Protecting Life's Little Treasures

What Every Parent Should Know About Child Sexual Abuse

Information Provided By:

PURCHASE AREA
Sexual Assault & Child Advocacy
CENTER
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WHAT IS CHILD SEXUAL ABUSE?

Child sexual abuse is defined as both contact and non-contact activities of a sexual nature that takes place between an adult and a child or between two children where one child has power over the other.

Stop It Now!, a non-profit organization dedicated to the prevention of child sexual abuse, provides this list of harmful contact and non-contact behaviors:

ABUSIVE PHYSICAL CONTACT AND TOUCHING INCLUDES:

- Touching a child's genitals for sexual purposes
- Making a child touch someone else's genital or play sexual games
- Putting objects or body parts inside the vagina, in the mouth or in the anus of a child for sexual purposes

NON-CONTACT SEXUAL ABUSE INCLUDES:

- Showing pornography to a child
- Deliberately exposing an adult's genitals to a child
- Photographing or videotaping a child in sexual poses
- Encouraging a child to watch or hear sexual acts
- Inappropriately watching a child undress or use the bathroom

WHO ARE THE PERPETRATORS?

Hollywood has taught us that child molesters are "creepy, shady men" who are loners and strangers. When asked what a child molester looks like, most people describe a quiet male who looks out of place. This image could not be further from reality.

In 90% of child sexual abuse cases, the child knows and trusts the person who sexually abused them. Coaches, teachers, clergy and parents are authority figures who we innately trust and yet a large percentage of those who sexually abuse children are from one of these groups. Child molesters succeed by grooming their victims with affection and attention over a period of time making it difficult for children to identify certain behaviors as abuse. We raise our children to obey the adult authority figures in their lives. Imagine, then, how difficult it can be for a child to say "no" to one of these people of authority.

WHO ARE THE VICTIMS?

It is estimated that as many as 1 in 3 girls and 1 in 7 boys nationwide are victims of some form of sexual abuse prior to age 18.

It is very likely that you know a child who has been or is being abused. Only 12% of victims of child sexual abuse will tell someone due to fear, confusion or embarrassment. Children who keep their abuse a secret or who tell about abuse and are subsequently not believed are at greater risk than the general population for psychological, emotional, and physical problems. Victims of sexual abuse are 3 times more likely to suffer from depression, 6 times more likely to suffer from post-traumatic stress disorder, 13 times more likely to abuse alcohol, 26 times more likely to abuse drugs and 4 times more likely to contemplate suicide.

WHAT ARE THE SIGNS A CHILD MAY BE ABUSED?

Victims of child sexual abuse may exhibit an array of the following behavioral and physical indicators. Please note that not all children will demonstrate observable changes in their behavior and actions. Although some changes are negative, other changes in children may be viewed as positive. For example, some children may become more compliant. In utilizing these indicators, please be mindful of sudden or drastic behavioral changes. The key is to know the typical behaviors for the children you care for.

Where sexual behaviors are concerned, it can be difficult for parents and caregivers to distinguish between age appropriate sexual behaviors and sexual behaviors that may be cause for concern. Dr. Toni Cavanaugh Johnson, Ph.D. has compiled a resource guide for parents to distinguish between behaviors that are age appropriate and those that may be cause for concern. A link to this resource is provided in the *Recommended Reading* section of this guide.

BEHAVIORAL INDICATORS:

- Regression
- Quietness
- Social withdraw
- Sleeping and eating issues
- Poor peer relationships
- Reluctance to participate in recreational activity
- Acting out

- Aggressiveness
- Preoccupation with sex organs of self, parents or other children
- Sexual sophistication beyond their years (knowledge and language)
- Sexualized behavior (touching others inappropriately)
- Attempts to run-away
- Drug/alcohol use

PHYSICAL INDICATORS:

- Difficulty walking and sitting
- Torn clothing
- Stained or bloody underwear
- Pain or itching in the genital area
- Sexually transmitted diseases
- Early pregnancy
- Urinary tract infections
- Bleeding, cracks or tears around orifices
- Psychosomatic complaints (frequent stomachaches, headaches, etc)
- Gagging, vomiting
- Bed wetting or soiling once toilet training is completed

Anxiety disorders are among the most common mental, emotional, and behavioral problems to occur during childhood and adolescence. Children and adolescents with anxiety disorders typically experience intense worry, fear, or uneasiness that can last for long periods of time and significantly affect their lives.

Children and adolescents can develop post-traumatic stress disorder after they experience a very stressful event, such as physical or sexual abuse. Young people with post-traumatic stress disorder experience the event over and over through strong memories, flashbacks, or other kinds of troublesome thoughts. As a result, they may try to avoid anything associated with the trauma. They also may overreact when startled or have difficulty sleeping.

COMMON BELIEFS AND FEELINGS OF CHILDREN WHO EXPERIENCE SEXUAL ABUSE

Victims of abuse may have an array of thoughts and feelings that influence their behaviors in response to experiencing sexual abuse. Such beliefs and feelings may include:

- Guilt - *It was my fault; I should not have gone back again; I should have stopped it from happening; It wouldn't have happened if only I…; What happened to me makes me bad.*

- A Sense of Personal Violation - *I am no longer safe; I have no protection from danger; No one can be trusted; Love hurts.*

- A Loss of Control – *I can't make decisions; I have no control over myself, my body or my life; If I am tough, weak, sick, perfect, or in control, I won't get hurt anymore.*

- Lowered Self-Esteem – *I am worthless; I am not worthy of being loved; I am not lovable; What I did to survive is disgusting, therefore I am disgusting; I don't deserve to have good things happen to me because of what happened to me.*

- Anger – *I hate myself; I hate everyone around me.*

- Fear – *I am afraid to be alone; I am afraid to love anyone again; I am afraid to be loved.*

- Shame – *I am bad and that is why s/he chose me; I let her/him touch me to get nice things; I know the bad will happen soon, so let's just get it over with.*

WHAT ARE COMMON REACTIONS OF PARENTS?

Anger, disbelief, denial, guilt, shame and shock are all common feelings for parents who learn that their children have been victimized. These emotions, though normal, can cause further harm to the abused child if expressed in front of the child.

When a parent responds with anger or disbelief, the child is likely to shut down, change his or her story or feel a great sense of guilt over his/her disclosure. Children who are victims of sexual abuse are vulnerable. A parent's reaction to the disclosure of their abuse is critical.

HOW PARENTS CAN OFFER SUPPORT TO THEIR CHILD:

- Believe your child and make sure s/he knows it.
- Thank the child for telling you and praise the child's courage.
- Encourage the child to talk, but do not ask leading questions about the details. (Asking for details can alter the child's memory of events.) If you must ask questions, keep the questions open ended: *"What happened next?"*
- Seek the help of professionals trained to interview the child about sexual abuse.

- Assure the child that it's your responsibility to protect him or her and that you'll do all you can.
- Report the abuse to the proper agency or take action.
- Don't panic. Sexually abused children who receive support and psychological help can and do heal.

Source: Darkness to Light; 7 Steps to Protecting our Children

Remember that emotional responses vary to each individual situation. You may show one reaction or any combination reaction. The most important thing you can do for yourself and your child is to find support so that you can express your emotions in a healthy, adaptive manner. It is important that you take care of your emotional well-being so you can also take care of your child.

SEXUALLY ABUSED TEENAGERS

Many teens show obvious signs of abuse, while others show signs indirectly because of other problems in their lives. While each individual displays distinct symptoms, there are some underlying characteristics and issues common to most abuse victims.

Sexually abused teenagers often dislike themselves, experience feelings of shame, feel worthless and hopeless, believe they are no good, do not trust others (especially their parents and other adults), feel that they caused the abuse and/or feel angry and depressed.

BEHAVIORAL INDICATORS OF SEXUAL ABUSE IN TEENS:

Typically abused teens respond by feeling depressed, exhibiting low self-esteem, withdrawing from others, entering into unhealthy relationships, or by feeling angry and acting out in aggressive ways. They may also:

- Be angry at everyone or at groups of people such as males, females or adults
- Act extremely self-centered
- Act tough; seem not to care about anyone else
- Refuse to get close to anyone
- Start fights
- Show off a lot
- Exhibit poor performance in school
- Refuse to take responsibility for their actions
- Run away, risking further sexual abuse
- Use alcohol or drugs

- Develop food disorders
- Display psychosomatic physical issues such as frequent stomachaches, headaches, etc.

INDICATORS OF TEEN DEPRESSION:

Abused teens may show signs of depression by:

- Mutilating themselves
- Expressing suicidal ideation or making suicide attempts
- Having trouble sleeping / sleeping too much
- Changing eating habits: gaining or losing weight
- Showing signs of hopelessness and helplessness
- Being listless and showing little energy

INDICATORS OF LOW SELF-ESTEEM IN TEENS:

Teenagers may show signs of low self-esteem and shame by:

- Indicating that they are not likeable
- Withdrawing from others
- Using negative body language such as downcast head and eyes and slumping body

Low self-esteem often leads teenagers to enter into unhealthy relationships. They may accept the exploitation of others, believe that they are unworthy of friends, stay in destructive relationships, place themselves in unprotected and dangerous situations, act helpless, nonassertive and vulnerable and/or be especially gullible when someone suggests that they are lovable.

For some teens in abusive relationships, sex becomes the major focus of their lives. This may become apparent is several ways. The child may behave in a promiscuous behavior, constantly use sexual innuendos, be extremely flirtatious with adults as well as peers and dress seductively, may exhibit generalized anger and distrust of people of the opposite sex or may gravitate toward those of the opposite sex. Some teens may become sexually abusive to others. These teens think that sex will meet their needs of intimacy, personal importance, and power.

On the opposite end of the spectrum, there are abused teens who shut out sexuality altogether. These teens will attempt to avoid physical or social contact with individuals of the same sex as their offender and/or make themselves as unattractive as possible and wear clothes that hide their bodies.

WHAT IS THE IMPACT OF TRAUMA ON CHILDREN?

Traumatic events cause extreme stress that overwhelms an individual's ability to cope. Trauma can have serious consequences for the normal development of children's brains, brain chemistry, and nervous system. Trauma-induced alterations in biological stress systems can adversely affect brain development, cognitive and academic skills, and language acquisition. Traumatized children and adolescents display changes in the levels of stress hormones similar to those seen in combat veterans. These changes may affect the way traumatized children and adolescents respond to future stress in their lives, and may also influence their long-term health.

Children who have experienced ongoing trauma may experience impairments in many areas of development and functioning that includes the following:

- **Attachment**: Traumatized children feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.

- **Biology**: Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.

- **Mood regulation**: Children exposed to trauma can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.

- **Dissociation**: Some traumatized children experience a feeling of detachment or depersonalization, as if they are "observing" something happening to them that is unreal.

- **Behavioral control**: Traumatized children can show poor impulse control, self-destructive behavior, and aggression towards others.

- **Cognition**: Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.

- **Self-concept**: Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.

IMPACT OF TRAUMA ON BRAIN DEVELOPMENT BY DEVELOPMENT STAGE

Child traumatic stress reactions vary by developmental stage. Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event.

This may reduce children's capacity to explore the environment and to master age-appropriate developmental tasks. The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

In **early childhood,** trauma can be associated with reduced size of the cortex which is responsible for many complex functions, including memory, attention, perceptual awareness, thinking, language, and consciousness. Trauma may affect "cross-talk" between the brain's hemispheres, including parts of the brain governing emotions. These changes may affect IQ, the ability to regulate emotions, and can lead to increased fearfulness and a reduced sense of safety and protection..

Young children who have experienced trauma may:

- Become passive, quiet, and easily alarmed
- Become fearful, especially regarding separations and new situations
- Experience confusion about assessing threat and finding protection, especially in cases where a parent or caretaker is the aggressor
- Regress to recent behaviors (e.g., baby talk, bed-wetting, crying)
- Experience strong startle reactions, night terrors, or aggressive outbursts

In **school-age children**, trauma undermines the development of brain regions that would normally help children to manage fears, anxieties, and aggression, sustain attention for learning and problem solving, control impulses and manage physical responses to danger, and enable the child to consider and take protective action. As a result, children may exhibit sleep disturbances, new difficulties with learning, difficulties in controlling startle reactions, and behavior that shifts between overly fearful and overly aggressive.

School-age children with a history of trauma may:

- Experience unwanted and intrusive thoughts and images
- Become preoccupied with frightening moments from the traumatic experience
- Replay the traumatic event in their minds in order to figure out what could have been prevented or how it could have been different

- Develop intense, specific new fears linking back to the original danger
- Alternate between shy/withdrawn behavior and unusually aggressive behavior
- Become so fearful of recurrence that they avoid previously enjoyable activities
- Experience sleep disturbances that may interfere with daytime concentration and attention

In **adolescents**, trauma can interfere with development of the prefrontal cortex, the region responsible for consideration of the consequences of behavior, realistic appraisal of danger and safety, and the ability to govern behavior and meet longer-term goals. As a result, adolescents who have experienced trauma are at increased risk for reckless and risk-taking behavior, underachievement and school failure, poor choices, and aggressive or delinquent activity.

In response to trauma, **adolescents** may feel:

- That they are weak, strange, childish, or "going crazy"
- Embarrassed by their bouts of fear or exaggerated physical responses
- That they are unique and alone in their pain and suffering
- Anxiety and depression
- Intense anger
- Low self-esteem and helplessness

These trauma reactions may in turn lead to:

- Aggressive or disruptive behavior
- Sleep disturbances masked by late-night studying, television watching, or partying
- Drug and alcohol use as a coping mechanism to deal with stress
- Over- or under-estimation of danger
- Expectations of maltreatment or abandonment
- Difficulties with trust
- Increased risk of re-victimization, especially if the adolescent has lived with chronic or complex trauma

Adolescents who have experienced trauma may use alcohol or drugs in an attempt to avoid overwhelming emotional and physical responses. In these teens reminders of past trauma may elicit cravings for drugs or alcohol. Substance abuse further impairs their ability to cope with distressing and traumatic events. Substance abuse also increases the risk of engaging in risky activities that could lead to additional trauma.

CHILDHOOD TRAUMA AND PTSD

According to the American Psychiatric Association, PTSD may be diagnosed in children who have: experienced, witnessed, or been confronted with one or more events that involved real or threatened death or serious injury to the physical integrity of themselves or others and/or responded to these events with intense fear, helplessness, or horror, which may be expressed as disorganized or agitated behavior.

KEY SYMPTOMS OF PTSD:

- Persistent re-experiencing of the traumatic event: intrusive, distressing recollections of the event; flashbacks; nightmares; exaggerated emotional and physical reactions to reminders of the event; trauma-specific re-enactment or repetitive play, in which themes or aspects of the trauma are expressed.

- Avoidance of activities, places, thoughts, feelings, or conversation related to the trauma. A child may be unable to recall an important aspect of the trauma; may show markedly diminished interest or participation in significant activities; may avoid feelings or intentionally detach from others; may show a restricted range of affect (emotional numbing) and be unable to have loving feelings; or may have a sense of foreshortened future.

- Increased arousal: difficulty sleeping, irritability or outbursts of anger, difficulty concentrating, hypervigilance, and/or exaggerated startle response.

WHAT YOU CAN EXPECT FROM TREATMENT

Treatment at the Purchase Area Sexual Assault & Child Advocacy Center is designed to help children, adolescents, and their families overcome many of the difficulties associated with abuse and trauma. Treatment is provided in a flexible and developmentally appropriate manner to address the individual needs of each child and family. Treatment is short-term and can work in as few as twelve treatment sessions. Treatment may be provided for longer periods depending on the child and family's needs. Individual sessions for the child and for the parents as well as joint parent/child sessions address the following:

- Providing education to the child and their caregivers about the impact of trauma on children and common childhood reactions to trauma;
- Helping children and parents identify and cope with a range of emotions;

- Developing personalized stress management skills for children and parents;
- Teaching children and parents how to recognize the connections between thoughts, feelings, and behaviors;
- Encouraging children to share their traumatic experiences either verbally, in the form of a written narrative, or in some other developmentally appropriate manner;
- Helping children and parents to talk with each other about the traumatic experiences;
- Modifying child's and parents' inaccurate or unhelpful trauma-related thoughts;
- Helping parents to develop skills for optimizing their child's emotional and behavioral adjustment.

Parent or caregiver participation in treatment is essential to the healing process of the child in order to facilitate the above treatment goals. Treatment is facilitated through expressive therapies such as play, art, drama, music, dance, sand and symbols due to the nature of trauma decreasing the ability to talk about the trauma.

Opportunities also exist for parents to participate in parent support groups. Parental support is the best predictor of a successful prognosis for children who have been impacted by sexual abuse.

RECOMMENDED READING

Darkness to Light – *7 Steps to Protecting Our Children; A Guide for Responsible Adults.* Available at www.d2l.org.

Stop It Now! – *Prevent Child Sexual Abuse: Facts About Sexual Abuse and How to Prevent It.* Available at www.stopitnow.org.

Stop It Now! – *Let's Talk: Speaking Up to Prevent Child Sexual Abuse*. Available at www.stopitnow.org.

The National Child Traumatic Stress Network – *Coping with the Shock of Intrafamilial Sexual Abuse*. Available at www.nctsnet.org.

The National Child Traumatic Stress Network – *Questions and Answers about Child Sexual Abuse*. Available at www.nctsnet.org.

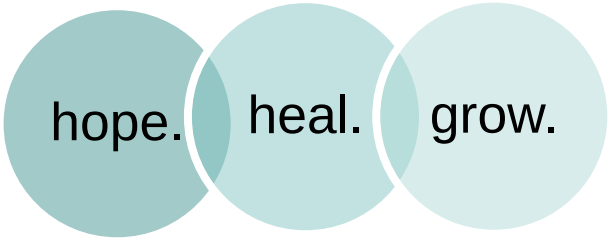
The National Child Traumatic Stress Network – *What To Do If Your Child Discloses Sexual Abuse.* Available at www.nctsnet.org.

The Pennsylvania Child Welfare Training Program – *Behaviors Related to Sex and Sexuality in Children*. Available at http://www.pacwcbt.pitt.edu/curriculum/CTC/MOD5/Hndts/HO17_BhvrsRltdToSxAndSxltyChldrn.pdf

ABOUT PASAC

The Purchase Area Sexual Assault and Child Advocacy Center is a 501(c)3, non-profit organization that has been providing direct services to victims of crimes since 1989. As the regionally designated rape crisis center and child advocacy center by the state of Kentucky's Cabinet for Health and Family Services, the Center serves the eight county Purchase Region of western Kentucky by providing free and confidential aid to all ages of victims of sexual crimes. Through PASAC, staff provides direct services to children who are victims of physical and emotional abuse and neglect on a case-by-case basis, and provide referral services for those we are unable to directly serve due to full case loads. Likewise, our center provides prevention educational programming within the community and training to community partners (e.g., law enforcement, Multi-disciplinary team members, and professionals).

The mission of the Purchase Area Sexual Assault and Child Advocacy Center is to provide support and to promote healing to individuals affected by sexual violence. We engage in all phases of support for victims of sexual crimes by providing a 24-hour crisis line, medical and legal advocacy, and evidenced-based clinical services. In addition, we work collaboratively with community partners to ensure consultation and referral services are adequate to meet the comprehensive needs of our clients. We participate in all regional Multi-Disciplinary Teams and assist with the facilitation of meetings and case management services. This systems-level advocacy allows PASAC to do its part in ensuring a comprehensive response to child sexual abuse and sexual assault. Finally, the Center's staff, board members, and volunteers also pledge to work to prevent violence within our communities through education and specialized training.



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