

Nonetheless, there are enough strategies available for parents to select from, with the option to work up to some of the harsher or more embarrassing strategies. It should be noted that the chapters on teen pregnancy and alcohol and drug abuse have an American flavour, which may not translate directly into an Australian context. There may be some differences in approach to the fear of teen pregnancy between Australian and American parents. Further, the strategies outlined in the alcohol and drug abuse chapter rely heavily on drug and alcohol testing, which isn't prevalent in Australia.

Step 6 involves the mobilising of outside helpers to provide support and the strength in numbers. This chapter emphasises the need for parents to avoid handing over their authority to police, judges, medication, schools, hospitals or probation officers. Instead Dr. Sells describes a process of creating a village to support the parents who are managing an extreme teenager. Included in this village may be extended family, neighbours, work friends or boss and congregants from local churches or synagogues. Dr Sells provides ideas as to how parents can request help from others and how to designate roles for each helper to play. Counsellors can be a part of this village too. However, Dr Sells emphasises the importance that outside helpers should only take on support roles, as ultimate control needs to rest with the parents. Otherwise, when the support stops the adolescent is likely to revert to old behaviour patterns, as the parents have not truly regained authority.

Step 7 tackles the need for parents to reclaim love in their relationship with their teenager. This chapter helps to address the love lost through years of conflict between teenagers and parents. The practical strategies that Dr. Sells offers to restore a nurturing parent-child relationship are full of warmth and are presented with the responsibility of this role to be instigated by the parents. He also gives careful warnings to parents about likely responses of adolescents which may deter the parent from continuing to attempt to reclaim love and place the adolescents behaviour in context of an anticipated event rather than a personal attack on the parent.

It is also important to note that whilst Dr Sells presents a comprehensive step-by-step program for parents to work

through, he also provides careful instruction to parents as to when it is essential to involve a qualified counsellor. This occurs through the book and is generally recommended when there are safety concerns, serious family issues or highly challenging strategies are being implemented. Dr Sells is non-judgemental when addressing the link between serious family issues and the 'out of control' teenager, but is firm in indicating the need to get outside help on top of implementing his step-by-step program. He also provides guidelines for how to find a competent counsellor to assist parents, though at this stage I believe the listing are only for the U.S.A. A further feature of this book is the provision of on-line support via a website Dr Sells has provided to link parents of 'out of control' teenagers, and provides a forum to discuss problems and offer support, guidance and encouragement.

This book is specifically designed for parents who are at a loss as to how to cope with the 'out of control teenager', though its application is more wide reaching. The free-flowing and accessible use of language makes it an easy and enjoyable read for all. Parents of all teenagers are able to benefit from the Dr Sells' wisdom in the chapters addressing writing 'iron-clad' contracts, troubleshooting, button pushing and regaining love. Some families may only need to implement some of the strategies in these chapters to get things in their house back on track or prevent difficulties. Other families would gain significantly from the strategies to challenge the adolescents '7 Aces'. Further, this book is also highly recommended for all professionals working with families, especially when the parents come to seek out assistance with managing a difficult teenager. For those professionals who specifically work with adolescents it is also a useful resource, though some adaptations are necessary if the adolescent is the client. .

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A Child Called 'It'

Dave Pelzer

London: Orion Books Ltd. 2002 edition

There is a book that had been on the best-seller lists in the UK (and presumably the US) for 66 weeks at the time of writing this review (April 2002). The book had sold a grand total of 694,000 copies in the UK alone. According to *The Observer* Bestseller Lists, the author had three other books in the Top Ten and one of those had sold more than a quarter of a million copies and been in the charts for six months. The author's name? No, it is not Stephen King. It is not John Grisham either. Nor is it Danielle Steele or Joanna Trollope.

Dave Pelzer is not a name that is well-known in Australia, but he is something of a celebrity in the northern hemisphere. His books are autobiographical and selling like the proverbial hot cakes that Dave himself presumably never had

as a child. For Dave was beaten and starved by his alcoholic, sadistic mother and he has written this book as his story of surviving appalling child abuse. It was the title that first grabbed my attention. Bernadette Saunders and I have written of the gender loss of children who have been abused and the willingness of so many to objectify a child by calling him or her 'it' (Goddard & Saunders 2000). I wrote in the *Age* (Goddard 1993) of how Daniel Valero was called 'it' at the coronial request into his brutal death.

Dave Pelzer dedicates *A Child Called 'It'* to his own son and to the staff at the Thomas Edison Elementary School who, on 5 March, 1973, saved his life by calling the police. The first chapter, entitled 'The Rescue', describes that day in

California. It starts with his mother striking him in the face and knocking him to the floor when she catches him with his hands out of the scalding hot washing-up water. He finishes the dishes and his other chores and is rewarded by being allowed to eat the leftovers of one of his brothers. His mother takes him to school and her final words are 'Tell 'em you ran into a door ... have a nice day'. (2002:5)

The day at school starts with a routine examination of young Dave's injuries by the school nurse. He takes off his shirt, with 'more holes than a Swiss cheese' that he has been forced to wear for two years:

While I stand clothed only in my underwear, the nurse records my various marks and bruises on the clipboard. She counts the slash-like marks on my face, looking for any she might have missed in the past. She is very thorough. Next, the nurse opens my mouth to look at any teeth that are chipped from having been slammed against the kitchen tile counter top ... she stops at the old scar on my stomach. 'And that', she says as she takes a deep swallow, 'is where she stabbed you?' (2002: 6-7)

Dave was a 'bad boy' according to his demented mother. His punishments included having his arm held in the flames of the gas burners on the kitchen stove. He regularly suffered the 'dual punishment of hunger and violent attacks ...' (2002: 49-50).

He describes his life in a family that he is not part of: he ate his meals separately, he was not allowed to play with his brothers, he did chores as soon as he got home from school, and then retired to the basement where he was made to stand until he was called to clean up the family's dinner things. At school, he was 'a total outcast' (2002: 58), smelly and repeatedly caught for stealing other children's food in attempts to assuage his hunger.

This is a horrifying story of the grossest neglect and extreme physical torture. The sadistic and cruel treatments used against this little boy are extraordinarily difficult to read. The bathroom in particular was a regular site of awful inflicted suffering. The dispassionate almost flat style of an adult reproducing the child's voice somehow accentuates the pain. The psychological and emotional abuse, heaped upon Dave in a rare moment of achievement at school, made death appear to be the best outcome:

You are a *nobody!* An it! You are nonexistent! You are a bastard child! I hate you and wish you were dead. *Dead!* Do you hear me? *Dead!* (2002: 140 italics in original).

This is a story of extraordinary resilience, although there is something about the current concentration on the concept of 'resilience' that troubles me. It is too convenient, perhaps, to expect resilience of children in horrific circumstances. The adjective means, according to *The Macquarie Encyclopedic Dictionary* (1995):

1. springing back, rebounding. 2. returning to the original form after being bent, compressed or stretched. 3. readily recovering as from sickness, depression, or the like; buoyant; cheerful ... (1995: 208)

The word's Latin roots are common to the verb 'resile' and its meanings:

1. to spring back; rebound; resume the original form or position, as an elastic body. 2. to shrink back, recoil ... (1995: 208)

Sadly, in some children's abuse, it appears that the belief in the first meaning of resile is allowed to excuse professionals to act in the second meaning of the word. Happily, in Dave Pelzer's case, some professionals did not resile or shrink away.

A Child Called 'It' concludes with a message from Dave Pelzer's teacher, a young man who did not resile. He was a new graduate and, on his own admission, knew little about child abuse. He describes Dave's situation as one of the worst cases of child abuse ever reported in California.

There are too few accounts of child abuse from the child's perspective. Children's voices, even those of victims grown into adults, are too often silent. There is something very heartening in the fact that, by the time you read this, at least three quarter of a million people in the UK will have bought this book. It needs to be read by as many people as possible.

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