

Child Sexual Abuse: Understanding the Issues

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Summary

Child sexual abuse is a serious social problem that affects the quality of life and life chances of uncounted millions of survivors in the United States and internationally. Child sexual abuse hurts all who are victimized, but some survivors cope with, adapt to, and overcome its affects because they have people in their lives who understand the true nature of child sexual abuse and who provide them with the information and support they need to recover.

The more adversities survivors have experienced, the more difficult recovery is. Under these conditions, child sexual abuse becomes one more threat to survivors' optimal development.

The myths, misunderstandings, and victim-blaming associated with child sexual abuse shifts attention away from perpetrators and silences survivors. Perpetrators alone are responsible for child sexual abuse.

Much more attention needs to be paid to child sexual abuse so that the general public is better educated and that professionals are better prepared. An informed public will advocate for the prevention of child sexual abuse and for effective programs for survivors when abuse has occurred.

An Overview of Child Sexual Abuse

Child sexual abuse is an abuse of power, where older, stronger, and more knowledgeable persons take advantage of children for their own gratification. Perpetrators are focused on themselves and are unconcerned about the welfare of children, or they talk themselves into believing that sexual abuse is good for children and that children want and enjoy it. Some believe sexual abuse involves mutual love and the sharing of something special.

Children cannot give informed consent to sexual contact with adults and older persons. They do not understand sexual behaviors as adults do, and they are developmentally unable to participate as full partners. For instance, one 13 year-old girl believed that her uncle was trying to love her, but she didn't like what he did. She said, "I didn't like him the way I like boys."

Children also do not know that the only person responsible for the abuse is the person who perpetrated it. Unfortunately, a lot of adults do not realize this, and children are at risk to be blamed and stigmatized for being sexually abused.

Nothing about children causes sexual abuse. All children are vulnerable. Those who are sexually abused have the misfortune to be in the presence of perpetrators with no one was there to protect them.

In this curriculum, we address the following topics:

- overview;
- what child sexual abuse is and is not;
- healthy adult-child relationships: what children need to thrive;
- types of sexual abuse;
- social forces that account for child sexual abuse;
- prevalence of child sexual abuse;
- stigma, silence, and non-reporting;
- what sexual abuse means to child survivors;
- what sexual abuse means to perpetrators;
- effects of child sexual abuse;
- do abused persons become abusers?;
- a case example;
- recovery from child sexual abuse;
- quality of attachment and recovery;
- talking to children who have been sexually abused;

- when perpetrators are family members and friends;
- treatment for survivors, perpetrators, and family members;
- funding for child sexual abuse treatment and prevention;
- references and further readings;
- helpful websites.

By becoming familiar with this curriculum, survivors, parents, service providers, and policy makers will deepen their understanding of significant issues in child sexual abuse and will be prepared to respond in ways that are helpful to children and their families.

What Child Sexual Abuse Is and Is Not

Sexual abuse involves both touch or non-touch behaviors. Sexual abuse that involves touch means that the abusers induce the children to touch their sexual body parts or perform other sexual acts, including fellatio, frottage, cunnilingus, sexual penetration with penis, fingers or other objects, mouth-to-mouth deep kissing, and caressing of chests, buttocks, and thighs.

Sexual abuse that involves touch also means that the abusers perform sexual acts on children, including fellatio, frottage, cunnilingus, sexual penetration, mouth-to-mouth deep kissing, caressing of chests, buttocks, and thighs, and sexual penetration of anus or vagina with penis, fingers.

Non-touch sexual abuse includes involving children in prostitution, photographing or videotaping children in sexual poses, peeping on them, exhibiting sexual body parts, treating children as sexual objects, and other sexualized behaviors such as suggestive talk and looks.

In prostitution and pornography, the pay-off for perpetrators is profit, while in the other forms of non-contact sexual abuse, the pay-off is sexual and emotional gratification. For some perpetrators, sexual abuse lifts their mood and makes them high emotionally.

Child sexual abuse can be difficult to detect and may go on for years. Perpetrators get away with it because they are trusted members of families, close family members, or trusted professionals. They look like everyone else. They can be responsible and loving family members, helpful and friendly neighbors, and accomplished professionals.

Perpetrators come from every walk of life. Medical doctors, college professors, social workers, bus drivers, politicians, machinists, electricians, book sellers are just some of the job categories that perpetrators fill.

Perpetrators of child sexual abuse may be adults, teenagers, or other children. They are male and female, although males account for almost all known incidents. Both female and male perpetrators may abuse both girls and boys, or they may focus on boys only or girls

only. Some perpetrators have multiple victims, sometimes numbering in the hundreds and even thousands, while others may victimize one to five children.

Sexual play between age peers is not sexual abuse. Curiosity about sexual body parts is developmentally appropriate. Sexual play is spontaneous and brief, not pre-planned, and the children are about the same size and physical strength and have similar understandings of the meanings of their behaviors and the consequences if adults find them in states of undress.

Most children have incidents of sexual play during their childhoods and show interest in sexual matters by the time they are toddlers. Even boy fetuses have erections and girl fetuses lubricate, and infants touch their genitals. Sexuality is a natural part of being alive. Children's understanding of sexuality depends on how other people communicate about sex and also their stages of development.

Healthy Child-Parent Relationships: What Children Need to Thrive

Sexual abuse is the polar opposite of what children need to thrive. Children require sensitive, responsive care in order to develop in optimal ways. Sensitive care givers are emotionally available to children. They are responsive to children's cues when, for example, children want to interact with adults or are hungry, lonely, sad, or tired. They help children to express their thoughts and feelings and soothe children when children are stressed. Sensitive adults do not demand more from children than children are able to give. What parents and other care providers expect from children fits with children's levels of social, emotional, sexual, and physical development.

Research has shown that children can develop well in a wide range of socio-economic and ethnic settings. It is a myth that poverty automatically means inadequate care. Income is not a predictor of good developmental outcomes. Quality of care is unrelated to family income. People who do not have much money can and do provide responsive care that promotes children's optimal development. The mental health and attentiveness of parents are the most important factors in healthy child development.

Infants are dependent upon adults for their survival. Over time, they learn to walk, talk, feed and dress themselves. Sensitive adults provide support for children's age-appropriate activities and are effective teachers. They structure tasks so children can learn how to do them. They are respectful of the developing child's autonomy and allow children to explore and attempt tasks without adult interference but also with adult gentle supervision and guidance.

Sensitive, responsive care givers set firm, consistent limits so that children can learn how to behave appropriately. They present children with new tasks that challenge children but that children can attain. Trust between children and care providers is the foundation for healthy development.

Adults and older children have power over children. Not only are adults bigger and stronger, they know more and their cognitive skills are more developed than those of children. In addition, social customs and tradition bestow authority on adults and older children. Children understand intuitively that they are smaller and weaker and are subject to the authority of others.

When adults are sensitive caregivers, pleasurable contact between adults and children in the forms of touching, hugging, and kissing are mutually enjoyed but do not become sexual. As children develop, they form attachments with persons who are generational equals while maintaining family ties. As children group up, almost all eventually form intimate relationships that eventually become sexual within the contexts of committed relationships.

Child sexual abuse is a betrayal of the principles of healthy child development. Perpetrators are insensitive and non-responsive to children. They abuse the power they have over children. They undermine children's sense of autonomy. They betray the trust that children have in adults. This betrayal affects children's capacities to trust others, including generational equals, and interferes with their capacities to form friendships and intimate relationships.

Types of Sexual Abuse

Sexual abuse of children takes different forms.

Incest

Incest involves sexual abuse committed by family members or persons who have family-like roles. Perpetrators include fathers, mothers, stepfathers, stepmothers, brothers, sisters, aunts, uncles, cousins, grandfathers and grandmothers.

Child Molestation by Persons Children Know

Child molestation is sexual abuse that non-family members perpetrate. In almost all cases, child molesters are friends of the family, adults who have relationships with children such as youth workers, teachers, coaches, and clergy.

A subtype of sexual abuse by persons children know are instances of older boys and men who take advantage of young girls and get them pregnant. Thus, child sexual abuse in some cases leads to teenage pregnancy.

Child Molestation by Strangers

Children are molested by people they do not know in places such as public parks, movie theaters, and neighborhoods. Highly visible cases of abduction, rape, and murder bring

issues related to child sexual abuse to public awareness. Stranger child molesters make contact with children in three main ways:

- Directly, through approaching children in public places;
- Through the internet. There are many different sites where perpetrators trick and manipulate children into relationships that the perpetrators want to be sexual.
- Indirectly, through prostitution. There are two main types:
 - *Family members or acquaintances pimp children.* There is no abduction involved. Parents may prostitute their children in their own homes. Street pimps often manipulate homeless children and youth into prostitution.
 - *Sex trafficking.* In sex trafficking, children are sold or abducted into prostitution and are available sexually to anyone who will pay. Very young children who have not been previously abused are highly sought as prostitutes because they do have the HIV virus or other sexually transmitted diseases.

Pornography

Sexualized images of children are available through books, magazines, and the internet. Pornography is a form of child sexual abuse because the children depicted are unable to give consent and they also have been manipulated and forced into sexual acts whose only purpose is profit and gratification of adults.

Sexualizing Children

Family members, friends of families and of the children, as well as strangers engage in non-touch sexual abuse. This can take several forms including:

- Sexual talk that is inappropriate that may be directed to the children or adults may engage in sexual talk in children's presence,
- inducing children to view pornographic media,
- being sexually aroused by the children but not acting on these sexual feelings, and
- inducing precocious sexual development. In some cases, adults dress children in provocative clothes, bedeck them with jewelry, and apply thick make-up on them. Furthermore, they encourage children to mimic "seductive" walk and talk. Children want to please adults and comply with these attempts

Stranger sexual abuse gets the headlines but about 90% of all sexual abuse involves incest and child molestation committed by family members and persons the children know. The payoff for perpetrators is emotional and sexual gratification and often the illusion that they and the children are involved in a mutual love relationship.

Sex trafficking, child pornography, websites, and chat rooms for perpetrators are huge enterprises. Uncounted millions and perhaps billions of children are involved. Their abuse brings billions in profits to pimps, pornographers, and internet entrepreneurs.

Social Forces That Account for Child Sexual Abuse

Sexual abuse is a world-wide problem of enormous proportions and has been a harsh reality for children since the dawn of history. Many forces account for the continued existence of child sexual abuse. Some of these forces are contradictory, but no matter how inconsistent, these forces silence victims and reward perpetrators.

These forces include:

- children's status: children have less power, knowledge, and physical strength than adults and older people and are socialized to trust and obey adults,
- the financial gain involved in the sexual abuse industry,
- the sexual and emotional gratification that sexual abuse has for perpetrators,
- the shame and stigma associated with being sexually abused,
- social customs and traditions that minimize the effects of sexual abuse on survivors,
- victim-blaming,
- taboos related to talking about sexual abuse and healthy sexuality,
- myths about who perpetrators are and what they gain from sexually abusing children; and
- social policies and programs that underfund educational and intervention programs.

Only in the last 30 years has there been a large-scale outcry that has resulted in heightened awareness and increased policies and programs intended to prevent the sexual abuse of children and to provide resources to survivors and their families. There is much more work to be done. Child sexual abuse continues to be a major social problem and most survivors suffer in silence out of fear of being stigmatized and blamed for their own abuse.

Prevalence of Child Sexual Abuse

In intimate settings within families, studies show that world-wide at least one fifth of all girls and about ten percent of all boys are sexually abused by family members and persons close to families. Girls are more likely to be abused by family member and boys are more likely to be abused by persons outside of the family. If children are a third of the world's population of more than 6.6 billion, then more than 550 million children worldwide are survivors of child sexual abuse. That is an enormous figure that leads some people to wonder if child sexual abuse is so prevalent as to be almost a "normal" part of childhood.

These figures may be underestimations because many children do not tell about being sexually abused and families may not report sexual abuse to authorities when children disclose. Shame, stigma, social ostracism, and other severe consequences for survivors, for families, and for perpetrators are reasons for non-disclosure to official sources.

Surveys show wide variation in the occurrence of child sexual abuse, reflecting perhaps survivors' reluctance to disclose and wide variations in how sexual abuse is defined. For instance, national, state and local level studies conducted in the United States over the past

25 years indicate a prevalence level of between 2%-62% for females, and 1%-16% for males. In terms of how many children are abused in one year's time, the range is from between 6.8 per thousand for girls and 2.3 for boys per 1000 and 82 per thousand for both girls and boys.

World-wide, several studies report a prevalence rate of 20% for females and 5-10% for males. In China, the prevalence is 16.7% for females and 10.5% for males, 12% for females and 4.5% for males in Australia, 16% for females and 7% for males in Denmark, 12.8% for females and 4.3% for males in Canada, 26% for females and 20% for males in Nicaragua, and 53.2% for females and 60% for males in South Africa.

There has also been an increase in studies by non-government and voluntary sector organizations, reporting prevalence of child sexual abuse in their respective social, cultural and geographic contexts. Though these reports may not always be based on randomly selected participants, they provide valuable information that is indicative of the magnitude of sexual abuse of children within their contexts. Such studies have reported a prevalence of 39% for females and 48% for males in India.

Stigma, Silence, and Non-Reporting

Child sexual abuse is surrounded by silence. Fueled by societal myths and stereotypes, such as "only strangers abuse children", "parents do not abuse their own children", "boys do not get abused", "women never abuse", "children don't abuse other children" etc., child sexual continues to remain an unfortunate reality affecting the lives of perhaps billions of children and families.

Children many times do not tell anyone about their abusive experiences. This arises out of their fears of being punished, stigmatized and ostracized. They are afraid of what will happen to them, the perpetrators, and their families if they disclose. They may fear that they will not be believed, or worse, blamed for their own abuse. Questions such as "Why didn't you tell?" "What did you do to provoke the abuse?" "How could you let it go on for so long" are automatic for many people when a child discloses sexual abuse.

Stereotypical gender roles also play a part in non-disclosure. Boys who are abused sometimes do not perceive it as abuse, since the stereotypical notions of masculinity teach them to enjoy sexual activity, and therefore to view even acts of violence as sexual adventures. Boys who are abused by other men may fear that others will think they are gay, and they may indeed wonder if they are gay if any part of the abuse was pleasurable. These homophobic reactions are serious issues for male survivors and contribute to their silence in the context of a homophobic culture.

In addition, boys expect to be in control and therefore be in a position to stop anything from happening if they did not want it. However, children are typically not in control in situations of abuse. This loss of control clashes with the stereotypical notions of

masculinity, and boys may tend to blame themselves by thinking that they allowed it to happen. Other people may blame them, too.

Girls have to deal with notions of feminine purity. They feel the pressure not to disclose because they sometimes think that their purity has been compromised because of abuse. In some cultures, girls are expelled from their families if they report being sexually abused, while in other cultures they may be forced to marry the men who abused them. It is not unusual in Western cultures for girls to be labeled as “whores” if their age peers find out they have been victimized sexually. Of course, in many instances, girls are not treated this way, but fears of such responses silence many girl survivors.

Girls have some of the same fears as boys, including fears of homophobic reactions if an older girl or woman abused them sexually. They also may worry about being blamed when women are the abusers because they have an intuitive understanding that women in most cultures have less authority than men and children are less bound to do what women want them to do than what men want them to do.

Even when instances of abuse are brought to the notice of professionals who are required by law to report, they still do not always get reported to the appropriate authorities. Studies show that reporters sometime do not report abuse even when they suspect child sexual abuse. They sometimes do so because they are not sure of the reliability of the report. Personal biases of the reporters as well as availability and access to professional resources are also important factors that contribute to non-reporting of sexual abuse.

Social class is a factor in non-reporting. Although child sexual abuse occurs in all social classes at the same rates, poor people are more likely to be reported for child sexual abuse than more well-off individuals. There are many possible reasons for this class bias in reporting. Poor families are more likely to be involved with social services and more likely to have sporadic medical care with providers to whom they have no relationships.

Middle and upper class families are less likely to have such scrutiny and are more likely to have continuity of medical care where they form relationships with providers. Providers, in turn, are less likely to resort to reporting instances of child sexual abuse because they know and might even identify with their middle- and upper-class patients. They may go into denial or minimize the impact of child sexual abuse when they view possible perpetrators as similar to them.

What Child Sexual Abuse Means to Children

Age and size are factors in the differences in power between adults and children. Children are taught to obey adults or older people, especially people who have authority over them, such as parents, grandparents, teachers, babysitters, and social service professionals. Physically, they are large enough to enforce their wills. The following are examples of how adults and older people take advantage of children based on age and physical size.

One girl, 10 years old, was sexually abused by a teenage boy who was her babysitter. He told her, "Go to the bathroom." She said, "I went to the bathroom." He jumped out from behind a shower curtain, pulled her off the toilet, placed her on the floor, and sexually abused her.

Another girl, abused between the ages of five and eight and nine by a man who was a father figure to her mother and a grandfather figure to her said, "I thought there were laws about adults and children."

A nine year-old girl, abused from the age of three to age nine said, of the abuser who was her grandfather, "He was big. I was little. I had to do what he said."

Children do not understand sexual behaviors. The little girl who went into the bathroom described the sexual act that the teenage boy performed in the following way: "He pulled me off the toilet seat, and he dripped something. I was on the ground of the bathroom, and he sort of did push ups on me."

The girl whose grandfather abused her for six years until she was nine years old said, "Grandpa used to do it on the boat until stuff came out. He had sort of a grin on his face."

Another girl, 11, said, "It's hard, what he did to me. I couldn't stand to do it to anybody. All the germs and stuff you get."

Older children do not understand sexual behaviors, either. A 13-year-old said about a conversation she had with a girlfriend.

We were just talking one day. She was talking about her boyfriend. She thought she was big. She had sex with a 17 year-old. I said to her, 'That's nothing. I go to bed with a 34 year-old.' She said, 'You do? Who is he?' I said, 'My father.' 'You don't do that,' she said.

The 13-year-old was so ashamed that she ran away from home.

Another 13-year-old said she thought her great uncle was trying to love her. When asked when she thought of that, she said, "It felt kind of weird. I didn't like him the way I liked boys."

Sometimes the children experience sexual pleasure, which is confusing to them. An 11-year-old girl said, "Sometimes it felt good, but that made me feel guilty. Sometimes it stung. Why is that?" A woman survivor said:

When I was real, real young, he would put his penis between my legs. And I would come. I mean I would feel pleasure. I don't know it would be come back then. Do you know what I'm saying?

Some children take pleasure in the attention but the sexual contact is confusing and unwanted. A man survivor said of his uncle who was a teenager when he sexually abused him:

I felt like he cared for me, and that was pleasurable to me. I don't think specifically the sexual act was that pleasurable for me because it was more uncomfortable. I was scared, but I know it was probably the first time I felt there was an adult who really cared for me, and that made me feel good. That was pleasurable. So it may be that I wanted to--maybe not sought out, but enjoyed the time with him, but not specifically the sexual acts, but just feeling cared for by an adult. I think I liked that.

He continued:

I'd never thought my parents did [love me], and in some ways today, I still don't believe that my parents love me. He was the first person who like spent time with me and did things with me, made me feel like I was okay. That confuses things there and makes it worse, because I was scared and then I felt cared for and I was confused, and yet he made me feel better.

Some people think the children wanted the abuse if they seem to have found it physically pleasurable, or if there was orgasm and/or ejaculation involved. In actuality, human bodies respond to sexual stimulation, which is pleasurable to the body. Sexual stimulation is pleasure to body and mind when there is mutuality and consent. Sexual pleasure under conditions of sexual abuse is confusing to children because it typically is confined to the body while the children's thoughts and emotions are fearful and confused.

Adults often cannot help child survivors who experienced bodily sensations because adults are unprepared to deal with the reality that children's bodies may respond to sexual stimulation that children do not want or seek.

Adults take advantage of children's lack of knowledge to silence them. The adult male survivor said:

I was very scared. I can remember he told me that if I'd ever told anyone that we'd both go to jail. So I mean I was very scared about that.

He realized that he didn't know much about sexuality and consequences of having an adult perform sex acts on him. He said:

You didn't really know much about sexual relationships altogether. If you told me, I may go to jail and you may go to the mental home or crazy house or something, that I assumed is correct. I didn't doubt it.

The girl whose grandfather figure sexually abused her for years reported that he told her, "If you tell, I'll go to jail. That will make my wife unhappy. You don't want to make my wife unhappy, do you?" She certainly didn't. She did not tell her mother about the abuse until

the day her mother told her the man had died. She knew if she told then, he could not go to jail and his wife would not be unhappy. The grandfather figure played on her desire not to hurt others. Another perpetrator told a child, "You'll get into trouble and so will I."

Perpetrators draw on common ideas about child sexual abuse to defend their actions and blame others. A typical excuse is "My wife won't give me sex. I had to get it from somewhere." "My wife knew all along. She didn't do anything to stop me." "The child came on to me. What was I supposed to do?" Unfortunately, child survivors and non-offending spouses often take the blame and many other people blame them as well.

Good mental health involves taking responsibility for one's own actions. In light of this principle, it is clear that perpetrators have sole responsibility for child sexual abuse. Typically, they are older, stronger, and can overcome the children's resistance through their physical strength and authority. They can talk children into activities that the children do not want, and they can take advantage of children's socialization to obey older children and adults. If children appear to be "seductive," it is the adult's job to teach the child appropriate sexual behaviors, not take advantage of children.

What Child Sexual Abuse Means to Perpetrators

Evidence that perpetrators alone are responsible for their own actions comes from their own words as they talk about the sexual abuse they perpetrated.

For perpetrators, child sexual abuse is an intense, highly erotic, highly gratifying sexual pleasure. One man, in his early thirties and who had sexually abused his toddler sons and daughters, said about sexual contact with his two-year-old daughter,

I remember that high, and, boy, I wanted it. I wanted it. The high came after I ejaculated. That's the high I was after. I didn't get a high out of fondling her or that.

Another man in his thirties who had sexually abused more than 200 children said about fellatio by a child:

It would feel like being on top of the world. Up until now there's no greater feeling that I can experience than having somebody perform oral sex on me. That is my ultimate feeling.

Another father in his thirties confused sexual abuse with play. He said,

To me it was like slipping right back into childhood. I didn't masturbate until later, when she wasn't around.

Some perpetrators believe that the children feel the intense sexual pleasure they do. Some even believe they are in a mutual love relationship. In these cases, it is as if perpetrators see themselves as age peers with the children. For them, generational differences disappear.

For instance, a stepfather described the sexual abuse of his stepson as “a pleasing relationship, trying to please each other on both sides.” They engaged in mutual masturbation, and the boy said, “I want to make you feel good, Dad.” The boy also asked the stepfather to do the kinds of sexual touching that the boy enjoyed. The stepfather said “it was like a love affair” and “I was making love to my son.” The stepfather was crushed when his stepson testified against him in court. This man was clueless about what child sexual abuse means to children.

Other statements that show perpetrators view child sexual abuse as mutual pleasure and mutual love are the following.

- A father said what he and his daughter shared was “real, real special.”
- Another father viewed his relationship with his daughter as that of a girlfriend and boyfriend, and stated, “It was almost like I was falling in love with her.”
- A teenager who abused his sister said, “It wasn't really abuse. I didn't look at it as that way because it was both ways. It was like neither of us felt secure or, important, I guess, except to each other. I remember saying, ‘Boy, if we weren't brother and sister I'd marry you.’”
- A man who molested the same boy for several years said, “I felt so much in love with him that I didn't think that I was doing anything wrong, illegal or otherwise.”

As difficult and ironic as it might be to use the words love and abuse in the same breath, this is how many perpetrators view child sexual abuse.

Finally, some get very angry when they hear about other instances of child sexual abuse. One man said, “I used to sit there and watch tv or I'd read something in the paper. I'd say, ‘Look at this son of a bitch. He ought to get twenty years,’ but I was doing the same thing. Mine wasn't that way. See, mine was love. There's a difference, you know.”

There are exceptions to perpetrators' views of child sexual abuse as love. Some distance themselves from the children and depersonalize them. One man said first professed his love for his stepdaughter, but love evaporated when he abused her. Instead, he depersonalized her.

When it was going on, she certainly wasn't a stepdaughter. I didn't have that at all. It was, oh, let me see, a thing. I could never look at her while she was doing it, not at her face. I could look at her breasts because when I was looking at those, that's something that turns me on. I can remember some times when she was masturbating me. Somehow I'd make eye contact with her, and I'd lose my erection.

Effects of Child Sexual Abuse

The negative effects of child sexual abuse are well-documented. The impact varies widely from survivor to survivor, depending upon the other risks and adversities children have

experienced and the resources that children and their families are able to marshal once abuse is disclosed.

The repercussions of child sexual abuse can be long-term, short-term or both, and can impact the child physically and/or psychologically. The available evidence through different researches conducted across the world suggest that negative effects sexual abuse during childhood can continue to impact the victim during her/his adulthood as well.

Some of the more common effects linked to child sexual abuse are post traumatic stress disorder, depression, anxiety, and substance abuse disorders as well as negative self concept. Child sexual abuse has also been found to be associated with sexual difficulties such as avoidance, disinterest, or fear of sexual contact and sexual risk-taking behavior later in life.

The younger children are when they are sexually abused, the more likely they are to have sexualized behaviors. Younger children, often, but not always, show signs of being sexually abused through their actions. Older children are at a different level of cognitive and social development and thus have more capacities to understand and manage their reactions to being sexually abused.

Childhood behaviors that are likely to be responses to being sexually abused are using sexual terms they would not be expected to know, appearing to have sexual preoccupations beyond that which is typical of children their age, having stashes of pornographic material, and being sexually aggressive toward age peers or older persons, including adults. Touching or grabbing breasts, buttocks, and genitals of others are typical aggressive behaviors.

In addition, children who are attempting to cope with being sexually abused may insert objects into their anuses or vaginas or attempt to do so with other children. They may simulate intercourse and “hump” pillows, stuffed animals, other children, and even older persons and adults.

Much thought and gentle inquiry must go into the determination of whether these behaviors are responses to being sexually abused. Some children may exhibit these behaviors because they are exposed to sexualized environments where adults around them engage in sexual talk on a routine basis, engage in sexual behaviors in the children’s presence, and view pornographic media that are readily available to children. Providing a sexualized environment is a form of sexual abuse, but this kind of abuse is not the same as other forms and may require differential adult responses.

Children may behave in sexualized ways in response to stress. Some children in highly stressed families learn at early ages that sexual stimulation through masturbation helps them to feel better. Some children masturbate several times a day to cope with anxiety. Some of them may learn that viewing sexually explicit media also helps them to cope. Children whose sexual behaviors are linked to anxiety and not to sexual abuse also require interventions that fit the sources of their behaviors.

Finally, some sexualized behaviors are typical of young children. Typical behaviors include fondling genitals, rubbing genitals against other people or objects, exhibiting genitals, and attempting to touch or see the sexual body parts of others. Many children have some of these behaviors, but they gradually learn appropriate behaviors under adult guidance.

Often, if these behaviors are developmentally appropriate, children will stop them when parents ask them to and explain that this language is not for children, that touching genitals is a private act, and touching other people on breasts, buttocks, or genitals hurts others and is not for children. If, however, the behaviors persist after such limit-setting, then the children require a professional evaluation to determine if the children have been sexually abused or have some other serious issue that for some reason the children have sexualized.

Children traumatized by sexual abuse may not show sexualized behaviors, but may instead show other signs of trauma, such as regression to earlier behaviors including bedwetting, bowel problems, nightmares, or develop anxious and withdrawn behaviors such as fearfulness, hypervigilance, fear responses, self-harming behaviors, or aggression toward others. Some fears, including nightmares, are developmentally appropriate. When children cannot be reassured or they cannot control aggressive behaviors, they require professional evaluation.

Some survivors who become parents have difficulty distinguishing between appropriate and inappropriate intimacy with children and fear that others may perceive their behaviors as inappropriate when they are appropriate. These individuals can benefit from professional consultations, where professionals can provide them with some psychoeducation and resources such as books and websites to help them understand boundaries in parenting.

Child sexual abuse may affect survivors' sense of self as loveable, worthy human beings. They may therefore be overly sensitive to perceived slights or not have the interpersonal skills to clarify ambiguous situations. This can lead to difficulties in developing and maintaining healthy interpersonal relationships. Depression about perceived personal inadequacies can lead to suicidal thinking and behaviors.

Issues of gender and sexual identity/orientation can be significant. In case of male children, it has been speculated that abuse by another male is likely to have an impact on the victims/survivors' sexual beliefs and gender role identity. These boys may have concerns and worries that they were abused because they were homosexuals, that the abuse probably made them homosexual, or that others might view them as homosexuals.

Some adult male survivors who are victimized by men may experience sexual identity confusion, but most do not. Boys who were developing heterosexual or homosexual orientations before the sexual abuse occurred typically maintain their sexual orientations following the abuse.

An undocumented area of effects is related to gender. An adult male survivor in unpublished research of the first author thought he was a girl for a few years after being sexually abused because, he reasoned, girls are sexual partners of men. He took on female roles, such as cooking and doing housework for his family when he was a teenager. He also was a cross-dresser from his teenage years on. He was an excellent high school athlete and his peers had no idea about his cross-dressing or being a survivor of child sexual abuse. He may have become a cross-dresser without being sexually abused. There is a lot more to know about effects of sexual abuse on gender identity.

Minimally, some adult male survivors may be concerned about whether or not they are sufficiently masculine, and a few, especially those who grow up in families and communities that equate violence with masculinity, may be at higher risk to act out in violent ways as a way of showing themselves and others that they are “real men.”

Girls, too, may require adult attention regarding their beliefs about their gender role and sexual identities. Sexual abuse by males reinforces the oppressive gendered ideologies that are prevalent in cultures throughout the world. These ideologies view women as passive and men as aggressive. Girls who survive sexual abuse committed by males are at risk may learn to be passive and to avoid directly dealing with situations where they are being treated unfairly. These are girls and women who some others perceive as “easy to push around.”

In cultures throughout the world, ideologies place the man in charge of aspects of women’s lives, even to the point of directing how they dress, what they eat, who they socialize with, the educations they are allowed to have, who they marry, how many children they have, and whether they may work outside the home. Within the context of gender, child sexual abuse is one of many other oppressions that millions and perhaps billions of girls contend with on a daily basis.

In summary, child sexual abuse affects survivors in ways that are not yet documented. There is growing evidence that child sexual abuse effects core identities; that is, the deep-seated sense that individuals have of who they are, what their self-worth is, and what they are entitled to. Survivors often require therapy on and off throughout their lives as they encounter new life stages and events.

Do Abused Persons Become Abusers?

An important question is whether survivors are likely to perpetrate child sexual abuse themselves. Most survivors of childhood sexual abuse do not perpetrate child sexual abuse. They have protective factors in place that help them to avoid such outcomes. Protective factors are ways persons cope with, adapt to, or overcome adversities. Protective factors include emotional expressiveness, desire not to perpetrate child sexual abuse, positive relationships with pro-social peers and adults, both the desire and resources to be emulate these pro-social persons, avoidance of relationships with anti-social peers, competencies in

school, athletics or other activities, and a sense of a positive future. Persons who cope successfully with adversities are said to be resilient.

Research has shown that most perpetrators of child sexual abuse were not sexually abused in childhood. Since most perpetrators were not sexually abused, being sexual abused is not by itself a risk to become a perpetrator.

Perpetrators of child sexual abuse want to abuse children sexually, and they take active pleasure in this perpetration. A few may give the appearance of having protective factors in place, but because they desire and actively seek sexual contact with children, they are out of touch with the meanings of their behaviors for the children, themselves, and their families and friends. At their core, they are as alienated from their deepest values and emotions as perpetrators who have more obvious signs of risks.

The obvious signs of risks for perpetration of child sexual abuse are emotional inexpressiveness, social isolation, highly sexualized family and peer cultures, a sense of entitlement to take what one wants regardless of consequences, and lack of empathy for others.

A Case Example

The following is a case example of a woman survivor who sexually abused two children she babysat. She abused them one time. At the time of her abuse, she was depressed and anxious and alienated from her father who had sexually abused her and was a prominent socialite. She had many of the protective factors discussed earlier, but she required therapy throughout much of her life to help her work through her issues related to being an incest survivor and someone who had molested children.

She might have been a life-long abuser, but she did not want to hurt children and she took steps to ensure that she did not.

This woman first disclosed to her boyfriend when she was 14 that her father had sexually abused her. She also told girlfriends, her therapist in college, and her husband. She and her husband were highly educated. Their families of origin were upper class, and they established an upper class lifestyle themselves, including many friends, social activities, and civic engagement in terms of contributions in terms of money and time to social welfare organizations.

Yet, her husband told her, "You need help." He was concerned about her level of anxiety, her hypersensitivity, and her mood swings, although she excelled in her profession and socially. She went into therapy and joined a self-help group modeled after Alcoholics Anonymous. She did very well in the group and then decided to see a psychotherapist. She remained in therapy for several years. She continued her civic activities and is well-known in the region in which she lives.

When she was thirteen, she sexually molested a girl and a boy she babysat. She was horrified at herself and never did it again nor did she babysit anymore. She was so concerned that she might hurt children that she never had children herself. She had made her father out to be a monster and cut herself off from him when she was a child. She said, "A big part of my surviving abuse is to make him be the bad guy. What do you do when you do the same thing?"

Most survivors do not sexually harm children or any one else in any way. They have the resources and the will to live their lives the best way they can and they have the personal competences and emotional resources to do no harm to children.

Recovery From Child Sexual Abuse

Children recover from sexual abuse, although the abuse, no matter how apparently "minor," affects how children think about themselves, as the case study shows. Recovery depends upon four factors:

- The relationship with perpetrators;
- The intensity and duration of the sexual abuse;
- The number and seriousness of the other risks they have experienced; and
- The protective processes that they have access to that helps them to cope with, adapt to, and overcome risks.

In general, a one-time incident of touching by a stranger at a park is less destructive than years of sexual abuse by a father, a father figure, and someone else close to the children. A one-time incident is also different from an abduction, confinement for months, and sexual abuse while confined. Thus, child sexual abuse experiences can differ in terms of duration, intensity, and relationships between survivors and perpetrators.

Perpetrators usually are also emotionally, verbally, and physically abusive. They may tell children that the children sought and wanted the abuse, tell children how wonderful they feel when the children let them be sexual, and they may verbally and physically abuse children or threaten them with harm if they resist or tell. Child sexual abuse is a complex experience for children, an experience children cannot understand without the help of compassionate adults.

While parents and professionals can expect that children's responses to different types of sexual abuse will differ depending on the characteristics of the abuse, any incident is potentially traumatic, no matter how minor the incident may appear to be from the viewpoints of others. Child survivors are the experts on their own responses to being sexually abused. Effective responses connect with children's experiences and what the abuse means to them.

Luckily, many children have already developed effective coping mechanisms when they experience adversities such as sexual abuse. Children who have experienced adversities in the past and who have had adults who helped them to cope with, adapt to, and overcome

these adversities, already have many of the skills they will need to cope with sexual abuse. These children have developed capacities for resilience.

Children with capacities for resilience know from experience that they can trust that adults will help them deal with being sexually abused. When adults are there for them, adults help them understand what has happened to them and helps them to place the abuse in its proper perspectives. Some older children get help from friends who are compassionate and understanding. Children who are resilient are likely to trust professionals who can play an important part in recovery from child sexual abuse.

Sometimes children are afraid when they tell. One young teenager said after she told her family about her stepfather's sexual abuse, "My family still loves me."

Whether through friends, family members, or professional, survivors need help to realize that the responsibility is with perpetrators alone, perpetrators took advantage of them, and survivors are good people who had something bad done to them. Their families will love them no matter what. If their families do not, then this is a serious problem and hopefully children will find the love and support they need from other people.

Some children believe no one will help them, and they tell no one about the abuse. Sometimes the children want to protect the family from consequences, and sometimes they feel too ashamed or vulnerable to be able to tolerate consequences. A proportion of children who tell no one function well in many ways, such as continuing to do good work in school and apparently having good peer relationships. However, such children typically have an ache in their bodies and sense that there is something not quite right about them and their lives. They can live a lifetime with this nagging sense of something being wrong.

Other children who tell no one do not do well in their lives. These are children where sexual abuse becomes part of a risk "pile-up" where children experienced many other risks to their optimal development. In these situations, adults have been ineffective in helping children deal with these other risks and often are sources of adversities and risks. Thus, the effects of being sexually abused may be compounded by children's other unresolved traumas related to adversity.

For example, children who have experienced long-term, extensive incest and who also have had multiple foster placements, parents who were emotionally unavailable and insensitive to them, and whose parents have unregulated mental illness or chemical dependency issues are high risks for poor outcomes.

Children whose parents are emotionally and physically available to them and who have fewer traumas are more likely to develop well in terms of relationships with others, success in school, and competencies in a range of activities. Such children will do even better if they are able to trust adults regarding their sexual abuse, but they may have pretty good lives even if they do not disclose.

Many survivors open up about being sexually abused well into adulthood, to their great relief. They seek therapy and are reassured and grateful when friends and family express love, concern, and joy that they finally let others know.

Quality of Attachment and Recovery

Resources that help children cope with child sexual abuse fall into the general category of quality of attachments to others. Children who have secure attachments to others are more likely to trust that others will believe them, comfort them, and help them understand what happened to them. The adults who love them and care for them, however, must understand child sexual abuse and respond to children's distress in constructive ways.

Children who believe they have no one to turn to may become confused about what happened and may think they somehow are at fault. They are left isolated with their own fears.

Adults are responsible for the creation of safety for children. Being sensitive, responsive care providers is the first step. In terms of sexuality and sexual abuse, adults are helpful when they provide children with age-appropriate sex education, which, among other things, gives children a vocabulary with which to describe sexual acts. Sex education also demystifies sexuality and creates the sense that sexual body parts and sexual expression are simply part of life and can be discussed with as much freedom as any other intimate topic. Parents can be clear about what are appropriate and inappropriate sexual behaviors at different life stages.

For example, parents and other adults often have difficulties when children masturbate. Masturbation is normal and natural and is in fact an important sexual developmental milestone. Children need to learn what the social expectations are for masturbation and it is adults who teach them. So, a toddler who masturbates in public can be asked to masturbate in private because masturbation is a private act. Setting such a limit on masturbation is appropriate, just as parents tell children not to stick their hands into fire.

Parents and other adults can also provide children with direct instruction about what to do if someone wants to see or touch their private parts or wants them to look at the private parts or touch the private parts of others. It is important that children learn that they have rights to privacy and that adults do not have the right to do anything they want to children.

Children often learn better if they have a chance to practice behaviors. Prevention programs that are effective have this kind of behavior rehearsal component. Informally, parents can practice with children in the home.

The more specific the instructions the better. Children will benefit if parents rehearse with them what to do if anyone, no matter who it is, wants to see or touch children's private parts or wants the children to touch or look at theirs, or wants the children to look at photographs, videos, or any other depiction of sexual behaviors. The girl whose

grandfather figure molested her, discussed earlier, illustrates how important it is for children to see exactly what they are entitled to do.

One day, the man called her and a little girlfriend over to his house. He invited the two girls in. He went to put his hands down her girlfriend's pants. The little girl yelled, "No" and ran out the door. The girl who had been abused all those years was astonished. She didn't know kids could do that. She ran out the door. She never went to the man's house again, no matter how hard he tried to get her there. She is the child who said she thought there were laws about kids and adults.

Children can learn the exceptions to the general rule that other people do not have the right to touch or see private parts or to expect children to look at and touch theirs. Doctors and nurses may have to inspect their genitals, but they can only do so with parental permission. Young children can learn that parents and other care providers may see their genitals in order to help them dress and undress and to help them bathe or shower. That is probably the extent of the rights of others to view and touch children's private body parts.

Parents also provide models of conduct. When adults experience stressful events, children learn from example how to cope. Healthy parents cope by talking to other people about harsh realities and to consider several possible ways to respond to stressors. Children will do the same.

When children understand human sexuality in age-appropriate ways and have learned that adults will be available to them when they have difficulties, it is more likely that children will seek help when adults approach them for sexual contact. If children do not understand human sexuality, if they do not know that adults have no sexual rights to them, and if they do not believe that adults will help them, then children are vulnerable, not only to perpetrators of children sexual abuse, but they are vulnerable to poor developmental outcomes in general.

Talking to Children Who Have Been Sexually Abused

Emotional availability is the key phrase for adults when children tell them about being sexually abused. Adults are helpful only when they respond to the children with empathy and compassion. The focus is the children. No matter how emotionally upset adults may be, they must under-react. Afterward, adults can scream and cry and do what they want to do, but in the presence of the children, their demeanor is one of alert concern.

Children are more likely to talk when adults allow children to express themselves in their own words in their own ways. It is important for adults not to show a great deal of emotion, such as shock, disbelief, horror, gushes of sympathy and compassion. What works is to be calm, quietly compassionate, and above all, to listen.

If adults communicate, verbally or non-verbally, that sexual abuse is the most horrible thing and the abused person is damaged and hurt forever, this is harmful. In addition,

adults harm children if adults blame themselves for not protecting children. Many children will become concerned about the adults' suffering and push their own to the side. Such adult reactions hurt children and can make the sexual abuse a more serious liability than it already is.

Furthermore, in their concern for the children or their own guilt, adults sometimes quiz the children, or give them the "third degree," which is a series of poorly-timed questions that demand immediate responses. It is important not to insist that the children talk, but rather give them a safe place in which to talk about their experiences and to explore the meanings and implications of their experiences.

Some people think the children wanted the abuse if they seem to have found it physically pleasurable, or if there was orgasm and/or ejaculation involved. In actuality, human bodies respond to sexual stimulation, which is pleasurable to be body. Sexual stimulation is pleasure to body and mind when there is mutuality and consent. Sexual pleasure under conditions of sexual abuse is confusing to children because it typically is confined to the body while the children's thoughts and emotions are fearful and confused.

Adults often cannot help child survivors who experienced bodily sensations because adults are unprepared to deal with the reality that children's bodies may respond to sexual stimulation that children do not want or seek.

A balanced message is that sexual abuse is a painful, difficult situation that children can learn to manage well with the help of adults. Finding an askable, available, kind and listening other person to talk to helps children work out the trauma.

Children need to know what the legal implications are and the police may expect them to do. If children are assured that adults will be with them every step of the way, then this becomes an important part of the children's recovery. Children can cope with adversity when adults are consistently there for them.

The following are some general guidelines for listening to children who have experienced sexual abuse.

- Sit on the same level with the child.
- Speak in a calm voice.
- Regulate eye contact: Don't stare or avoid the eyes, although in some cultures not looking into the eyes of others is a form of respect.
- Sit at a comfortable distance from the child.
- Echo the last word of the child's statement.
- Reflect back what you just heard to check to see if you heard correctly.
- Use the 80/20 formula--adults do 20% of the talking.
- Repeat a key word.
- Nod your head when you agree.
- Use the words the child uses, not only the slang but other words, too. This is an example of using the same word:

Child: "He put his thing in my craphole."

Adult: "He put his thing in your craphole."

Here is another example:

A 9 year-old girl, whose grandfather sexually abused her for six years, cringed every time she used the word "wiener," which was the term she knew for "penis." The interviewer used the word in a matter of fact way. Eventually, the little girl relaxed as she used the word.

- Don't put words in the child's mouth.
- Be warm and accepting.
- Use simple, concrete language.

Adults can improve their skills in talking to children about sexual abuse by using their imaginations. They can imagine how they would feel if they had been used and abused, if they can imagine what it is like to trust someone and have that trust betrayed, to feel shamed and stigmatized by events over which you had not control but thought you should have had control, or even believe that you did have control. Child sexual abuse is a major traumatic life event that requires sensitive responsiveness.

The following are some examples of what to say when children are talking to adults about being sexually abused. Adults can adapt these examples to fit their own situations. Children test adults and often begin by telling them just a little bit. If adults pass the early tests, then children are likely to say more.

- "Sexual abuse is hard to talk about. I'm glad you can trust me." Children already know how hard it is to talk about sexual abuse. When an adult acknowledges this, children typically feel encouraged to go on.
- "Uh huh" and "I see." In conversations with you, children may be testing the reality of their experiences. As a general principle, anything a particular feels is valid for that child. So, a simple "Uh huh" or "I see" could suffice to validate the child's experience and encourage the child to go on.
- "You seem to be uncomfortable. Would you like to stop now?" When children start to talk about the abuse, there is a point at which it may be wise to stop. Children sometimes become overwhelmed with emotion. They might want to be held, or go to a playground, or spend time alone at the computer. The pacing depends upon the children. When adults encourage children to take breaks, trust can grow.
- "It is ok to love the person who abused you." Many children have long-term relationships with the persons who sexually abuse them. They feel attached to these persons, may have happy memories of the good times together, and they may have enjoyed the attention. This is an important part of children's experience of abuse, and children benefit when adults acknowledge such experiences.
- "Yes, what happened is confusing. I understand that you didn't like the sexual parts of what happened. You liked the person but not what he or she did to you." With some possible exceptions, children did not like the sexual abuse, even if they

experienced physical pleasure. Children, however, need to make these statements with little or no prompting for adults.

- "You may have heard sexual abuse is not your fault, but a lot of kids think it is. What do you think?" Most children believe the sexual abuse is their fault. One little girl said of six years of abuse that her grandfather perpetrated, "I never told him not to do it." If adults attempt to assure children that the abuse is not their fault when the children believe it is their fault, then adults are ignoring children's perspectives and invalidating their perspectives. Helping children see where the fault lies requires careful, sensitive conversations over time.
- "The perpetrator took advantage of you." This is a message most sexually abused children can benefit from hearing, but the timing of when to let children know this is important. There is no set of rules or procedures that pinpoint the absolutely right time. Adults must depend upon their judgments about children's readiness to hear such an important message.
- "Is there anything else?" Often children will say only parts of their stories. When the conversations appear to be ending, adults can ask, "Is there anything else?" Often children then disclose a great deal more.

Talking to children about their own sexual abuse is a set of skills that adults can learn only if they understand child sexual abuse and have capacities for empathy and regulation of their own emotions.

When Perpetrators Are Family Members and Friends

It can be difficult if not impossible to believe that a loved and respected person could sexually abuse children. One mother said, "When my daughter told me her father was touching her sexually, I didn't believe her. She was such a wise-ass kid, and this man was the love of my life. He was my high school sweetheart. We had been together 22 years." Eventually, she did believe her daughter and divorced the love of her life. She felt so terrible about not believing her daughter that she got training as a rape crisis counselor and got a job working at the rape crisis center.

Friends and family members may not believe loved ones when they tell them they have sexually abused children or they may dismiss the significance of perpetrators' behaviors. A married man, father of two sons, told Army buddies and friends that he was sexually attracted to boys and sometimes sexually molested them. He said his friends did not believe him. He told his fiancée of his sexual interest in children. She married him anyway. She never thought he could molest his own sons. He claims he never did, but he could have.

He was an attractive, educated, well-mannered man. Eventually, tired of the stress of wanting to be sexual with children, he voluntarily sought treatment. Several years into treatment, he concluded that his sexual orientation was to children. Married to the same woman for more than 25 years, he accepted the idea that he could be affectionate with his wife but would rarely have any interest in being sexual with her. She apparently agreed to this.

Resources for Families, Perpetrators, and Potential Perpetrators

The attractive, endearing qualities that many perpetrators have and fears of consequences make it difficult for non-offending parents to seek professional consultation when they believe or fear that someone they care about is molesting a child. Fortunately, there is an organization called StopItNow! that provides resources for those concerned about possible sexual abuse.

StopItNow! also has resources for persons who are thinking about sexually abusing children or who already are. They guide perpetrators and potential perpetrators to helping professionals. Perpetrators also are helped to report themselves to the police. Typically, judges order treatment and lengthy probation for perpetrators who admit their guilt. If they fail treatment, then they have to do prison time, which can be up to 20 or more years.

Treatment for Survivors, Perpetrators, and Family Members

Survivors of child sexual abuse and their families often seek professional help to deal with the shock and trauma of the abuse and to educate themselves about the myths and realities of child sexual abuse. Part of the trauma for survivors and their families is the common misunderstandings about child sexual abuse that we have discussed in this curriculum.

Well-trained professionals can help survivors and their families understand child sexual abuse for what it is—an abuse of power where someone who is older, stronger, and more knowledgeable takes advantage of a child for sexual and emotional gratification—and sometimes out of greed. Child sexual abuse has nothing to do with the worth or worthiness of children and has everything to do with the self-centeredness of perpetrators.

Much of the work that survivors and their families do with professionals is dedicated to education about the nature of the abuse. It is not easy to undo beliefs that children are at fault and something must be wrong with children who are sexually abused. Furthermore, non-offending parents often need a great deal of support to work through what can be deep and enduring guilt about their inability to protect their children. A sense of betrayal is a major issue for children and non-offending family members.

A case study might bring some life to these issues. Imagine what it must be like for parents to discover that the husband's father had sexually abused their daughter from the time she was six until she was fourteen. The abuser was a loved family member who with his wife had dinner every week with his son and his son's family for their entire fifteen-year marriage. This was dad who gave the couple the down payment on their first house and who was handy enough to install a new furnace for them. This was granddad who never showed up without peppermints in his pocket for his grandchildren and who had put aside thousands of dollars for his grandchildren's college educations.

Imagine how shocked and traumatized the parents were when they learned that the man they loved and thought was wonderful had sexually abused their daughter. This family

sought professional help from a rape crisis center that provided referrals to competent professionals for the entire family. The family had no desire for contact with their father, father-in-law, and grandfather.

The issues related to sexual abuse are monumental. Despite this, some families resist seeking professional help. The parents believe they can make it on their own and the child survivors resist because they are afraid if they get professional help, this means they are crazy. One 13 year-old refused therapy with these words, "I ain't crazy."

Indeed she was not crazy. She might accept professional help if the adults in her life could help her to see that she would feel a lot better if she talked about the abuse with a professional. Of course, the adults would have to believe this and perhaps model these behaviors by seeking professional consultation themselves.

Any professional help that children and parents receive is voluntary, but when perpetrators are in treatment, this is a condition of a suspended sentence or they are in prison treatment programs where the incentive is earlier release time. Both prison-based and community-based treatment use group treatment models with some individual and family work. Sex offender group treatment typically based on cognitive-behavioral approaches, where participants learn to identify the thoughts and emotions connected with their sexually abusive behaviors and then learn how to manage their thoughts and emotions.

Some prison-based and many community-based treatment programs will arrange sessions with spouses of sex offenders. Typically this occurs toward the end of treatment or when offenders are about to move back into the home. Some programs also do apology and reconciliation sessions. This takes a great deal of preparation and cannot be done unless the child survivors are completely prepared to deal directly with the abuse and the perpetrators are completely prepared to take total responsibility for their behaviors. In addition, family members must be prepared to support and encourage children throughout the process.

Apology and reconciliation sessions are quite rare and require highly skilled and competent professionals who consult frequently with other knowledgeable people. At least two professionals plan and coordinate these sessions: professionals who work with perpetrators and those who work with survivors and families.

There are a couple of reasons why such sessions are rare. First, the discovery of child sexual abuse often results in families ending relationships with perpetrators. When child sexual abuse involves a father, grandfather, or friends of the family, many times the non-offending parents decide they want no more contact with the abuser. Most marriages end in divorce when fathers and stepfathers are discovered to be sexually abusing their children or stepchildren.

Second, relatively few professionals are competent to do these sessions and some believe that cut-off from perpetrators is the best course. However, when children want

relationships with the persons who abused them, then this should be taken into consideration. As strongly as adults may feel about no contact, children often are deeply attached to perpetrators, want the perpetrators to get help, and certainly do not sexual contact with them. Ideally, apologies and reconciliation sessions would be available to all persons who would want this.

Family incest treatment has built-in apology and reconciliation. This approach is designed to bring family members back together in new and healthy ways and provides opportunities for all family members to participate, although no one but the perpetrators are required to attend treatment. There are groups for perpetrators, for non-offending spouses, for survivors, and for siblings who were not sexually abused. Couples therapy, individual therapy, family therapy, multiple family therapy, and family life education are other components of family incest treatment programs. In some programs, survivors or perpetrators are the sole family members who attend. Individuals who attend on their own benefit from hearing about the experiences of non-related family members.

As one example, a bright college-bound survivor was the sole member of her family to participate in a family treatment program. In a multiple-family group, a father perpetrator who was a member of another family said, "I took advantage of my children. Your father took advantage of you. It is important for you to understand this so you can go on with your life and have a good life." This was a transforming moment for this young person. To have this message from a man who had sexually abused his own children was powerful, much more powerful than hearing the same thing from a professional or from anyone else.

There is a lot of talk about whether or not treatment works for perpetrators of child sexual abuse. Studies do show that persons who complete sex abuse treatment are far less likely to abuse children sexually than those who do not complete treatment or do not participate in treatment at all. In general, treatment is effective for most perpetrators. Since most perpetrators live in families and communities, safety for children is more likely if these individuals have gone through treatment.

There is a small percentage of perpetrators of child sexual abuse whom treatment professionals believe are unable to respond to treatment and are so likely to sexually abuse again that they must be committed to locked mental health hospitals as sexually dangerous and psychopathic. Thousands of men and a few women are now so confined. The condition of their release is completion of treatment. Few individuals who are committed under mental health laws are ever released.

There are other strategies for keeping children safe, such as community notification, sex offender registries, and laws that prevent convicted sex offenders from living near schools and playgrounds. Community notification involves public meetings where officials from departments of corrections provide information about on offenders classified as high risk and who is moving into the neighborhood. Sex offender registries are a means of keeping track of where sex offenders live. In addition to adults, some states require adolescents and even children under the age of twelve and who are adjudicated as sex offenders are required to register. These registries are available to the public.

There is concern about the fairness and wisdom of labeling children and adolescents as sex offenders. Though it is true that most adult perpetrators of child sexual abuse began their abusive behaviors in childhood and adolescence, many more young people stop their sexually abusive behaviors for any number of reasons and are no longer a threat. The earlier example of the young woman who abused the children she babysat is typical of the kinds of sexual abuse that young people commit and then stop doing. These are not chronic offenders, but young people who can be considered “naïve experimenters,” a term used for persons whose behaviors that cross the line but are unlikely to ever act this way again.

Funding for Child Sexual Abuse Prevention and Treatment

Many more resources are needed for survivors, their families, and for perpetrators. Public child protection agencies often are in the front line for dealing with these issues. These agencies are underfunded to the point where social workers have so many cases that they are unable to provide adequate services. Police, attorneys, and judges often do not understand child sexual abuse and may not respond to what some social workers believe is compelling evidence of child sexual abuse. Medical personnel often are unfamiliar with the signs and symptoms of child sexual abuse. Given the victim-blaming myths and taboos, patients are unlikely to disclose without encouragement that they are survivors.

The general public does not understand the true nature of child sexual abuse and is in great need of education. Few professional training programs offer courses on child sexual abuse. Therefore, when professionals are confronted with cases involving child sexual abuse they are unprepared to respond competently. While there is some funding to help children avoid being sexually abused, there is a great need for programs to teach children not to sexually abuse others. Focusing on victims as a way to prevent child sexual abuse is another way that attention is shifted away from those truly responsible and that is perpetrators.

Conclusion

Child sexual abuse is a serious social problem that affects the quality of life and life chances of uncounted millions of survivors in the United States and internationally. Child sexual abuse hurts all who are victimized, but some survivors cope with, adapt to, and overcome its affects because they have people in their lives who understand the true nature of child sexual abuse and who provide them with the information and support they need to recover.

The more adversities survivors have experienced, the more difficult recovery is. Under these conditions, child sexual abuse becomes one more threat to survivors’ optimal development.

The myths, misunderstandings, and victim-blaming associated with child sexual abuse shifts attention away from perpetrators and silences survivors. Perpetrators alone are responsible for child sexual abuse.

Much more attention needs to be paid to child sexual abuse so that the general public is better educated and that professionals are better prepared. An informed public will advocate for the prevention of child sexual abuse and for effective programs for survivors when abuse has occurred.

Discussion Questions

- Child sexual abuse is an abuse of power. What kinds of power do adults have over children?
- What kinds of things do children say that suggest that they understand that adults have power over them?
- What do adults want when they sexually abuse children?
- Describe sensitive, responsive responses to children.
- What is the difference between adults how abuse children sexually and adults who are sensitive and responsive to children?
- What is the difference between sexual play and sexual abuse when children engage in sexual behaviors?
- What are the various types of child sexual abuse?
- What do you think explains why girls are twice as likely to be reported as victims of child sexual abuse as compared to boys?
- Discuss the social forces that lead to the sexual abuse of children.
- Discuss the factors that are associated with children showing resilience after being sexually abused.
- What factors are associated with survivors becoming perpetrators?
- What does child sexual abuse mean to children?
- What does child sexual abuse mean to perpetrators?
- Discuss the principles of talking to children who have been sexually abused.
- What kinds of treatments are most helpful to children and their families when children have been sexually abused?
- Discuss strategies of prevention of child sexual abuse.

Selected References for Additional Readings

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Resource List

- Child Welfare Information Gateway, USA: <http://www.childwelfare.gov>
- International Society for Prevention of Child Abuse and Neglect, USA: <http://www.ispcan.org>
- Institute of Child Development, University of Minnesota, Twin Cities, USA: <http://www.education.umn.edu/ICD>
- National Child Protection Clearinghouse, Australia: <http://www.aifs.gov.au/nch>
- MaleSurvivor, USA: <http://www.malesurvivor.org>
- Minnesota Center Against Violence and Abuse: <http://mincava.umn.edu>
- National Society for the Prevention of Cruelty to Children, UK: <http://www.nspcc.org.uk>
- Rape, Abuse & Incest National Network, USA: <http://www.rainn.org>
- Sexuality Information and Education Council of the United States, USA: <http://www.siecus.org>
- Stop It Now!, USA: <http://www.stopitnow.org>