Assessment Report:
Focus on Issues Related to Sexual Victimization

This report is private and confidential. It is a clinical report completed for the purposes of treatment planning. As a Trauma-Focused assessment is not intended to render opinions for court purposes. Use of this report for purposes other than the original intention may not be valid.

Client: Zaria Grillo-Newton

Date of Birth: June 1, 2018

Age at Assessment: 5 years one month

Date of Report: August 22, 2023

Clinical Assessor: Esther Herschberger MSW RSW

Referral Information:

Zaria was referred by Brianna Boyd from Children and Family Services of Grand Erie. Zaria was sexually abused by her biological father on multiple occasions. The sexual abuse was verified, charges were not laid. The purpose of the assessment is to explore the impact of sexual victimization on Zaria's current functioning and to determine her strengths and treatment needs.

Sources of Information:

a) Clinical Interviews:

1. Interview with Zaria, Melanie (mom), and Lynn (meemaw) conducted by Esther Herschberger MSW RSW on July 28, 2023
2. Interview with Zaria, Melanie (mom), and Lynn (meemaw) conducted by Esther Herschberger MSW RSW on August 4, 2023
3. Interview with Zaria, Melanie (mom), and Lynn (meemaw) conducted by Esther Herschberger MSW RSW on August 10, 2023

b) Collateral Documents Reviewed:

Common Tool for Intake (CTI) prepared by Emma Katchanoski, BA, SSW, RSSW, Referral Coordinator, Thrive Child and Youth Trauma Services

Letter from Ashley Ciccone, Child Protection Worker, Child & Family Services of Grand Erie, Dated Sept 26, 2022.

Psychological Screening Report prepared by Sheryn Ricker, DipCS, CPsychAssoc, Member of the College of Psychologists
Thrive Child and Youth
Dated August 2023
Psychological Screening Tools completed by Melanie Grillo:
Child Sexual Behavior Inventory (CSBI), Mental Health Questionnaire for Children and Youth (MHQ-CY), Parenting Stress Index – Fourth Edition (PSI-4), Trauma Symptom Checklist for Young Children (TSCYC)
Psychological Screening Tools completed by Lynn Grillo:
Child Sexual Behavior Inventory (CSBI), Mental Health Questionnaire for Children and Youth (MHQ-CY), Parenting Stress Index – Fourth Edition (PSI-4), Trauma Symptom Checklist for Young Children (TSCYC)

General Approach to Assessment:

Zaria was age-appropriate in her presentation and her affect matched the experience. She responded to all questions and complied with activities with guidance. Melanie and Lynn were committed to the assessment. They attended the sessions and provided Zaria with emotional support throughout.

Family Functioning:

The following family information is based on Zaria's self-report, on interviews with Melanie and Lynn, and collateral documents. A family interview was not conducted as part of this assessment.

Zaria currently lives with her mother, Melanie, and Jim, a long time friend of Melanie's who is not a caregiver for Zaria. Zaria visits her mee-maw (maternal grandmother, Lynn) almost every day. Zaria said her favourite person is her mom. And she knows that mom loves her.

Zaria's biological father and her mother were in a casual relationship when Melanie got pregnant. They did not commit further in their relationship, though the father suggested getting married. Melanie wanted to keep the baby. Melanie said he displayed a lot of "red flags" and she did not want to be in a romantic relationship with him.

There was a custody dispute when Zaria was only a few months old when the father wanted to take the baby over night while Melanie was still breastfeeding. The case was opened in court and eventually came to a custody agreement where Zaria spends every other weekend and Tuesday nights with her father.

Since Zaria's birth, child welfare has been involved with the family twice. Once for a domestic and another for custody.

Visits with her father changed after the sexual abuse disclosure. Recently, he got a court order to be able to see Zaria 5 hours a week, under the supervision of his mother. Melanie and Lynn are concerned and unsettled by this arrangement. They both have a fear of the father continuing to hurt Zaria.

Despite the court involvement and sexual abuse experience, Melanie tries to let Zaria be a carefree child. She tells Zaria that she is the bravest, smartest and kindest child.

When it comes to setting rules, Melanie and Lynn talk about the expectations and when they are not met, they talk through the situation with Zaria. They do not use punishments. Lynn said that sometimes when they ask Zaria to do something and she refuses, they give her a minute and Zaria will come back suggesting doing the activity as if it was her idea.

Zaria displayed through a sticker activity that she feels very safe with her mom. She feels safe with Lynn. She feels brave with both mom and meemaw. She loves her mom a lot! And she loves Lynn too. She does not feel safe with, nor does she love her father.

The PSI-4 profile from Melanie indicated that she experiences significant stress arising from Zaria's high activity level and difficulty attending to directions. Her short attention span and distractibility are associated with problems complying with directions and cooperating, which may sometimes feel overwhelming to Melanie. Although Melanie does not identify a strong social support network, she does present as reasonably confident in her child management skills.

In Lynn's PSI-4 profile, she indicated, though there were no overall domain elevations, items worth noting are that Zaria tends to overreact to changes in routine creating challenges in establishing new or changed schedules. From Lynn's perspective, Zaria has difficulty adjusting to strangers and, once upset, may be resistant to the calming or soothing efforts of her parent or caregiver.

Developmental History and Physical Health:

Zaria is overall healthy. Melanie and Lynn are connected to doctors and went to see doctors when Zaria first made the sexual abuse disclosure.

Zaria sleeps in the same bed as her mother. She needs mom there to fall asleep, but after she is asleep, Melanie gets work done.

Zaria helps with cooking and is open to trying new foods. She loves to learn about food.

Zaria does not experience nightmares, headaches, or stomach-aches.

School Functioning:

Zaria is currently being homeschooled. This was a decision made after the disclosure. They have lots of activities including catching tadpoles, biking, cooking and gardening. Zaria is also good at math and science. The caregivers did not state any concern related to Zaria's schooling.

Zaria is going to kindergarten next fall. She said she is "ok" with kindergarten.

Social/Emotional Functioning and Expression:

Melanie said that Zaria is a very social girl, she will chat up everyone in the elevator. There was some concern with Zaria being too friendly with men.

Zaria gets along with many friends and cousins. There are a variety of genders and age. She does not argue with her friends. Melanie said Zaria is very nurturing and caring towards her friends, she plays a "protector" role.

Zaria spends time with friends playing soccer, basketball, and swimming.

Zaria has developmentally appropriate ways of expressing and managing her emotions. When she got uncomfortable with some of the assessment activities, she went towards her mother for hugs. She also went into the egg-shaped chair for comfort. Zaria could identify emotions, and could match her experience to new emotion words.

Zaria communicated that she feels worry with 4 stamps. She gets mad or angry with 3 stamps. She gets sad with 1 stamp. She gets scared with 3 stamps.

Based on the MHQ-CY and TSCYC of both Melanie and Lynn, the areas of concern are anger/aggression, posttraumatic stress and dissociation. Children with anger scores at the level seen here are often viewed by others as irritable, hostile or aggressive. Posttraumatic stress shows up in Zaria as viewed by others as irritable, hostile or aggressive. Attention and concentration problems and hypervigilance (preoccupation with danger) also occur. In the dissociation area, children with scores at this level are often seen by others as withdrawn, preoccupied, in a daze or spaced out ad or interpersonally nonresponsive. They may appear inattentive and absent-minded.

Recreational Interests and Functioning:

From information on the intake form, caregivers said that Zaria tried karate and swimming but she was a determined free spirit, being given instruction is not her favourite activity. There are other homeschooling groups that do activities together which Melanie keeps her involved in – things like treetop trekking.

Zaria needed some prompts on her interests but agreed with what Melanie and Lynn brought up. Melanie and Lynn said Zaria likes to dance, be creative, sing, and collect herbs. Zaria participated with the singing and dancing therapeutic activities.

Response to Guidance and Rules:

Zaria is a strong-willed child. Sometimes she needs some space and will decide to comply with the request when it feels like her idea. Zaria is never “in trouble”.

Through the MHQ-CY, Zaria’s mother and grandmother each indicated very elevated levels of concern with respect to her involvement in behaviours not typically seen as socially acceptable. Cruelty, bully or meanness to others, destruction of property belonging to others, and getting into fights were all endorsed as problematic. Moreover, Zaria is seen as significantly oppositional and defiant. She is described as arguing a lot with adults, being angry and resentful, blaming others for her mistakes, becoming easily annoyed by others, and losing her temper.

Presumably, Melanie and Lynn did not voice the severity of concerns in session because Zaria was present in the room.

Parental Perception of Strengths:

Melanie and Lynn said Zaria is good at tidying up. She is kind and smart. She takes the dog out for walks and takes care of the chickens.

Sexual Health and Development:

After the sexual abuse disclosure, Melanie put more effort into teaching Zaria the anatomically correct words for private parts. Specially making the distinction between the urethra and the vagina and knowing that there is no reason someone should be touching your vagina when you go to the bathroom. They refer to the anus as the “back hole”.

Zaria said that mom is the only person to give her baths. She can go to the toilet independently.

During the session, Zaria completed the gender unicorn activity. She said her gender identity is a little bit of other genders, her gender expression is very feminine, she was assigned female at birth, and she is 100% emotionally attracted to women and 10% emotionally attracted to men.

Zaria recognized that she had experienced inappropriate private part touching.

Secrecy, Safety, and Consent:

Zaria knows a good secret is something like a birthday surprise. She did not understand what bad secrets were.

The writer showed the family “the boundary song”. Melanie was supportive in continuing to explore the idea of boundaries at home. Zaria now sings the song often at home.

Zaria did not give a clear answer when asked what she should do if her father were to touch her private parts again. The writer directed Zaria to tell safe adults if something bad happens again.

Victimization History:

From the letter provided by child welfare, it detailed the following. Zaria speaks of her father putting a green “gummy bear” in her anus when she was laying on her tummy on her father’s bed. She stated that the “gummy bear” had crumbs at the bottom of it and it was supposed to melt. Zaria said that her father asked if it was OK to put it in her anus and she said no but he did it anyway. Zaria spoke of tasting the “gummy bear” and it tasted of “green yucky apples”. Zaria also spoke of her father putting something in her anus that looked like a “tree stump” but with “the branches cut off”.

Zaria was very avoidant in talking about the abuse experiences and wanted Melanie to tell the writer. Melanie insisted that this was Zaria’s experience so she should tell it herself.

Zaria communicated that the abuse made her feel sad, scared, angry, and confused. She also said she was brave. When given the option of her, Melanie, Lynn and her father, she said that she was the one hurt in this situation.

In the third session, Zaria revealed some details of the abuse under the encouragement of her mother. Zaria said it happened inside her father's house. There was a stump at the door with something blue inside. She did not say what the blue thing was. She said the abuse happened in the bedroom. She said her father’s penis touched her vagina. Zaria said there were grey bed sheets on the bed. And there was rope tied around her

waist and around her arms. She put a band-aid on her heart to symbolize her emotional pain.

Zaria disclosed the details of the abuse to the Office of the Children's Lawyer and that person responded with "oh." This happened in the past month. Zaria was confused by this response.

Disclosure Response:

August 2022, Zaria made comments to mom after an access visit with dad that he put something in her anus. Melanie believed her and went to the doctor to assess her condition. Zaria did not make a disclosure to police. Father denied the allegations and said the redness of the anus was from Zaria defecating in her underwear and sitting in it, causing a diaper rash. The family could not press charges.

During the assessment, Zaria said she did not remember going to the police. She did not know why she had to go to the police. Melanie said they provided a blanket and stickers to help Zaria feel more comfortable. Zaria said she did not feel sad, scared, angry or brave at the station. She felt a little bit safe and a little confused.

Zaria communicated that she felt angry at her father. She thinks that what he did to her doesn't make sense. She feels scared of her father.

Response To Victimization:

At the time of intake, Zaria was ok as long as her father is not mentioned. When he is mentioned, she immediately shuts down and takes a long time to recover – seems like she is reliving the moments of abuse. If you push her to come out of it before she's ready – she can get aggressive – swiped at mom with scissors once when speaking with a CAS worker.

The word "pyramid" was Zaria's word for penis before she knew what penises were. Seeing and hearing the word "pyramid" reminded her of the abuse, mom worked hard with Zaria to distinguish the two things.

During the assessment sessions, Zaria was still reluctant to talking about the abuse but is more aware of her present safety.

Zaria said that other reminders of the abuse include green apple flavour, a bear shape, and grey pickup trucks.

Responsibility Issues:

Zaria communicated that the abuse was 100% her father's fault. When asked, "do you think this happened because you were a bad girl?" she said, "I didn't do anything wrong!"

Zaria said that her father never asked her to keep the abuse secret. She would say "no" when he began to abuse her, and he continued his actions. She could not remember what words he responded with.

Summary of Strengths and Concerns

Strengths and Protective Factors:

Melanie and Lynn are very supportive and safe adults for Zaria.
Zaria has lots of activities in her life that are of interest to her, including biking, cooking, and taking care of animals.
Zaria has good social skills, a wide circle of friends, and gets along with people.
Zaria is doing well with schooling and presents no cognitive concerns.
Zaria is confident that the abuse was not her fault and does not have internalized shame.
Zaria is open to trying new foods and likes to help prepare food.

Concerns:

Zaria is highly avoidant to talking about the abuse. This is an issue clinically but also affect the court and custody process.
Zaria rated her worry at 4 stamps, feeling mad was rated 3 stamps, and scared was also rated 3 stamps.
From the psychological screening questionnaires, Zaria appears to be struggling with managing anger, posttraumatic stress symptoms, and dissociation.

Recommendations:

The following recommendations are written in no particular order. It is unfeasible to address all the concerns at once, however, each recommendation will be brought up in session before the end of therapy.

1. Zaria's avoidance of talking about the abuse contributes to the intensity of emotions around the memory. It is advisable to use mindfulness based or skills-based modalities to help Zaria gain strategies to manage difficult emotions evoked by the memory of the abuse. Mindfulness strategies can help Zaria

assess the present for what it is and distinguish past or future emotions in the way of engaging with the present.

2. In the area of emotional functioning, Zaria is experiencing some posttraumatic symptoms that show up as hyperactivity, hypervigilance, attention issues, and aggression. Zaria highlighted that she experiences a lot of worry, anger, and fear. It would be worth considering educating the caregivers of Zaria that these symptoms are a result of the trauma and though we will talk about emotion regulation, addressing the trauma directly will likely result in a decrease of these symptoms. If needed, provide the caregivers with support in managing these symptoms.
3. Once Zaria has the emotional range to engage with the memory of the abuse, it would be worth considering TF-CBT for her to make sense of what happened and to integrate the abuse into the greater story of her life.
4. Zaria is learning about boundaries and the importance of saying “no”. It is advisable to encourage these self-advocacy skills in daily life and related to sexual abuse.
5. From Zaria’s perspective, she does not understand what happens after she makes a disclosure of abuse. It can be challenging to make disclosures to child welfare, police, OCL, and other adults. It is advisable to use various activities to explain to Zaria the importance of telling adults about abuses that happen and to know which adults are safe to talk to.

Esther Herschberger

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