An alternative way of assessing girls who have been sexually abused: Using Gestalt Therapy for assessment purposes

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This article reports on the findings of a qualitative study which explored the use of Gestalt therapy (initially intended for *therapeutic* purposes) during the *assessment* of young girls who had been sexually abused. The research employed a clinical case study design, situated within the context of psychotherapy outcome research. Nine intervention sessions were conducted with each of two primary school girls, with an analysis of existing documentation, interviews, observation, field notes, visual techniques, and a researcher journal being used as data collection and documentation strategies. Although various traditional assessment strategies exist for children who have been sexually abused, there has recently been some debate regarding the suitability of such techniques in a contemporary South African context characterised by diverse needs and interests. In addition, children who have been sexually abused often experience difficulties in identifying with traditional assessment procedures, suggesting the need for alternative strategies which could be employed with success. In this article it is argued that Gestalt therapy, and the techniques associated with the approach, might effectively be applied as a possible modality of intervening with this vulnerable group of children. Based on the outcome of the present intervention, it seems clear that such an alternative Gestalt-based assessment approach allows for the assessment of participants' emotional and behavioural functioning, as well as the defence mechanisms they employ in an attempt to escape reality and associated painful memories. As a secondary outcome, certain positive emotional and behavioural changes were detected subsequent to the intervention.

Children who have been sexually abused are often young and might consequently have limited abilities to describe and to understand the abuse that they have experienced. Many children also prefer not to speak about the abuse, as they are too scared or too shy to do so (Cathers, Fagin and Mulryan 2004; Leventhal 2000). As a result, there is an ongoing need for research relating to practical ways of, and guidelines for, assessing children who have been sexually abused. In particular there is a need for research regarding alternative forms of assessment for vulnerable children who often fail to relate to traditional assessment approaches and techniques (Leventhal 2000). South African practitioners in particular, who are increasingly required to deal with diverse clients, are in dire need of ways and means to effectively relate to, and deal with, children who have been sexually abused.

Being professionals in the helping discipline of Educational Psychology ourselves, we regularly face the challenge of assessing children who have been emotionally hurt as a result of sexual abuse. Consequently, we often wonder how we should approach such vulnerable children – continually being on the lookout for practical procedures that might be implemented with success. Based on the constant need for psychological assessment and intervention techniques, both in psychology and in related child-care professions, we undertook a qualitative study, exploring Gestalt therapy – which is traditionally used for *intervention* – as an alternative *assessment* technique for determining the psychological status of two primary school girls who had been subjected to sexual abuse.

Gestalt therapy was considered as it focuses on children's thoughts, feelings, and non-verbal behaviour; suggesting that it might be suitable for the assessment of sexually abused children. Our interest in this particular therapeutic approach, therefore, rested on our belief that children's bodies, senses, and feelings are better indicators of the truth than are their words; with words often being used to hide the truth from others, and from the self (Thompson and Rudolph 2000). We were specifically concerned to examine the use of Gestalt techniques in the assessment of young children, who did not yet possess the ability to describe their abuse, or who were too shy or too scared to do so.

As the manifestations and contexts of sexual abuse are diverse and unique to each case, we acknowledge that it is unlikely that one specific assessment approach will be successful with all

children who have been abused. However, we believe that Gestalt therapy is one possible alternate strategy for assessing primary school girls who have been sexually abused; an assumption which has practical implications for p sychologists and other professionals involved in child-care work.

CONTEXTUALISATION

Underlying Principles of Gestalt therapy

From a Gestalt perspective, a human being is fundamentally regarded as a biological being, subject to the same processes that regulate all living organisms. As such, humans have to continually strive towards creative self-actualisation and reintegration of their biological, emotional, and cognitive dimensions, whilst guarding against stagnation in their development (Maree 2004; Perls, Hefferline and Goodman 2003; Aronstam 1995). The Gestalt view of human nature correlates with our view of children as being capable of becoming self-regulating beings, who can achieve a sense of unity and integration in their lives.

For Gestalt therapists, the most important areas of concern are the thoughts and feelings that people experience at any point in time. This basic principle emphasises the potential use of Gestalt therapy as an assessment tool, in that psychological assessment aims to explore the feelings, thoughts, and behaviours of the person (child) who is being assessed. Gestalt theorists further maintain that people (children) tend to use words to hide the truth from themselves, and that their bodies and feelings are, therefore, better indicators of the truth than are their words (Perls et al. 2003; Thompson and Rudolph 2000; Oaklander 1988).

Alternative approaches to assessing sexually abused girls

Educational psychology can broadly be defined as the process of observing, gathering, and recording information in order to gain an understanding of a child's functional abilities and development within the family and community (Shonkoff and Meisels 2000; Cohen and Spenciner 1994). Traditionally, educational psychological assessment has relied on standardised procedures, as well as quantitative tests and techniques, which are drawn from different psychological approaches, and which investigate the various aspects of children's functioning: for example, memory and other cognitive abilities,

social functioning, emotional experiences, language, speech, and psychomotor skills (Lubbe 2004). Intervention traditionally starts after the completion of an assessment and typically focuses on the challenges identified during the assessment.

However, modern trends in educational psychological assessment have been characterised by a shift in focus away from psychometric testing and standardised procedures towards informal assessment techniques. The past decade has, in fact, been characterised by much debated changes and shifts in the ways that educational psychologists approach assessment and intervention. Theoretical advances, and practical experiences, have influenced each other and provided opportunities for exploring various modern assessment and intervention strategies (Thrift and Amundson 2005; Lubbe 2004).

This post-modern outlook holds that consideration needs to be given to the cultural relativity and diversity of knowledge, to various possible interpretations of texts, and to the idea that knowledge is relative to specific contexts (Maree 2004). For purposes of the study, we thus applied assessments at an individual level that went beyond the use of traditional educational psychological assessment techniques and methods. We collected information on an ongoing basis, at different times, and across multiple environments, using a wide variety of informal methods derived from Gestalt theory. In this manner, we added an additional dimension to the definition of traditional assessment, by focusing on measures of performances which required the client to create, produce, or do something which demonstrated skill or proficiency (McMillan and Schumacher 2001).

Gestalt therapy as an alternative assessment technique

For purposes of the study, we based our method of alternative assessment on the process of Gestalt therapy, as described by Rhyne (2001), Thompson and Rudolph (2000), Friedman (1999) and Oaklander (1988). However, the main goal of the activities we planned and employed was *assessment*, as opposed to the *therapeutic* goal of traditional Gestalt interventions. In an attempt to achieve our goal of psychological assessment, we included a variety of Gestalt-based activities during our sessions with participants, with these activities being planned in accordance with the unique needs and

interests of the participants. Techniques employed included family drawings, free drawings, the egg technique, the rosebush technique, the house and community plan technique, clay activities, and the construction and discussion of emotion circles. In addition, we employed collages, the castle technique, the storm technique, storytelling, writing activities, and activities with puppets (Thompson and Rudolph 2000; Kaduson and Schaefer 1997; Butler and Karp 1996; Venter 1993; Moore 1992; Oaklander 1988).

As the assessment progressed, we found that the use of Gestalt techniques as an alternative assessment strategy involved supporting the participants to allow them to express their feelings by means of creative activities. This strategy is consistent with the findings of Rhyne (2001), Thompson and Rudolph (2000), and Oaklander (1988), who state that the very act of 'creating' helps clients (children) to express their feelings and establish their self-identities. We further found that when participants were busy creating, they provided new information which differed from the information that had been communicated verbally; that is, participants expressed emotions that they found challenging to talk about, such as their negative emotions regarding the sexual abuse and the perpetrator. According to Rhyne (2001) and Oaklander (1988), Gestalt therapists are inclined to motivate clients to express emotions that are difficult to talk about.

The sessions that we conducted with participants in our study matched the different stages of the Gestalt cycle and typical activities that characterise these stages, as identified by Matthew and Sayers (1999), as well as Clarkson (1989). Our field work indicated that the Gestalt cycle – which is traditionally used during *intervention* sessions with *adults* – might be implemented successfully during the *assessment* of *younger children*. During the *sensation* stage of the Gestalt cycle, which is usually characterised by an initial blockage between sensation and awareness, both participants in our study were unable or unwilling to articulate what they felt concerning the sexual abuse (evident in the first three sessions). Thereafter, we found that the participants entered a stage during which they became aware of the sexual abuse, which then became the focal point of their consciousness (i.e., the *awareness* stage). In this manner, awareness could be used successfully during our Gestalt-based assessment, as it moti-

vated the participants to become aware of their experiences, sensations, emotions, and needs.

Both participants in our study seemed to reach the third stage (i.e., the *mobilisation* stage) towards the end of the research process, as, by then, both of them had reviewed their options, accepted some of these, and rejected others. In this way, participants reached a state of emotional and physiological arousal, during which they generated energy for movement and were consequently able to continue into the *action* stage; which was characterised by the participants' behaviours being recognised as significant and appropriate. Finally, during the *contact* stage of the assessment, both participants were momentarily taken up with that which they had created and discovered. They expressed feelings such as sadness, anger, and frustration with regard to the sexual abuse.

THE STUDY

We conducted a qualitative study, anchored in Interpretivism. In the following sections we describe the empirical study, in terms of the methodological choices we made.

Research design

We employed a clinical case study research design, situated within the context of psychotherapy outcome research (Bless and Higson-Smith 1995). Participants in the study were two primary school girls who had been sexually abused. Clinical case study research enabled us to offer the participants a service (an educational psychological assessment) in return for their participation in the research (Terre Blanche, Durrheim and Painter 2006). Although psychotherapy outcome research traditionally focuses on the efficacy of psychotherapy, the focus of our study was on psychological assessment. In all respects, the research complied with ethical guidelines for qualitative research (Patton 2002) and with the ethical guidelines of the Health Professions Council of South Africa (nd.).

Participants

We purposefully selected two primary school girls, who had been sexually abused, as primary participants in our study. Participant 1 was 10-years old at the time of the study. She and her brother had been placed in foster care when she was 2-months old, following financial difficulties experienced by her biological parents. After her foster father had passed away (when Participant 1 was 8-years old), her foster-

mother's male friend moved in with the family. Two years later the participant was allowed to start visiting her biological parents during school holidays. During one of these visits she told her biological mother that her foster-mother's friend had been abusing her physically and sexually (allegedly raping her) for a period of two years prior to her disclosure. District surgeons confirmed that the participant had indeed been sexually abused. At the time of our fieldwork, the perpetrator was awaiting trial and Participant 1 was living with her biological parents.

Participant 2 was 12-years old at the time of our study and residing in a children's home. She lived with her biological parents up to the age of seven, when her mother abandoned the family and left her in the care of her father. Besides physically abusing and neglecting her, her father raped and sexually abused her on a regular basis, resulting in her being placed in a place of safety and subsequently a children's home at the age of eight. Shortly after her placement in a children's home, the father was found guilty of sexually abusing her, for which he received a jail sentence.

The data

Multiple methods of data collection and data documentation were employed in the assessment process. First, prior to each assessment session, we analysed existing notes, reports, and internal documents written by social workers (Patton 2002), as well as official letters and communication documents containing background information on the participant residing in the children's home.

Second, we conducted individual, semi-structured interviews and informal discussions with both participants, and held discussions with other significant persons in the children's lives (i.e., educators and guardians/ parents) in an attempt to explore participants' experiences concerning sexual abuse (McMillan and Schumacher 2001). These discussions focused on the participants' background, their perceptions of the sexual abuse, their functioning at school and at home, as well as their emotions, behaviour, and experiences.

After obtaining relevant background information on the participants, nine assessment sessions were conducted with each participant. Assessment sessions took place on a weekly basis and lasted from 30 minutes to two hours; with each session incorporating Gestalt therapeutic techniques that were adapted to the unique interests and needs of participants. Throughout the various individual assessment sessions and interviews, we relied on observation as an additional data collection method (Terre Blanche et al. 2006). Simple observations occurred when the researcher, who conducted the individual assessment sessions, observed the participants while assessing and interviewing them; with participatory observation occurring when the researcher observed participants interacting with each other (McMillan and Schumacher 2001). These observations enabled us to gain insights into the meaning of the participants' gestures, non-verbal behaviour, body language, and bodily interactions (Terre Blanche et al. 2006). During the course of the study we also made field notes based on discussions, observations, and the assessment sessions to ensure that all collected information was documented. Our field notes further contained our reflections on informal conversations, interviews, assessments, moments of confusion, and the emergence of new ideas as the study progressed (Mayan 2001).

In addition to field notes, we employed visual data collection and documentation techniques to assist us in interpreting and corroborating the raw data we obtained by means of other data collection techniques (Cohen, Manion and Morrison 2000).

The researcher who conducted the individual sessions with the children took photographs of informal materials and activities produced during sessions, such as: drawings, paintings, activities with clay, and collages. Finally, we used a researcher journal for the duration of the study, in order to critically monitor the study's progress, to capture our ideas and reflections, and to underline any new insights we gained (Burns 2000).

Raw data were analysed in accordance with the qualitative data analysis approach of Marshall and Rossman (1989) integrated with the approach of Tesch (1990). For this purpose, all audio-recordings of the interviews and assessments we had conducted were transcribed. After studying the transcripts in detail, we noted ideas and then identified and analysed themes, categories, and patterns.

In addition, we studied and summarised emerging ideas, and identified themes contained in the background information and in our field notes, observations, researcher journal, photographs, and other visual data (Mayan 2001; Mouton 2001; Poggenpoel 1998).

RESULTS

Four main themes emerged from the thematic analysis, each of which delineates a psychological aspect of the participants that we were able to identify using our chosen mode of assessment. In addition to the assessment of emotions and behaviour made during assessment sessions, the thematic analysis enabled us to identify defence mechanisms employed by participants in order to cope with the abuse. In addition, we were able to identify changes that occurred as a result of the sessions conducted with participants.

Assessment of emotions

We were able to assess the emotional functioning of both participants by means of the alternative assessments we employed. For instance, both participants seemed to experience feelings of anxiety and fear. During the first session Participant 1 was observed as anxious and fearful. When the researcher, who conducted the session, closed the door, the participant had a scared look on her face and mentioned that her friend was waiting for her outside the room. During session two, Participant 1 confirmed these feelings of anxiety and fear as being generally present in her life, stating:

> When I go to the toilet at night and I sit on the toilet, I do not want to flush the toilet as it is freaky. It seems as if there is someone walking around in the toilet… Sometimes I sleep in my brother's room. I see a lot of white things hanging in his room. They look like ghosts. My mother's room is at the back of our house. I am scared someone will break down the door and kidnap me [all comments by respondents in this paper have been translated from the original Afrikaans].

In addition, Participant 1 verbally indicated that she felt anxious and fearful during a later session when she had to position herself and significant other people in her life on a map, and as a result imagined that the perpetrator was physically close to her.

Similarly, Participant 2 experienced feelings of fear and anxiety when thinking of the perpetrator (her father). She indicated her fear of his aggression by commenting: "The first time I heard my father's gun make a noise I was scared that my eardrums might burst." She seemed to experience increased feelings of anxiety and fear during the court proceedings, explicitly stating: "Then we went to court. Then we sat in a big hall. Then I got scared." During session seven she indirectly confirmed her general feelings of anxiety when responding to a stimulus (picture card) presented to her: "Someone breaks in and makes noises, and when they look again, he is not there. Then when they look behind them again, he is behind them. Then he stabs them with a knife or he shoots them with a gun." Based on responses like these, Participant 2 appeared to have feared that the perpetrator might harm her because she had testified against him in court.

The second group of emotions that we were able to assess by means of Gestalt-based techniques relate to feelings of aggression, anger, hatred, and rage. Besides narrowing her eyes each time she spoke, and thoughts about the perpetrator during contact sessions, Participant 1 displayed signs of aggression and anger while creating clay figures representing her foster-mother and the perpetrator (i.e., handling the clay roughly and using force to shape the figures). Her underlying feelings of aggression were clearly evident at the end of one specific session when she destroyed the two clay figures, breaking them up and throwing them away. Although to a lesser extent than was the case for Participant 1, Participant 2 also displayed feelings of anger and aggression toward her father (the perpetrator). In fact she appeared to harbour feelings of aggression and hatred toward boys in general, making comments like: "Boys should not live."

Further, we assessed both participants for abuse related sadness and depression. Participant 1 initially appeared sad (i.e., she seldom smiled or laughed). In addition, during the second session she was not able to identify one experience that had made her happy during the four years prior to the study. During the fifth session, when asked how a tree she had drawn 'felt' when people picked its fruit, she replied: "It makes my heart feel bad." In response to a question about the worst part of the house that she drew next to the tree, she replied: "The windows are too small to let in all the light."

During the contact sessions with Participant 2 it became apparent that she too experienced feelings of sadness and depression. Apart from negative experiences concerning her peer group, she seemed sad and depressed about her parents, responding to picture cards with comments such as: "Because it makes him sad, because he sees his family dead". With regard to the sexual abuse she had been subjected to, Participant 2 commented (during one of the later sessions): "I want to cry about what my father did", and later: "When bad stuff comes, life feels difficult for

me. Then life feels more bad than good."

Finally, the manner in which we conducted the assessments enabled us to assess a need for love, unconditional acceptance, support, and protection displayed by both participants. During session two, Participant 1 indicated that she preferred to visit her extended family, as she experienced them as people who partially fulfilled her need for love, acceptance, and support. During the fourth session she did, however, express a need for the protection, support, and closeness of her primary biological family, by placing a clay ball representing herself in the centre of a page, with the clay figures representing her family members surrounding her.

In the case of the second participant, an even more intense need for support, acceptance, and love could be observed. During session seven, when Participant 2 created a clay figure, she chose to create Father Christmas, who accepted and loved her. However, it became apparent that she was trying to fulfill this need by pleasing different people in her life (such as her peer group) in order to gain their acceptance and love. She further seemed to long for the love, acceptance, and attention of boys rather than girls. As this comment contrasts somewhat with an earlier comment that "boys should not live", it might be concluded that Participant 2 was probably experiencing ambivalent feelings towards males, based on her experience of sexual abuse.

Assessment of behaviour

The raw data we obtained allowed us to identify some of the difficulties participants experienced regarding their behaviour. Both participants displayed apparently inadequate social behaviour – on the one hand isolating themselves socially by withdrawing during social encounters, yet on the other hand longing for adequate social relationships and acceptance. For example, during the first two sessions with Participant 1 she withdrew; responding with short answers and only speaking when asked direct questions. Similarly, during session three it was clear that she preferred seclusion and feared intimacy. When asked if she wanted to invite her parents and her brother to come and live with her on an island she had created, she immediately said "No", thus effectively isolating herself and withdrawing from social interaction with others. Although to a lesser extent than Participant 1, the second participant also seemed to withdraw and isolate

herself (especially from her peer group) during the time immediately following the sexual abuse and immediately following the court proceedings.

Despite the participants' tendency to isolate themselves socially, both of them displayed a need for more adequate social relationships. Participant 1 indicated that she had been bullied at school, suggesting the possibility that she was experiencing poor social relationships at the time. However, she fantasized that she was involved in good social interactions with her peer group, signifying her need for companionship and regular peer group interaction. Participant 2 seemed to experience an even more intense need for social relationships. For example, during the fourth session, which focused on storytelling, she repeatedly emphasised her need for friendship, social interaction, healthy peer group relationships, and participation in age-appropriate activities with her peer group. At the time of the intervention, this participant's peer group relationships appeared to be inadequate, characterised by her being teased and bullied at school. In response to a picture card, she summarised this apparent lack of healthy peer group relationships: "He wants to play with the boy, then the other girls say no, I want to play with the boy, then they fight." As her comments of this nature generally related to boys, it might be inferred that the second participant's need for social interaction was gender-related.

In addition to a tendency to socially isolate themselves, and the need for adequate social relationships, both the participants seemed to shy away from challenging situations. Participant 1, for example, ran away after the perpetrator had physically abused her brother, as she felt powerless to help him. During session six she confirmed her tendency to run away from challenging situations by replying to a question relating to what she would do if her foster-mother fought with her as follows: "I can only run away." The second participant also displayed a tendency to run away from situations in which she felt helpless and powerless. For example, during session three, she said that she fled to their neighbour's house after her father had shot her baby sister.

In terms of the assessment of other behavioural tendencies, we found both participants to be physically agitated and restless at the time of our fieldwork. During the second session, Participant 1 appeared visibly restless – often standing up to look out of the window, or

at pictures on the wall. When she referred to the perpetrator, she constantly moved around on her chair and appeared generally restless. Several comments made by significant others (e.g., her educators) confirmed our observations. For example, her class teacher indicated that, before our sessions commenced, the participant often moved around in class. She apparently also fidgeted with her hands and feet on a regular basis. Although we observed Participant 2 to be less restless than Participant 1, she also seemed physically agitated and restless during some of the sessions. This restless behaviour could mainly be related to feelings of anxiety, which she experienced upon realising that she had to provide stories in response to picture cards. In addition, she appeared restless when discussing the family violence she had been exposed to at her parents' home prior to her mother leaving her in the care of her father. Her restlessness could be detected in her constantly fidgeting with her hands and looking around the room.

Assessment of defence mechanisms

During data analysis it became clear that the method of assessment we employed enabled us to determine the defence mechanisms that participants employed in an attempt to protect themselves from abuse related distress. First, participants seemed to rely on avoidance as a reaction to any discussions concerning the sexual abuse. Participant 1 even avoided thinking about the most recent years of her life – being the time that she was sexually abused. In addition, during one of the early sessions, upon being requested to elaborate on her foster parents' house, she avoided a discussion with the following response: "I cannot remember everything that was in there. Only my room and the bathroom. I want to go to the toilet now." Upon returning to the assessment situation, the participant sustained her attempt to avoid discussing a potentially painful theme by talking about her schoolwork. Participant 2 also appeared to employ avoidance as a defence mechanism. For example, during one of the sessions she asked whether or not she was going to be asked what her father had done to her, upon which she remarked: "No, no, no." She also said that she could not remember the sexual abuse, as she was too young at the time it occurred. It thus appeared that this participant continually tried to avoid questions or discussions relating to the sexual abuse, even after five years.

The participants also appeared to employ

suppression as a defence mechanism; more specifically suppressing memories regarding the sexual abuse. Participant 1, for example, commented during session three that the perpetrator did not talk to, kiss, or sexually abuse her. During one of the later sessions, after having constructed a castle, she commented that she had placed the perpetrator in the dark room of her castle because he had screamed at her when she indicated that she did not have any homework to do. Participant 2 also appeared to suppress memories about the sexual abuse. When asked (during session seven) if she could remember the sexual abuse, she simply replied: "No." In response to a question regarding whether or not the sexual abuse had angered her, she replied: "I do not know. I was small. I did not know" and later: "I cannot remember it. It was a long, long time ago." It thus appeared that this participant was suppressing her memories and emotions relating to the sexual abuse she had been exposed to, and for which her father had been imprisoned.

The participants also appeared to deny that the sexual abuse had taken place. In this regard, Participant 1 repeatedly denied any sexually related behaviour by the perpetrator. For example, in response to a question as to whether or not there was anything that the perpetrator did to make her feel unhappy, apart from him being nasty towards her, she replied: "No." Although Participant 2 did not deny that the sexual abuse had taken place, it became apparent during one of the early sessions that she did deny the negative feelings that she experienced towards the perpetrator, possibly due to him being her father. She commented that she wanted her family back, implying that she wanted her father back as well, and thereby denying any potential negative feelings that she might have harboured towards him.

Finally, the participants seemed to rely on escapism as a means of coping with their sexual abuse. Participant 1, who employed fantasy as a mode of escapism, often fantasised about birthday parties with her peer group, commenting: "We went swimming. Then we went to the Wimpy. The next day we had a 'sleepover party' at my friend." She, therefore, seemed to employ swimming as a means of cleansing and escaping from her painful experience. Participant 2 seemed to display an even more intense need to escape from reality than the first participant. Her response to individual picture cards confirmed her need to escape as, besides fantasising that

she had a loving mother who bought her clothing, she also fantasised about healthy peer group interactions. In addition, she fantasised that she possessed a car, a house and money, and that she was a model. This participant's actions during the fourth session emphasised her wish to escape from reality, as she commented: "I think I live in a big house, and, everywhere I go, there are cameras. When I walk out there should be cameras." During a later session she fantasised that she lived in America and that she had rich and famous parents. This tendency of the second participant to rely on fantasising in an attempt to escape from reality and the pain it implied, was further confirmed by the background information and documents provided by her social workers and caregivers, who reported that she had claimed that a man with a gun had kidnapped her, and that a second man had tried to shoot her while she was walking from school.

Assessment of treatment effects

From raw data obtained during the assessment sessions, our observations of the participants, and interviews with significant others in the participant's lives, we found that both participants displayed emotional and behavioural changes during the course of the intervention. Initially, Participant 1 engaged in a half-hearted and passive manner. She withdrew during the first few sessions, and tried to isolate herself by providing short answers to questions and requests. However, later in the research process (from session four onwards) she started expressing herself more adequately during creative activities. She also seemed to participate in a socially more acceptable manner in her peer group, as reported during interviews with her educators and as confirmed by our observations. The class teacher reported that she appeared less physically agitated and was able to prolong her concentration, focus, and engagement towards the end of the sessions. During the last informal discussion with her class teacher, the teacher summarised these changes by stating that Participant 1 was, in general, more relaxed and less fidgety during class activities.

Participant 2 seemed to become more assertive as the sessions progressed. Based on our observations, as well as those of her caregivers, her tendency to try and please people, in order to gain their acceptance and love, appeared to decrease. In addition, she showed changes in socialised behaviour in relation to her peer group, and decreased feelings of anger as evidenced by the following comments: "I am not as angry as I always was at the children's home. Then I always scolded people, but now I don't do that anymore…Then I became more friendly with them…Then I said I was sorry to everyone. Then I started getting a lot of friends."

With regard to changed emotions, our analysis indicated that, whilst Participant 1 initially appeared to be experiencing intense feelings of uncertainty, she seemed to gain more confidence and experience greater feelings of adequacy (especially with regard to her drawing skills) as our sessions with her progressed. In addition, her tendency to be frightened by environmental noises became less marked as the sessions progressed. As the intervention progressed (towards session six), this participant developed insight into her emotions and feelings (particularly in relation to the offender). She was thus able to display some of the feelings that she had not been able to experience prior to the intervention. Towards the end of the sessions, she appeared hopeful, believing that she might be able to grow into an emotionally stronger person as time passes.

As our intervention with Participant 2 progressed, it became apparent that she too developed an awareness of herself and her identity as a person. For example, during session six she said: "When they fought in my father's house, I became angry. When I came into the children's home, I took it out on other children." Remarks like these serve as an indication that, as our study progressed, this participant became aware of the fact that her negative experiences and feelings might have caused her to behave aggressively and inappropriately. As such, she seemingly displayed higher levels of emotional insight and self-discovery towards the end of our study, making comments such as: "Sometimes it feels like I can see through life, like what is going on with people and everything." She, therefore, became more aware of her own emotions, as well as the emotions of other people, and appeared to be more empathetic, as suggested by a comment made during session eight: "I don't think of myself anymore. I also think of other people, what they feel."

As was the case for Participant 1, Participant 2 displayed higher levels of joy and happiness as our sessions progressed. She appeared to experience hope for the future, and wanted to put the sexual abuse behind her emotionally, commenting: "…just a picture that explains everything that happened to me. I am putting it behind me

and I am going on with the good things." Towards the end of the study, Participant 2 appeared to be more focused on the present than on her past. In the final stages of our study (sessions eight and nine) she even started expressing negative feelings towards her mother, thereby displaying feelings that she had initially suppressed. She also appeared to experience feelings of adequacy more often, especially with regard to her physical appearance and school-work.

In addition to changes in behaviour and emotions, both participants displayed changes in their reliance on defence mechanisms. Whilst they appeared to rely strongly on defence mechanisms at the onset of the intervention, both participants seemed more willing to confront reality, and the circumstances of their lives, towards the end of the research process. For example, as the study progressed, Participant 1 no longer avoided activities relating to her foster-mother and the perpetrator; while Participant 2 seemed more willing to discuss the sexual abuse towards the end of the study. During session seven, Participant 2 was even willing to discuss how the sexual abuse had made her feel, saying: "I want to cry when I think of what my father did to me.' In addition, she seemed to be emotionally less burdened towards the end of the study, indicating that she experienced less of a need to escape: "…I put that with it to show that I feel freer."

DISCUSSION

The assessment of children who have been sexually is a challenging task, as such children may have poor communication skills and experience high levels of emotional distress (Geldard and Geldard 2002). We found this to be true in the case of both participants in our study, who experienced difficulties communicating during the first two sessions, especially in relation to the sexual abuse they had experienced. However, we found that these challenges could be partially overcome by means of alternative Gestalt techniques, which focused on non-verbal cues and behaviour. The present research found that such techniques could be successfully implemented with participants who were initially shy and afraid to discuss the sexual abuse they had been exposed to.

Further, we found that alternative assessment based on Gestalt techniques enabled us to address some of the limitations of standardised assessment procedures, as the techniques accom-

modated diversity, and were effective regardless of the participants' backgrounds. We found that the alternative assessments appeared to be exerenced by participants as relevant, interesting, and safe; possibly as a result of the fact that the activities we included were similar to those that form part of the participants' daily lives and play-worlds. We, therefore, recommend the use of such alternative assessments with young children, based on our findings – which are consistent with the work of McLean 1996; Worth-an 1996; Hutinger 1994; and Linder 1991 – that alternative assessments might be more effective than traditional assessments in providing a clear picture of the individual child, and a rich understanding of the psychological and emotional effects of a traumatic experience.

The assessment procedures we employed enabled us to assess the psychological functioning of the children who participated. Although the two girls in our study are unique beings, they displayed similar patterns of holistic functioning after being exposed to sexual abuse, which we could successfully assess in an alternative manner. In terms of emotional consequences, both participants evidenced feelings of aggression, sadness, depression, and anxiety. In addition, one participant seemed to harbour ambivalent perceptions and feelings towards boys (feeling angry and aggressive, yet longing for healthy contact). This finding is consistent with the findings of Hartman (2002), who found that girls regularly experience hatred and fear towards males, particularly after they have experienced sexual abuse by male perpetrators. Both participants expressed feelings of inadequacy and uncertainty, and, as a result, appear to have developed negative self-concepts – a finding which is characteristic of many children who have been sexually abused (Hornor 2004; Du Plessis 1999; Hartman 2002).

Unlike Participant 1, Participant 2 displayed feelings of abandonment and rejection – probably due to her placement in a children's home. However, in line with the findings of Hornor (2004) and Van Schalkwyk (1990), Participant 1 experienced nightmares and sleep disorders, confirming her feelings of fear and anxiety, as well as high levels of abuse related trauma. Both participants also experienced feelings of loss, guilt, and shame, and tended to shy away when asked to talk about the abuse; thereby displaying a typical reaction of children who have been sexually abused (Hornor 2004; Möller 2004; Mulryan, Cathers and Fagin 2004; Rape

Wise 2004; Shaw 2004; Tyler 2002; Hartman 2002; Du Plessis 1999).

On an interpersonal level, both participants seemed to fear intimacy and displayed the need to be loved, protected, and accepted unconditionally. They also presented a need for companionship, healthy social interaction, and regular involvement in peer group activities and age-appropriate play. Based on their limited levels of social skills and confidence, the participants tended to try and please people in an attempt to gain their friendship and acceptance. Both participants tended to avoid challenging social situations. This tendency towards social isolation seems ironic in the context of the participants' expressed needs for healthy social interaction on a regular basis. Concerning cognitive consequences, the participants experienced difficulty concentrating, with associated fluctuations in school performance. Hornor (2004) and Du Plessis (1999) confirm that such concentration problems are a typical consequence of child sexual abuse.

In terms of physical consequences, we found that both participants seemed agitated and restless, a finding which is consistent with the findings of Möller (2004), and Freeman and Morris (2001) who also noted restlessness and hyperactive behaviour in their sample of sexually abused children. We did not, however, observe any sexualised behaviour during our assessment. A possible reason for our failure to observe such symptoms might be due to the fact that sexualised behaviours tend to be developmentally specific, often only emerging during the latency period (Mulryan et al. 2004; Dammeyer 1998; Kendall-Tackett, Williams and Finkelhor 1993; De Young 1986). Another possible explanation might be that the format of our assessment activities did not specifically focus on the assessment of sexual symptoms.

Further, we found that the participants employed defence mechanisms such as avoidance, denial, escapism, fantasising, and suppression in an attempt to protect themselves against the emotional distress of the sexual abuse they had experienced. As such, we can conclude that both participants relied upon defence mechanisms to protect themselves against feelings of anxiety and trauma related emotional hurt.

However, as our research progressed, we found that the participants' levels of emotional and behavioural functioning seemed to improve, possibly as a result of the alternative intervention strategies we employed. Towards the end of the intervention, the participants no longer appeared to experience such intense feelings of aggression, anxiety, and sadness. In addition, changes that the participants underwent during the intervention appeared to have resulted in an improvement in their interpersonal relationships and communication skills.

CONCLUSION

Reflecting on our study findings, we are able to conclude that Gestalt techniques can be used successfully and effectively in the assessment of primary school girls who have been sexually abused. Although one person's solution is not necessarily that of another, our study confirmed our belief that different *therapeutic* models and approaches are useful when applied within the context of *alternative assessment*. In our study, a focus on Gestalt therapy offered the two participants an opportunity to express their feelings, thoughts, and experiences, especially regarding the sexual abuse they had been exposed to. Furthermore, our selected approach and Gestalt-based activities provided the participants with the opportunity to express their emotions in a safe and secure environment.

We can, therefore, conclude that alternative assessment based on Gestalt therapy can be effectively applied as a possible assessment modality for children who have been sexually abused. In addition, assessment in this format can be employed to determine the behaviour of children who have been abused, as well as the defence mechanisms that children might employ in an attempt to escape reality. As a secondary outcome, this form of assessment would also appear to serve the purpose of intervention, resulting in some changes in the emotional and behavioural functioning of participants. In other words, the present findings suggest that emotional healing is likely to commence in the context of the assessment process.

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