case studies.
– In the afternoons, they share their observations with one another.
– Once a week, they meet with the psychologists to discuss the progress and development of individual children.

The social workers visit the SOS families on a regular basis. They talk to the SOS Mothers and family assistants about the children's development, any unusual circumstances and their problems with the children. In addition, they conduct one-on-one sessions with the children. The social workers are supported in their work by the two psychologists, who are available for consultations at regular intervals.

An essential aspect of the SOS Children's Village Emergency Relief Programs in Rwanda is the training opportunities they offer. The two

psychologists, in collaboration with outside experts, provide the SOS Mothers, family assistants and other staff members with a basic understanding of potential reactions on the part of the children following a traumatic experience. Practical tips are also given about what is important in the daily dealings with affected children.

The therapeutic work with the children is preferably carried out in small groups. In groups of five to six children that meet twice a week efforts are made through dance, song and games to draw the children out, help them express their feelings and support them in speaking about the terrifying experiences they went through or expressing them in some other way.

The best form of therapy for these children is the relationship. For most children, being reunified with their birth families, if these still exist, is the best prerequisite for their healing. If it is not possible to reunite the child with his or her family, the second-best solution is to provide the child with a good, dependable relationship with a new attachment figure – in this case, the SOS Mother.

Final Remarks

From the three short weeks I spent in Rwanda, I took back to Europe only a slight idea of the suffering these people have endured. The accounts of the massacres, the persecution, the eyes of the children who witnessed the unspeakable – I will never truly understand it.

One thing did become clear to me: There is no magic formula that can heal children traumatized by war. Many will suffer from the aftermath of the genocide for the rest of their lives and from the mental and emotional wounds inflicted upon them. Nor do the latest developments in Rwanda, Zaire and Burundi lead us to expect an end to these horrors. Precisely because of this, it is our duty to provide the best support possible under the given circumstances for the physical and mental well-being of the children entrusted to our care.

The work performed by our staff members, all of whom were themselves victims of the genocide in Rwanda in one way or another, made a deep impression on me. As long as SOS Children's Villages as an organization can depend on the dedication of its staff members and supports them in their work as well as possible, there is still hope that at least a few of these war-ravaged children can look forward to a life worth living.

SOS Children's Villages in the Bosnia-Herzegovina War Zone

Krešimir Sokolić

The mission of SOS Children's Villages is providing long-term assistance and support to children and adolescents, although in certain cases temporary aid is also provided. Normally, two prerequisites must be fulfilled for SOS Children's Villages to organize temporary assistance services. First, the situation must truly be an extraordinary one, requiring instant and targeted aid, such as war or natural disasters. Secondly, SOS Children's Villages must already operate facilities in the country so that the necessary infrastructure is available.

As SOS-Kinderdorf International first became active in Bosnia-Herzegovina, or more accurately in Sarajevo, in 1994, the war was raging and hundreds of thousands of people in Sarajevo were completely shut off from the outside world. The city's residents urgently needed help.

At that time, SOS Children's Villages did not yet have any facilities or projects in Bosnia-Herzegovina. But because SOS Children's Villages had already been active in neighboring Croatia for two years, where military conflicts had also taken place, and because an SOS Children's Village with ancillary facilities had already been operating in Novi Sad in Serbia since 1975, the decision was made to carry out projects in Bosnia-Herzegovina as well.

In view of the situation there, it was far too utopian to consider carrying out long-term projects. We were thus faced with the question as to what we as an organization could do immediately and what emergency measures we could undertake. To do this, we first had to consider the logistics of providing such measures. Furthermore, our activities would naturally have to be legal. The SOS-Kinderdorf International Office Sarajevo was founded and registered with the local authorities as a legal entity. After all the necessary infrastructural prerequisites were established and decisions on the projects for Sarajevo had been made, we asked ourselves how and when we could also provide aid in other parts of Bosnia-Herzegovina.

The Situation in Bosnia-Herzegovina

To help explain the organizational structure and the concept of our work with children in Sarajevo, I would first like to make some clarifying remarks about the situation in Bosnia-Herzegovina and the living conditions in Sarajevo in January 1994:

– War raged throughout the country. There were no fronts in the classical sense, with fighting going on in numerous arenas. Many cities and villages were surrounded by enemy troops and unable to contact the outside world. Transportation and movement within the country were extremely limited or non-existent.
– The inhabitants of many cities had been driven out of their houses and refugees installed in the areas cleared in this way. Many families were torn apart and people had no information about the fates of their relatives.
– Humanitarian aid arrived at its intended destination only with extreme difficulty and did not suffice. Many children and adults starved.
– Sarajevo at that time had been under siege for more than one and a half years and was completely cut off from the outside world. The city could only be reached via the United Nations' airlift. Water, electricity and natural gas supplies were dismal and sporadic and, what's more, were completely dependent on Serbian goodwill.
– Food was also scarce, even for those who had an adequate supply of money. Average income was zero. Everyone was dependent on humanitarian aid.
– The city was full of refugees, whose accommodation and feeding also brought considerable problems.
– Many local residents had left Sarajevo, leaving all services and businesses understaffed. Most men had been drafted into the military and therefore were unable to pursue any regular work.
– Despite the NATO ultimatum, sporadic shelling and permanent sniping caused many fatalities. All city residents lived under life-threatening conditions and were under constant stress.

First Visits to the Besieged City and Initial Aid

Our first short visits to Sarajevo made it clear that any projects requiring long-term planning and implementation would have to wait for better times.

Nevertheless, the establishment of an SOS Children's Village was our primary goal from the onset. Our task consisted of preparing all legal and technical affairs for its construction. At the same time, we needed to find ways and means to help the children of Sarajevo *immediately* with emergency relief programs.

At our first contact with the government of Bosnia-Herzegovina and the authorities of the City of Sarajevo we were astounded to learn that the social welfare system in Sarajevo, despite the terrible situation, still worked surprisingly well and professionally. Using the information that the social welfare offices provided us with, we learned that 350 children had been placed in foster homes and urgently needed assistance. Prior to the war this kind of out-of-home care was uncommon, and many such accommodations arose spontaneously due to the war. Nevertheless, the necessary legalities had been taken care of in all instances: all of the children were officially registered, and guardianship had been legally granted. The families, however, received neither financial nor material assistance from the authorities, because there was neither food nor money. All these families were hard pressed to find enough food. Even though they had very humanitarian intentions and showed great willingness to make sacrifices when taking on the foster child, it was only a matter of time until they would no longer be able to care for the child and be forced to ask the social welfare agency to take over this duty.

Because children, and above all children without parental care, form the core of our work, it was clear that we first had to help this group. In collaboration with the city's Social Welfare Office, which continued to support the foster families and looked after the children's legal status, we created the *Financial Support for Foster Families* program. Financial aid meant a great deal to the foster families, but they also required professional support. It was obvious that we needed to help immediately.

We therefore founded the *SOS Family Counseling Center Sarajevo* to provide the foster families and children with psychological support and assistance.

During our stays in the city and while working on the projects, we noticed there was no longer any sort of organized recreational activities for children or teens. Furthermore, school was taught in improvised facilities, with shortened school days, and only held on an irregular basis. With the goal of filling this gap and providing the children with the chance to do something creative and constructive with their free time, we founded the *SOS Club for*

Children and Youth. The SOS Club is intended for all children and young people in the city of Sarajevo. The Club program covers a wide range of activities which appeal to children and youth, the spectrum ranging from foreign language courses, music and art classes, to drama instruction.

Over time, we found out that diabetic children formed one of the most at-risk groups. The main problems were the chronic lack of pediatric insulin and the unavailability of proper nutrition. An additional problem was caused by the insufficient education of their parents. The goal of our *SOS Care for Children Suffering from Diabetes Mellitus* project was to take care of the needs of this group of chronically ill children, and to defuse the problems mentioned above.

Since peace is once again at hand, the time has also come for us to pursue the implementation of our long-term projects. On September 28, 1996, we laid the cornerstone for Bosnia-Herzegovina's first SOS Children's Village in Sarajevo. That same day, we were able to re-open the reconstructed Skenderija Kindergarten in Sarajevo. Only a few weeks later, the cornerstone was laid for the SOS Children's Village Gračnica in the province of Tuzla. Throughout the course of 1997, SOS Children's Villages rebuilt the two kindergartens in Mostar.

Detailed Description of the Emergency Relief Programs

Financial Aid for Foster Families

We began our project to provide continuous financial support for foster families in April 1994 with the promise that we would support the families for the following six months. Because the conditions in the city had not changed by the end of that period, we continued to support the foster families until the end of 1996.

This program helped *all* the children in Sarajevo who had been placed in guardianship at the request of the Social Welfare Office. The amount of support depended on the number of children in a family, whereby a certain percentage was added for every foster child taken on additionally. On average, approximately 420 children were taken in by 350 foster families.

SOS Family Counseling Center

It was not enough to provide the foster families with only financial support. Foster parents as well as foster children needed professional psychological aid. It is a known fact that children who have been separated from their families or who are placed in socially and emotionally labile families, are particularly vulnerable. The reactions of the parents and their own helplessness can influence and hinder the ability of the child to process his or her trauma. To be able to help the foster children, it was therefore necessary to psychologically support, advise and stabilize their foster parents. As a result of these considerations, we organized group counseling sessions for foster parents.

In addition to group work, we also offer all participants, whose needs for more intensive support became evident during group sessions, additional consulting with psychologists. Such individual counseling sessions permit a more intense treatment and/or a diagnosis to be made, which in turn enables us to advise special treatment at a suitable psychological or psychiatric facility.

Moreover, we have developed special programs for certain groups of foster children. One example is the *Group Counseling Work for Deaf and Mute Foster Children and their Foster Families*. Another program, *Pediatric Help for Foster Families*, was initiated for families with infants and toddlers (up to 3 years of age).

The way group sessions for foster children work depends on the age of the children. Methods range from play groups for the youngest children to discussion groups for adolescents. The goal of the group work is always to help the child become stronger. To achieve this goal, we try to positively influence any factors which would help the child adapt better, cope with stress and overcome the impacts of the stress more easily.

Group Counseling Work with Foster Parents

Foster parents are put into groups of 10 to 15 families each who meet once a month. Each group is led by two counselors (social workers, educators, psychologists, and a specially trained teacher). Group work consists of a combination of instruction and accompanying discussion.

The main objective of the group work is to support the parents in their search for solutions to problems they themselves have or those they have with their children. Emphasis is placed on helping the parents regain their emotional and mental stability.

To achieve this:

– we provide the parents information about child-raising,
– we explain their own emotional reactions and ensure them that these reactions are perfectly normal under the circumstances,
– we provide them the opportunity to express their negative feelings and share their feelings and experiences with others in the group,
– we discuss positive and successfully applied approaches to overcoming problems and difficulties in their daily lives,
– we make the parents aware of the tremendous influence their own emotional reactions have on the child's ability to develop conflict resolution strategies.

There are rules within the group, which allow each participant to feel equal to everyone else. The task of the counselor is to provide relevant, topic-related information, explain certain issues and, if necessary, intervene. In this way, participants are encouraged to take an *active* rather than a *passive* role, to change their *destructive* to *constructive* behavior, to leave the *past* behind and look toward the *future*. During the group sessions, the counselors also try to foster contact between the participants and encourage them to support one another.

Group Work with Children

Every group consists of about 12 children of the same age. The activities and methods used by the particular group depend on the age of the children, whereby content and methodology are selected so as to ensure they are attractive, relaxing and voluntary for the children.

We are well aware of the fact that we are unable to eliminate the risk factors to which the children are exposed, nor can we erase their past experiences. That is why we concentrate on those factors which we are able to influence and which help the children adapt successfully and overcome their problems. Independent of the content of the activities and the applied methods, we try to strengthen the children's personal capabilities and potential so that

– the children experience the feeling of success,
– they are encouraged to play an active role in solving their problems, instead of retreating into passiveness,
– they learn to get along with other children and set goals for themselves,

– they develop a good relationship with at least one parent or attachment figure,
– the child is raised in an open atmosphere, in which constructive problem-solving is fostered, and
– the children are encouraged to express their own opinions, even when they are different from those of other people.

SOS Club for Children and Youth

The idea for the SOS Club for Children and Youth goes back to the observation that during the war neither children nor adolescents had any recreational opportunities outside their families. They played in dangerous streets and often did not even have a proper ball. The schools were so severely damaged and even demolished that it was impossible to hold classes. School was held only when the war permitted, and the curriculum was shortened accordingly.

We wanted to give the children the opportunity to get together in relatively safe, protected facilities and to pursue activities which were interesting and entertaining for them. Apart from this banal intent, but nevertheless one not to be taken for granted due to the war situation, we were also trying to achieve several other goals, albeit indirectly. First, in as appealing and casual a manner as possible, we attempted to re-establish their sense of responsibility and motivation as well as their sense of time, properties which had all but disappeared due to the daily struggle for survival, both among young people and adults. Secondly, we strove to help the children channel their energy into creative and constructive activities. Without conducting a psychological rehabilitation program, we indirectly supported the development of their own ability to cope with stressful situations, to which they were, and are, exposed every day. It mattered less to us how well the children learned certain skills and abilities, but that they took part in the learning process at all.

The SOS Club for Children and Youth continues to be visited by around 800 young people. In addition to the courses offered at the Club (foreign languages, drawing, painting, graphic design, textile design, photography, drama, pantomime, guitar, SOS choir), throughout the year the children and adolescents put on exhibitions, TV appearances and performances at the Youth Theater. The stamp that was printed by the local post office jointly with SOS-Kinderdorf International, to commemorate the construction of the

first SOS Children's Village in Bosnia-Herzegovina, was created by the Club's Graphic Design class.

SOS Care for Children Suffering from Diabetes Mellitus

This project was developed in cooperation with the Department of Pediatrics at the Koševo Clinic and began in June 1995. The project is open to all children with diabetes mellitus, who are registered at the Department of Pediatrics of the Koševo Clinic. At this time, we are caring for around 80 children.

In addition to difficulties like the lack of food, money and medicine, with which all residents of Sarajevo are confronted, two other problems faced this particular group: lack of medical specialists in this field and the parents' lack of knowledge about the disorder. Until we began our project, all these problems were dealt with in a sporadic and unsystematic fashion, dependent upon the goodwill and voluntary efforts of several parents and physicians in the city and on the occasional assistance of several smaller humanitarian aid organizations. Our project was conceived as a comprehensive, continuous support program aimed at all the problems and needs of this group of patients.

It includes the following:

– acquisition of the necessary medication and medical supplies as well as their regularly scheduled distribution to the patients;
– monthly financial assistance for the afflicted children and their families to cover the additional costs for the requisite special diet;
– education and consultation for the parents (twice a month, two physicians hold educational meetings for the parents of afflicted children at the SOS-Kinderdorf International facilities);
– fostering communication between the physicians in Sarajevo and the Institute for Diabetes in Zagreb, Croatia, as well as promoting additional training courses for physicians.

Restructuring the Emergency Relief Programs and Incorporating Them into Long-Term SOS Children's Village Projects

Happily, the time of open military conflict is past, and several of the once necessary emergency relief programs are no longer needed. The state is obligated to assume responsibility for and support the weakest members of society. But peace alone does not bring a simple solution for the many social

problems facing the country. As history has shown us, numerous problems arise in post-war periods, all of which require much time and considerable outside support to overcome. In the case of devastated Bosnia-Herzegovina, this is unfortunately absolutely the case.

Our activities in Bosnia-Herzegovina have been revised to meet the new, post-war situation. We were able to begin construction of the two SOS Children's Villages. At the same time, we are also in the process of establishing SOS families, who will be given accommodations in rented facilities until the SOS Children's Villages are completed.

Indeed, we are unable to maintain several of the projects indefinitely. Nevertheless, we must not neglect the fact that the foster families and children will continue to need psychological assistance in the future. Moreover, several aspects of the support for children with diabetes will continue to be relevant. Finally, our experience and successes with the children and adolescents in the SOS Club have shown that discontinuing the project would leave a large gap in this important social arena. After careful review and depending on further developments in the country, decisions will be made on which of the existing projects should be integrated into the planned long-term projects and which should be discontinued.

Who killed her?

SOS Children's Villages Lebanon During the War

Helga Zündel

In my lifetime, I have twice experienced war close hand: World War II from 1939 to 1945 in Austria, when I was 14 until I was 20 years old, and then later the civil war in Lebanon from 1975 to 1991. Hermann Gmeiner sent me there in 1968 to start SOS Children's Villages. I spent the war years in Lebanon living closely together with our children and youth, with the SOS Mothers and the other staff members. And that is what I shall tell about.

To preface my story I would like to say that both times, first as a young girl during World War II and then later in Lebanon as a mature woman with various responsibilities, I viewed war as a natural disaster, something like a volcanic eruption, an earthquake or a flood. Looking back as an even older woman, I wonder whether many other people who suddenly become caught up in the chaos of war don't have a similar feeling; whether it isn't only the outsiders who try to analyze the situation, evaluate it and blame someone for it, or somehow gain a perspective of the situation.

At the SOS Children's Villages we tried, as did all the Lebanese, to cope with the dangers and difficulties the war brought, and to simply survive.

We had our first fatality in April 1976: Hammoudé, a seven-year-old boy. A shell striking the SOS Children's Village Bhersaf (about 30 km north of Beirut) tore him apart. Just a few minutes earlier, some 20 children were still playing where the shell would hit; moments before, the Village Director called them to work in the garden. All the children ran to the garden, except Hammoudé and his SOS Children's Village brother, Rida, who stayed behind to finish their game of marbles... We brought the critically injured eleven-year-old Rida to the nearby sanitarium for first aid. Then, under difficult conditions, we transported him to a Beirut hospital, where he underwent nine operations in twelve weeks. In one of the operations a leg was amputated at the thigh. As is common in Middle Eastern hospitals, we as his "next-of-kin" were in charge of his daily care at the hospital.

One day as I sat at Rida's bed he asked, "Aunt Helga, shall I tell you how it happened? As the shell was falling Hammoudé still had time to say, 'Look, the sky is exploding!' Then I crawled over to him, and his head was gone".

Children want to talk about their experiences openly, to get them off their chest. And that's the way it should be. We need only be there long enough, hold their hands, listen to them and cry with them.

In April 1990, we had our last fatality: Youssef, a staff member at our SOS Youth House Sin-El-Fil on the outskirts of Beirut. The war had reached a frenzied pitch at that time and place. Most of the thirty SOS Youth House residents had fled to a tent camp in northern Lebanon. Only Youssef and a few of the older boys had stayed in the house to protect it from looters. A large shell exploded directly in front of the house. Youssef was sitting in the parlor and a piece of shrapnel from the shell hit him directly in the heart. The older boys carried him to the car and drove him to the nearest hospital through a hail of bullets, but he was already dead.

In both cases, as in so many others, the shells were not directly aimed or fired at us. They were "accidental hits" – we all knew that. "They don't aim, they only shoot", wrote NICOLAS BORN in "Die Fälschung" (1977), a novel about the war in Lebanon.

Throughout the war, SOS Children's Villages maintained two villages and two youth houses (one for older boys, one for older girls) in Lebanon. At all four SOS facilities, Moslems and Christians *lived together peacefully*. When I say *together*, I mean *together* and not merely *alongside one another*. Both our children and adolescents, but also the SOS Mothers and staff members, were of a broad range of religious confessions. Arguments never arose about someone's belonging to one or the other religion. This was possible, even in that turmoil-fraught region that is the Middle East, because within the SOS facilities we had all grown together as *one big family*.

And thus we lived through the war, just like any other Lebanese family. We mourned with the SOS Mothers when they lost a brother or other relative. We mourned with our neighbors. Mourning in the Middle East means sitting together in silence – a very comforting form of communal commemoration. We were closely tied into the suffering of the Lebanese population. Once, news reached us that an old woman in a neighboring village had died. One of our girls asked, "Who killed her?" Miriam had been born shortly before the war and was now of school age; she didn't know yet that people could die of natural causes.

During the war years, many children who had lost their parents or their mothers through military actions were accepted into our SOS Children's Villages. In the Orient, where extended families are still functional, orphaned children are usually taken in by their grandparents, aunts or

cousins. When it was impossible to find any relatives or when they themselves lived in the most impoverished conditions, we took the children in. In the end each SOS Mother was taking care of 12 to 14 children.

In 1976 an eleven-year-old girl named Badriah was begging in the streets of Beirut with her four little brothers, seeking refuge at night in bombed out houses. Their parents could not be found, and never were. A woman who knew about the SOS Children's Village brought the five siblings to us. Several months later, Badriah was asked what she liked best. Her spontaneous answer, "The house!" This shows how fundamental this basic principle of HERMANN GMEINER is: having one's own house, having a home.

When a village in the Chouf Mountains was "cleansed", many people were taken away by truck, including a family consisting of both parents and six children. Because one man tried to escape, all of the transportees were lined up against a house wall and executed with machine guns. The parents and two children were killed instantly. Four of the children, between the ages of four and 14, survived; they pretended they were dead throughout the night. Toward morning, Rima, the eldest girl, took the documents and money out of her dead father's pocket and the children fled to a neighboring village to friends of their parents – who happened to be of a different religion. These people informed the SOS Children's Village, and we picked up the four orphans. Today, the siblings say that they will never forget that night in September 1983. Today they are grown and in control of their lives. Rima is studying law. Rita, her sister, is happily married to a taxi driver and has two children. The eldest boy, Elias, wants to open a mini-market in West Beirut, which was the Moslem section of the city during the war. When queried by a European reporter as to whether or not there would be problems because Elias was a Christian, all four siblings answered, "Of course not!"

The fates of many of the children whom we took into SOS families during the war years were similar. How can SOS Children's Villages help such children? HERMANN GMEINER's basic principles provide an answer:

– *The Mother*, the woman who is with the children day and night, year after year, who lives with them, is good to them, and whom they can love.
– *The Brothers and Sisters*, who live and grow up together in the SOS family. This is a vital factor. Separating siblings would only augment the suffering already experienced and cause a new disaster.
– *The House*, which provides the child the security and warmth he or she needs.

– And finally, *the Village*, a community, a sort of extended family, one that holds together.

Throughout the war years, I always lived in an SOS Children's Village or Youth House, together with the children and the adolescents. In my mind's eye, I can still see the days and nights where we sat huddled together in the lowest rooms of the houses, tightly clutching the children to us as bombs exploded all around us. Or the hours of grieving and crying together, of praying together at Christian or Moslem gravesides.

Some weeks there was no electric power. The bakeries that worked with electrical equipment couldn't work. I can still see our SOS Mothers baking the flat Arab bread on hot stones in the courtyards, as their mothers and grandmothers had done before them. We never really suffered from hunger. But the lack of water was often horrible. Once, not a drop of water came out of our faucets for an entire six weeks. As soon as the thunder of the artillery let up, all of the grownups jumped in any available cars, packed full with water jugs, to fetch water from the closest well.

For weeks and months the schools remained closed. Because all the roads seemed to be too dangerous, we were more or less prisoners in our villages. I can remember a card tournament we held for ten days in the Great Hall of the SOS Children's Village. *Tarnib* is the name of the popular Lebanese card game we played. Girls, boys, SOS Mothers, family assistants, the secretary, the Village Director and his wife – everyone played. The exciting elimination rounds and the gleeful award celebrations will always be unforgettable for me.

There were crafts groups and a painting contest with an exhibition and prizes. Children made up one-act plays, created imaginative costumes and staged the plays for the community. But these happier days were always interrupted by critical days marked by the thunder of artillery, flying bullets, terror, and tears.

The Lebanese SOS Children's Village Association had, and still has, a well-functioning Pedagogic Committee, which is comprised of a psychologist, a social welfare worker, a sociologist and a pediatrician, in addition to the SOS Children's Village staff. Until the beginning of the war and whenever the war cooled down good and intensive support was provided. The psychologist made regular visits to the SOS Children's Villages and Youth Houses and held single consultations and group sessions. Of utmost importance was providing support and advice to the SOS Mothers, who had to bear the brunt of the children's fears and needs. Over

the course of the war, it became increasingly difficult to provide such intensive support, and finally this dwindled to sporadic visits or none at all. Travelling the roads to the SOS Children's Villages from Beirut often meant risking your life. After the war, the psychologist and the Pedagogic Committee were able to fully resume their work to support the entire SOS Children's Village community.

In 1985 floods of refugees from the coast came up to our SOS Children's Village Seraï in the southern Lebanese mountains above Saïda (Sedon). The refugees stayed at the SOS Children's Village one night, were given food and water, and then continued on their way the next day provided with food and blankets. Finally, the inhabitants of the nearest village also fled. This made the SOS Children's Village a civilian outpost. Every day, the Village Director, Jamil, met with the SOS Mothers to discuss what should be done - the SOS Children's Village decided to stay. Encouraged by this behavior, the residents of the nearby villages also returned within a few days. In this way, both the SOS Children's Village houses and the surrounding farms were saved from looting and pillage.

When I think about our Lebanese children and how disturbed and afraid they were when they came to us, I do not seem to see any difference between those who were ravaged by the war and those who were harmed by personal, family events. Perhaps the war – in contrast to family tragedies – was even looked upon as a collective experience, as an anonymous disaster. Wounds suffered at the hands of family members or relatives, on the other hand, are experienced as a very personal assault.

> Samira's mother was holding the three-year-old toddler in her arms when her crazed father stabbed her mother. Even months afterwards, Samira began to scream desperately when an adult's face came too close to her.
>
> Nouni, a six-year-old boy, came to the SOS Children's Village with his sister. He was unable to laugh for two whole years. Then suddenly, at the lunch table, he told his SOS Mother that his biological mother had always forgotten to lock the door to her bedroom and that "robbers" came every night; in the morning there was money on the night table.
>
> Michael and his two younger sisters came to the SOS Children's Village as four- to nine-year-old children. They had seen their parents being murdered by men from a neighboring village. The parents were the victims of a vendetta, a practice still observed in isolated mountain villages. Our psychologist and the SOS Mother had to hold many sessions to convince Michael that he did not have to revenge himself.

What can we adults, SOS Mothers and staff members do to help our children? We must be there, be able to listen and be aware that the child wants to tell us something. We must take the time and be patient. We need to show how the child's story affects us.

Feeling affection, feeling protected and safe – can help wounded children heal.

PART V
PROFESSIONAL HELPERS

The Importance of Professional Helpers' Mental Health

Marina Ajduković

Why is the Mental Health of Professional Helpers Threatened?

Occupational stress arises from an imbalance between the demands of a job and workplace environment on the one hand, and the existing goals, expectations and capabilities of the people who need to meet these demands on the other. Particularly stressful jobs are those which involve working with people. But even among such occupations, there are vast differences. Bank tellers, teachers and those who work with traumatized or needy people are not subject to the same levels of occupational stress.

Social work is particularly stressful, because it centers around people in need of help. Personal relationships are formed and the professional helper becomes involved in the emotional state and suffering of the other. A gap between the expectations of the professional helpers and the actual scope of possible assistance they can provide can be an additional source of stress.

In their work, professional helpers are constantly confronted with the sad lots, traumatic experiences and tragic losses suffered by those in need of help. Often the helpers are personally deeply affected by their stories. At the same time, however, the means and resources they have available to help such traumatized people are often limited. The simultaneous feelings of deep empathy and helplessness are particularly tangible when working with children who suffered violence in the family or were abandoned or neglected.

The psychological consequences which can arise when working with people in need generally fall into the following three categories:

– Burnout
– Countertransference
– Indirect or secondary traumatization of the professional helpers

Burnout is the mental state of professional helpers who struggle with depression and motivational problems, or who are indifferent and disheartened. People with burnout suffer from diverse physical stress

syndromes, such as a compromised immune system or an increased tendency to minor injuries. Their original sympathy and understanding for people in need can turn to cynicism or apathy. Burnout is one of the worst consequences of occupational stress in the social professions.

The occurrence of burnout is partially dependent on the individual's personality structure. Some of the most common causes of burnout are: a tendency toward perfectionism, an idealized image of helping people in need, the urge for self-confirmation, the inability to say "No", refusal to delegate parts of the work to others, as well as setting expectations for oneself that are too high.

Burnout can, however, also be fostered by a series of circumstances that have nothing to do with the professional helper's personality structure. Such circumstances include poor division of labor and poor time management skills, inadequate skills or qualifications, poor equipment and lack of resources, lack of support, occupational isolation, etc. (VAN DER VEER et al. 1992).

Countertransference can be defined as the re-emergence of a professional helper's own feelings in a situation where he or she is providing assistance to someone in need. Expressed another way, it is the transference of the professional helper's emotions onto the client. These severe emotional reactions result from the interaction of the experiences of a person who is going through a crisis and the professional helper's own unresolved difficulties or earlier experiences. They evoke a series of defense mechanisms such as repression, denial or projection, which can lead to poor job behavior on the part of the professional helper and deterioration of relationships with colleagues. Countertransference is directly associated with the helper's personality.

The professional helpers' extreme emotional reactions do more harm than good in their work. These reactions neither lead to a better understanding of the client, nor do they encourage the creative utilization of the professional helper's expertise.

Indirect or secondary traumatization refers to the psychological effects that working with traumatized people has on the professional helpers. Frequently they exhibit the same symptoms as the traumatized people with whom they have been working, such as nightmares, obsessions, despondency and depression, irritability, a feeling of helplessness, chronic fatigue, digestive problems, and increased proneness to accidents.

Often, professional helpers are unaware of the effects their work has on their mental state, and seldom seek help for themselves. This is not surprising, because it corresponds entirely with the stereotypical helper–client relationship, in which the clients are seen as weak, helpless, without resources, while the professional helpers are strong, powerful and those who can offer a range of assistance. For this reason, from the professional helper's standpoint, needing help is sometimes considered a sign of weakness. He or she may even boast about being able to handle everything alone, if only to uphold his or her role as the invincible "master" of the situation. Often, professional helpers do not admit their mental problems to themselves or to others, fearing that this might have a negative effect on their reputation, mean a loss of respect from others and the trust of their co-workers. By refusing to accept help when it is offered they limit their capacity to do good work and are therefore less helpful to people in need.

But what can we as professional helpers do to feel better in our work, to be more efficient and to minimize the negative impacts that our daily work has on our mental and physical health? Concern about the mental health of professional helpers must be an integral part of every psychological and social assistance program. Here, three areas of emphasis must be taken into consideration:

Prevention and Training

– Professional helpers must be trained to handle stress situations and to work with people in crisis situations.
– They must be taught about the effects their work has on their own psyches.
– They must be provided opportunities for continuous improvement of their areas of specialization and competence.
– They must receive ongoing support in the form of supervision and counseling.

Such services and support must be provided prior to a person's entering this particular career sector as well as during his or her professional life, because the working conditions and needs of the clients change and because as professional helpers acquire more job experience, their occupational needs grow as well.

Measures to Safeguard Mental Health

– debriefing after crisis situations
– guidance and support, such as the supportive components afforded by supervision

Development of Self-Help Measures and Awareness of Responsibility for the Mental Health of Professional Helpers

The purpose of this article is to draw attention to the effects that working with people in need has on the private and professional lives of helpers, to introduce several simple self-help techniques and to offer ideas to successfully safeguard the mental health of the professional helpers. Even though the majority of people who read this article may work with children, the following applies to all areas of work with people in need. Everyone – from an SOS Mother to a person in upper management – can be affected. The reasons for occupational stress and the strategies to help relieve this stress can serve to point out needed changes in the workplace as well as provide a systematic checklist for measures already instituted to combat occupational stress and burnout.

What Causes Occupational Stress and Burnout?

Burnout occurs when people are exposed to occupational stresses for prolonged periods. Regardless of the specific characteristics of any humanitarian organization, the causes of occupational stress and burnout can be roughly divided into two categories. The first category contains those causes which primarily stem from within the professional helper: personality, experience, style of work, value system, and self-image. The second category consists of external factors, which, depending on their origins, can be subdivided into several other categories: work conditions, division of labor, time management, inter-relationship between professional helpers within an organization, client characteristics, and the type of assistance being provided. No matter what causes the burnout, the symptoms are always the same: People with burnout feel exhausted, drained, and empty (Van der Veer et al. 1992).

Personality-Related Causes (Internal Factors)

- unrealistic expectations of the work, which exceed actual opportunities to help and cannot be adjusted to reality, even after a certain familiarization period with the work
- over-identifying with the clients in need and their problems
- the need to constantly be "master" of the situation
- excessive involvement, accompanied by the feeling of having sole responsibility for things
- complete identification of the professional helper with his or her work, which ultimately becomes the only thing which gives his or her life meaning and purpose and becomes the only means of finding self-affirmation
- neglecting one's private and social life for work
- refusal to delegate work
- exaggerated endurance, inflexibility and doggedness in reaching goals at any price
- poor division of labor and time management
- lack of clear priorities, so that everything is viewed as being equally important
- feeling professionally incompetent

People who set unrealistically high expectations and impose strictest standards on themselves and their work are predestined for occupational stress and burnout. They set very high goals for themselves, without adjusting them to reality after an initial familiarization period.

Professional helpers, particularly those who work with children, are generally characterized by a very altruistic and humanistic value system, which was also the reason they chose a social profession. This value system sometimes leads to excessive identification with the profession, which ultimately overwhelms the professional helper's private and family lives completely. The threat of stress and burnout arises above all when several people within the same family or group of friends work in the social sector and spend every free minute discussing workday experiences and events. In this case, work becomes the only opportunity for some professional helpers to affirm themselves.

Lack of flexibility when solving problems and stubborn determination when pursuing goals at any price can have serious consequences, which ultimately lead to burnout. Poor work/time management skills are

manifested in the inability to set priorities, wasting time on unimportant matters, and refusal to delegate tasks to other persons. This may also give the impression that the professional helper is constantly pressed for time, that the work load is growing rather than shrinking, and that the demands placed on the professional helper continue to expand, while his or her capabilities and energy decrease. Such people feel unsuccessful and incompetent in terms of their work, and become dissatisfied with themselves, their co-workers and the organization. In such instances, the professional helper is a typical candidate for burnout.

Workplace-Related Causes

– workspace that is too small and poorly equipped, lacking necessary resources
– inadequate indoor environment (too cold in winter, too hot in summer, humidity, noise, poor air quality, poor lighting)
– lack of a private sphere and constant contact with clients
– lack of space for confidential talks with clients
– considerable distance between colleagues or larger social centers

These types of workplace-related conditions can cause great frustration with all the negative consequences already discussed.

Causes Related to the Division of Labor / Time Management

– too many hours in direct contact with the clients
– deadline pressure and not enough time to reach goals
– excessive responsibility placed on a professional helper in relationship to the limited resources he or she has available to solve a problem
– being given responsibility for something without being given opportunities to influence or control a situation
– understaffed team for the tasks it needs to complete and the expectations of the organization
– too few breaks
– poorly defined organizational structure
– poorly defined roles, tasks and expectations
– poorly defined task assignments
– responsibilities with overlapping spheres of competence
– contradictory salary policies and privileges or perquisites

– lack of systematic, ongoing training which takes into account the changing needs of the professional helpers
– lack of contingency planning to provide a back-up for absent professional helpers, who can assume his or her workload
– lack of time and motivation for debriefings

Newly formed organizations unfortunately often suffer from organizational ineptitudes, which lead to unnecessary occupational stress, burnout and the rapid exhaustion of the professional helpers. Because helpers, due to their involvement, are exposed to special stresses and burdens, lack of proper time/work management can become a significant burnout factor.

Causes Related to Co-Worker Interrelationships within an Organization

– the psycho-social atmosphere within an organization and the types of relationships among the co-workers can be either stimulating or frustrating (e.g., collaborative or competitive, based on support or rivalry, trust or suspicion, confirmation or thwarting of co-workers' attempts at independence, feelings of stability or insecurity, etc.)
– decision-making and management style (e.g., rigid, authoritarian and centralist, without providing opportunities for co-workers to voice their own opinions, give suggestions, or have an impact on decisions from the ground up)
– lack of a clear organizational philosophy (mission) and vision
– lack of feedback on plans and results
– lack of willingness of an organization to take external information and experiences into consideration; limiting experience to the organization's own sector, where co-workers interact and exchange information only among themselves
– lack of a formal or informal system through which co-workers can offer one another support in occupational and private matters
– lack of team spirit and sense of group belonging
– unclear and unjustified advancement and remuneration policies

One of the major factors contributing to the prevention of stress and burnout is the relationship that professional helpers have with their colleagues and their superiors within the organization. Because stress in social occupations is primarily caused by working with people in need, stress relief is also largely dependent on human relationships. It should come as no surprise that relationships with other people within an organization can be a significant

burnout factor. Professional helpers occasionally come up against problems they feel they cannot handle. When they can count on the support and understanding of their colleagues, they feel less stress. The feeling of not being alone, but rather of being a member of a group in which others are confronted with similar problems, can be very helpful. Furthermore, most organizations have their own philosophy or existential justification which serves as an important psychological anchor.

An organization's decision-making and management styles are typical factors which can also exacerbate occupational stress. This is particularly true when professional helpers assist people in need in the field, where they are directly confronted with the situation and problems, whereas decisions are being made at the upper management level without any contact with the field personnel. Lack of feedback about the work of the entire organization or that of an individual helper can also contribute to stress, because the professional helper has no clear picture of the fruits of his or her labor, nor does he or she know what others think about the work he or she is doing.

Causes Related to the Type of Assistance Provided and Client Characteristics

- being faced with a large number of clients in permanent need of intensive assistance, which is particularly the case when infants and children who are severely traumatized and critically lacking in socialization are accepted into a care facility
- being faced with a large number of problems, which are not being solved satisfactorily and whose likelihood of a successful solution is dismal or which are extremely time-consuming problems with uncertain outcomes
- emotional exhaustion due to the constant awareness of the extreme needs of the clients
- similarity between the professional helper's own personal experiences and those of the traumatized clients he or she is taking care of

From this list of causes of stress and burnout, it should be evident that many of these causes are a function of working conditions, work/time management, inter-personal relationships within an organization, type of assistance being provided and the number of clients. These causes, which could be ranked equally if approached objectively, affect different people in different ways in terms of the extent of occupational stress, the different rates at which one progresses through the different stages of the burnout syndrome, as well as the differing stress syndromes and ways of coping with

stress. Some professional helpers tend to use self-help techniques and utilize their own resources to overcome or reduce stress (AJDUKOVIĆ/AJDUKOVIĆ 1994). Others rely mainly on measures provided by the organization to reduce stress in their employees. The best way is to combine diverse methods for coping with stress and use both self-help methods and those provided as support by the organization. It can be assumed that helpers who are familiar with self-help techniques will also try to initiate suitable improvements at the organizational level to protect both themselves and their colleagues (POTTER 1985).

Self-Help and Job Support in the Workplace

There are numerous means of reducing stress which can be applied in practically any work setting, because every job can result in negative stress consequences under certain conditions. The following discussion explores the diverse methods which can be applied to reduce the stress associated with the "helping" professions as well as techniques that help prevent burnout. Several of these methods are extremely important in maintaining the mental health of professional helpers and developing their self-help capabilities.

The first two steps consist of recognizing stress reactions and identifying their causes. The next step involves choosing a constructive stress-coping method. The word "constructive" does not necessarily imply that the main source of stress must be eliminated. It can also mean that the person develops an attitude in which the stress factors are less disruptive. Naturally, this is not a satisfactory solution in the long term, but it can help us gather the energy necessary to eliminate the causes of the stress. In any case, recognizing the causes of the stress is an important prerequisite for overcoming it. We should also be aware of the fact that there are diverse opportunities to combat stress. Of course, it is not always easy to determine the individual cause of a professional helper's stress, because frequently a whole series of triggers from various stress categories are present at the same time and because different stress factors can evoke the same reactions. Furthermore, the intensity and expressions of the negative consequences are very dependent on time and situation. The professional helper's inner dialogue and self-observation of his or her reactions are very helpful here.

One simple method for identifying stress triggers is monitoring and keeping track of unhappy thoughts which pop up in our minds when we are not doing anything; when we are alone, or right before we fall asleep. Another simple method consists of talking with someone you trust. Because of the stubbornness of the thoughts that accompany burnout, it is often easier for an outsider, particularly an expert, to recognize the causes of the stress. Recognizing the cause of the stress is important because it enables us to determine whether we need to change ourselves or the situation.

The next step is evaluating the relative significance of the individual stress triggers. Here, we take into account the frequency with which the thought of each individual stress factor comes up and the emotions that each of them induces. Any stress trigger which comes to mind more frequently and evokes more intense negative emotions will probably have a more severe impact on our work and our private lives.

This simple procedure can help us better understand the main causes for stress and burnout, especially when we are not sure what is causing the stress. It can also help prepare us for possible future stress situations.

The next step is developing a plan to reduce the stress and then to take action. This is probably the most creative part of the entire process, because diverse ideas and alternatives must be taken into consideration to arrive at our goal. It is important to develop a concrete, practical "action plan", because this helps us figure out a number of smaller steps and anticipate the barriers which stand in the way of our achieving our goal. The efficiency of this self-help plan is very dependent on the professional helper's work setting.

This brings us to another aspect which plays an important role in preventing burnout: strategies to help professional helpers. These strategies stand in direct relation to the general philosophy of the organization itself. If an organization realizes that it is responsible for taking care of the mental health of its employees, this is reflected in the organization's philosophy (mission).

Methods of Stress Reduction

Stress Reduction at the Personal Level

– selecting and hiring professional helpers on the basis of their motivation, qualifications and expectations
– appropriately preparing professional helpers for their work

– providing ongoing training opportunities to increase personal and occupational competence
– setting limits within which the professional helper can work successfully
– establishing efficient use of working time
– regularly setting priorities and scheduling tasks in their proper order
– orienting the professional helper's expectations toward realistic goals

Working Conditions
– creating safe working conditions
– creating suitable working conditions (space, toilet facilities, heating, cleanliness)
– providing an appropriate private sphere for both occupational and non-work-related aspects as needed

Division of Labor / Time Management
– clearly defining the goals of every social assistance program
– clearly setting forth the organizational structure and each professional helper's place within the organization
– clearly defining the distribution of tasks and expectations within the organization
– assuming responsibility for regular occupational supervision
– providing ongoing training in response to new occupational demands and requirements
– introducing regular debriefings, particularly after significant events
– introducing regular meetings of the entire team or of those professional workers within an organization involved in a particular project to provide an overall view of the work performed
– ensuring equitable distribution of vacations, recognition and salaries
– putting aside time during every work day in which the professional helper is not in direct contact with the clients

Relationships within the Organization
– creating a climate of mutual trust and support (both from a work and informal perspective)
– encouraging individual initiative and needs for ongoing occupational development
– promoting teamwork and team spirit
– fostering discussion between management and employees
– taking into account experiences made by other organizations

– holding occasional informal employee gatherings

Based on the above discussion, it should be clear that caring for one's employees and professional helpers begins with their selection and job preparation. People applying for a job must be informed about the goals, procedures and conditions of the work. Thus, every professional helper should know – prior to beginning the job – whether or not that job entails trips or longer stays outside his or her area of residence, or whether, for instance, working with refugees means night and weekend shifts. An organization should provide a complete set of information to allow the professional helper to judge for him- or herself whether or not that is the type of work he or she really wants. Only rarely is the basic education new hirees bring with them sufficient, because the knowledge and skills they acquired in their training are usually applied differently when they are just beginning their work with clients, than later when they have already gained more concrete experience. For this reason, during the course of ongoing education and training, it is vital that several questions already raised during their basic training be brought to the forefront again. Regular supervision is particularly appropriate in these cases.

Poorly defined job assignments are one of the most frequent causes of stress. That is why an organization should establish clear job descriptions for each employee. In many organizations, the idea that these issues are clear to everyone pervades upper management, even though it is often only upper management that is aware of the whole picture; in many cases employees do not appear to have a clear definition of the scope of their job. It is therefore important to ensure that there is sufficient vertical discussion – from the top down, as well as from the bottom up – within the organization. Steps should be taken to prevent professional helpers from being assigned conflicting tasks (for instance, making decisions about the distribution of vital, material goods to the clients and simultaneously providing psychological support to them).

From a psychological standpoint it is very important to give the helpers appropriate recognition for their work and to let them know they play a significant role in achieving the goals of the organization or of a specific project. Overburdened themselves with the problems of routine work and organizational difficulties, many supervisors take the good work of their subordinates and co-workers for granted. Since professional helpers receive only a limited amount of satisfaction from their work because the fruits of their assistance are often difficult to see, they need external feedback about

their work. It is often difficult for the professional helper to see these results, but if one is able to view the program as a whole, success becomes more tangible. It is therefore essential that regular meetings be held (for instance, every three months), to analyze the positive results and recognize each person's contribution. This is also a good opportunity to gather the entire team that worked at one place or with the same organization, so that members can share experiences and feelings, so as to support one another.

Seminars

Recognizing the need to actively protect the mental health of professional helpers and the fact that the capabilities required to do so are only very rarely included in professional or para-professional training, the Society for Psychological Assistance (SPA) has developed a training project that is particularly tailored to the psychological needs of professional helpers. SPA's goal is to foster the self-help capabilities needed to overcome and cope with occupational stress and to support people's own initiative to prevent burnout.

The concept of this training program is to develop self-help capabilities using a two-step approach:

– The first step is developing awareness: What are the first warning signals? What causes occupational stress and burnout at the personal level?
– The second step: Developing self-help methods that work best for each individual.

Throughout the entire training course, possible procedures for reducing stress and preventing burnout at the personal level are presented. These include:

– observing the stress situations and their consequences
– time management and priority-setting
– setting limits
– observing one's own inner dialogue
– developing self-encouragement methods
– relaxation techniques
– rest, regeneration, recreation
– facilitating work-related dialogues – supervision, consultation, debriefing

Three months after completion of a seminar for SOS Children's Villages Croatia, participants reported improved relationships with their colleagues, enhanced ability to set boundaries for their job assignments, less exhaustion and better communication within the team. All participants confirmed that the seminar helped them reduce occupational stress and that the newly acquired skills were easily applied to their daily work. Reports from the participants about measures prior to and three months after the seminar showed a clear improvement in time management and understanding of areas of responsibility, as well as significantly lower rankings on the burnout scale.

Conclusion

- The mental health of professional helpers is threatened by their work with vulnerable clients and persons in need.
- The extent of this threat to the professional helpers' mental health is the result of many diverse factors.
- It is possible to develop certain abilities on an individual level, and to create an environment within the organization which reduces occupational stress and burnout. Self-help techniques to reduce professional helpers' stress levels are not taught as part of standard vocational training. It is therefore the responsibility of each individual professional helper and the organization in which they work to initiate the necessary measures.
- It has been shown that intensive group courses providing emphasis on these issues, regular supervision for the employees, together with organizational changes are an efficient means of better protecting the helpers' mental health.
- Concern about professional helpers' mental health is not a luxury, but rather a responsibility at all levels of the organization, from individual staff members to management levels, all the way to overarching occupational associations.

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Training – Continuing Education – Reflection on Practice

Christian Posch

General Information about SOS Children's Villages

Children and adolescents enter SOS facilities due to a wide range of traumatic experiences. In their short lives, most of them have had to live through physical as well as emotional violence or sexual abuse; they have to cope with relationships with mentally ill parents or with their experience of having been neglected.

This article is intended to provide an overview of the training and continuing education opportunities offered to pedagogic staff members by the Austrian SOS Children's Village Association to enable them to adequately care for our children and adolescents.

The staff at the 25 SOS facilities in Austria deal with three different groups of "clients" (please refer to the figure). One client is society at large, which, via the Youth Welfare Office, commissions SOS Children's Villages with the care and upbringing of the children and adolescents until they become self-sufficient (capable of participating in social processes). A second client group is made up of the biological parents. Almost 90% of the children and adolescents who live in SOS facilities still have both parents, and some 99.5% have at least one parent (Fuchs et al. 1995). The most important and most immediate group of clients for the approximately 400 pedagogic staff members is comprised of the approximately 850 children, adolescents and young adults who live at the SOS facilities.

Professional Development Services for SOS Children's Village Staff

> SOS Children's Villages has evolved into a social service organization of considerable size. At its core it is a service enterprise centered around working with the child. The quality of its services for children and adolescents is based on each individual staff member's willingness (motivation) and ability (expertise, skill) to be of service to the child. (Vyslozil/Posch 1994).

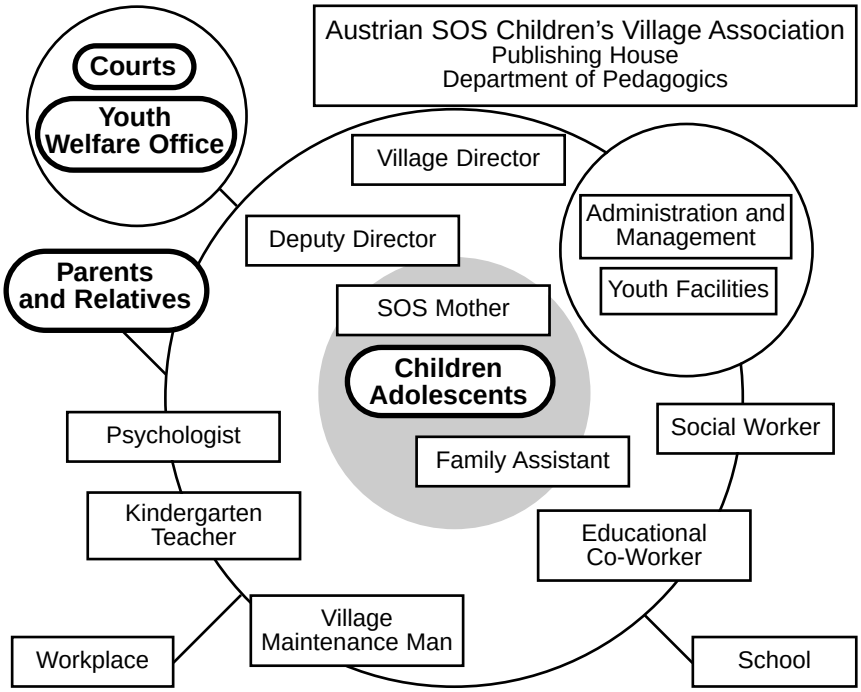

Figure 5: SOS Children's Villages and its major partners

The goal of the social pedagogy practiced at SOS Children's Villages is characterized above all by the long-term care given to children and adolescents in family-like units. Pedagogy is taken here to mean the conscious and focused shaping of interpersonal relationships, which occurs in a reciprocal process between educational actions and reflection on these actions (KUPFER 1992).

> The developmental possibilities of children and adolescents are fundamentally influenced by the interaction with adult reference figures and/or partners in relationships. This means that the thoughts, feelings and actions of the pedagogic staff directly influence the educational and child-rearing processes. How relationships with the children and adolescents can be shaped on the emotional as well as contextual levels depends to a great extent on the personality and qualifications of the staff members. (HEIM 1997).

This personal and professional qualification is essential for the four major pedagogic tasks of SOS Children's Villages. These tasks are (HRDINA 1996):

– *general pedagogic tasks* that aim to optimally develop the personal and social capabilities as well as the personality of the children and adolescents
– pedagogic tasks arising from children and adolescents living in *out-of-home care situations*
– *therapeutic tasks* aimed at healing psychological wounds and developing the resources of the children and adolescents
– tasks stemming from the *special structure of the SOS Children's Village*; a particular quality characteristic is that the children and adolescents are provided a constant and responsible attachment figure.

SOS Children's Villages provides ongoing pedagogic training as well as the necessary organizational resources to support its staff members in their care-giving work. SOS Children's Village staff should be self-motivated, highly qualified persons interested in a continuous learning process for themselves. The kinds of support offered are:

– training
– continuing education at both the professional and personal levels
– information about the organization's framework conditions

Training

It must be doubted whether academic training alone is truly preparatory for the social professions (PUDZICH/STAHLMANN 1995). SOS Children's Villages assumes that such training provides the theory and usually guidelines for action, and thus the basic qualification for staff members to work in the social professions. Ongoing life-long learning is, however, seen as absolutely vital.

SOS Children's Village staff members must have completed their training in at least one relevant field (PUTZHUBER 1996). For instance, staff members working for the Psychological-Therapeutic Service must have a university degree in psychology as well as completed a training program in psychotherapy. Those staff members with appropriate personal qualifications but no formal training are helped by SOS Children's Villages to pursue further education.

Training SOS Mothers

A woman who applies for the job of SOS Mother undergoes an intensive examination and then begins a two-year training program. During that

period the applicant can review her personal suitability for the profession of SOS Mother. During the first year she serves as a Family Assistant as practical training for her future profession. In the second year, she undergoes intensive theoretical training (1215 hours of classwork) focusing on diverse practical aspects at the SOS Mother Training Center in Mörlbach, Germany, and receives a certificate of completion once she has finished all courses. Over the course of the next three years the new SOS Mothers must attend a one-week seminar each year to reflect on their job.

Training SOS Children's Village Family Assistants
Beginning in 1997, SOS Children's Village Family Assistants undergo specific training to qualify them personally and professionally for their special tasks. The one-year training program includes a six-week orientation with a course in first aid, four one-week theoretical courses, as well as ongoing practical training (instruction and reflection).

Supplementary Training for Educational Co-Workers
Educational co-workers who are personally suited for this work but lack formal training (social workers, youth workers) must complete this training program alongside their work and are supported by SOS Children's Villages with financial and/or time resources.

Other Types of Professional Training Through Training Contracts
Staff members who complete supplementary training and education courses in their fields (for example, departmental directors who go through a leadership training course) receive both financial support and time off work from SOS Children's Villages provided they comply with a training contract. They must agree to work for SOS Children's Villages for one to three years after completing their studies.

Professional and Personal Continuing Education

The demands on staff members are constantly changing, just as society is subject to constant change. For example, the Austrian Youth Welfare Law, which was amended in 1989, has placed massive emphasis on collaboration with parents and relatives of children placed in out-of-home care. For SOS Children's Villages this meant that staff members not only had to learn new methods for working with parents, institutions and government agencies, but also had to reflect on and modify their personal beliefs and values with

regard to their work. This example indicates very clearly how important life-long learning is at both the professional and personal levels.

Continuing Education Programs at the Social-Pedagogic Institute
For the past two decades, SOS Children's Villages has offered a special continuing education program for pedagogic staff members. This program is offered at the Hermann Gmeiner Academy in Innsbruck, Austria, and is also open to professionals from other organizations. During the courses, which are generally held as seminars, participants have the opportunity to ask and work on subject-related as well as personal questions. Teaching methods include theoretical input and as well as self-experience.

Several topics from the 1996/97 program should give the reader an idea of the types of courses offered: "The Feldenkrais Method – Awareness through Movement", "Problem Children – Children's Problems", "The Importance of Biological Parents in the Identity Development of Children Placed in Out-of-Home Care", "The Significance of Mother and Father Figures", and "Sexual Violence Against Children".

Seminars at SOS Facilities
In response to current and specific issues, continuing education events are held at SOS facilities once or twice a year. In this way SOS Children's Villages reacts in a very flexible fashion to cope with the special needs of the facility (e.g., enrollment of several children with violent pasts).

Seminars Provided by External Continuing Education Institutions
Seminars on personal development as well as professional training sessions may also be attended at external institutions. Depending on the content of the seminar, staff members attending these continuing education courses receive financial support and/or time off work from SOS Children's Villages.

Courses
Since 1994 the SOS Children's Village Moosburg in Carinthia (Austria) in conjunction with the "Katholisches Bildungswerk" has offered courses to the public. The goal is to more intensively address important pedagogic issues from an interdisciplinary standpoint. The 1995/96 course, for example, covered the topic "Between the Child's Family and School".

Conferences
Starting with the "Children in the Spotlight" symposium in 1989, SOS Children's Villages initiated a series of conferences and congresses. These events have a dual objective: first, to intensively and directly examine special topics and their proponents, and second, to serve as a forum at which to publicly discuss the specific issues of youth welfare. The proceedings of several of the conferences have been published in book form (see References).

Knowledge about the Framework Conditions and Reflection on Them

Here, a distinction can be made between a *personal level*, which aims at having staff members reflect on the framework conditions of their activities, and a *structural level*, on which the organization reflects on the working and framework conditions on a regular basis.

The Personal Level:

Supervision
Supervision serves to clarify relationships (to children, co-workers, biological parents) and to reflect on one's own actions (pedagogic, organizational, therapeutic) against the background of the respective working conditions in order to attain new capabilities and additional competencies for one's professional life.

Since 1989, every pedagogic staff member can take advantage of supervision. Since 1994, rules differentiate between the individual professional groups. For some professionals (psychotherapists, new SOS Mothers), supervision is mandatory, namely part of the work contract, and therefore a must. SOS Children's Villages provides both time off from work as well as funding.

Continuing Education
For the directors of the pedagogic facilities, annual continuing education courses are provided for organizational aspects. Areas that received attention most recently were "Personnel Management" and a "Project Workshop with Follow-Up".

Annual Professional Group Gatherings
The various pedagogic professional groups have the opportunity to meet one day per year to reflect on their activities and their framework conditions, as well as for the open exchange of ideas.

The Structural Level:

Orientation Seminar
During their first year all new staff members must attend a basic information seminar on SOS Children's Villages and its services, organizational forms and framework conditions. At this seminar, they meet staff members from other SOS facilities and can thus develop a sense of belonging to the overall organization.

They are given background information about the Austrian SOS Children's Village Association, SOS-Kinderdorf International, and about the Hermann Gmeiner Academy.

Social-Pedagogic Institute
Since 1964, a Social-Pedagogic Institute has been part of the SOS Children's Village organization. Today it is a section of the Department of Pedagogics and is responsible for the specialized continuing education courses described above as well as for the scientific reflection on the practical work of SOS Children's Villages by means of surveys, statistics, documentation and studies (for published studies, please refer to the References). Furthermore, staff members of the Social-Pedagogic Institute facilitate the development of pedagogic concepts at the SOS facilities.

Social-Pedagogic Quality Development
The special consultants of this section of the Department of Pedagogics have the task of assessing on site and hand in hand with the people in the field the pedagogic practices at the individual SOS facilities and ensuring the desired future development. For this purpose, both of the special consultants visit every facility for a longer period of time each year, during which a comparison between the actual situation and the target situation is made.

A Look Toward the Future

To ensure that children and youth are taken care of by staff members who are as highly qualified and personally satisfied as possible, SOS Children's Villages has developed numerous, differentiated forms of support over the years. In the near future emphasis will be placed on establishing the quality standards for pedagogy and personnel management. This concerns the principles behind the pedagogic theory and practice of SOS Children's Villages as well as the pedagogic standards derived therefrom, such as a training and continuing education guideline that applies to all staff members. A very significant aspect will involve making these standards and guidelines transparent for the staff members.

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