

Chapter 11

Childhood Sexual Abuse & the Adult Survivor

“An unrectified case of injustice has a terrible way of lingering, restlessly, in the social atmosphere like an unfinished equation.” ~ Mary McCarthy

OBJECTIVES FOR THIS CHAPTER

- Become familiar with unique issues regarding childhood sexual assault
 - Have a general understanding of the symptoms a child who is being sexually assaulted might display
 - Learn likely questions an advocate may be asked by a victim about childhood sexual assault (and your responses)
 - Obtain a general understanding of the mandatory reporting process
 - Learn where to find information and referral resources regarding childhood sexual assault
 - Identify main issues an adult survivor of child sexual abuse may be struggling with
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As an advocate you will likely work with victims who have experienced child sexual abuse in their past. To be prepared to help this type of client, it is necessary to understand child sexual abuse including: (1) who the victims are; (2) who are the offenders and what motivates them; (3) what is the impact on the victim, and (4) how they can heal.

What is Child Sexual Abuse?

Child sexual abuse is any sexual contact between a child and an adult (or older child) that results in sexual stimulation and gratification for the adult. Child sexual abuse includes:

- Rape (forced vaginal penetration)

- Incest (defines a familial relationship between victim and offender, while child molestation usually refers to a perpetrator outside of the family)
- Touching a child's genital areas (penis, vagina, vulva, breasts, testicles or anus) or inserting objects inside these orifices for sexual pleasure
- Making the child touch someone else's genitals
- Forced prostitution
- Forcing the child to have sex with another child or adult
- Videotaping a child for the purposes of sexually arousing the adult
- Having a child pose, undress, or perform in a sexual nature
- Exposing genitals to a child for the purpose of sexual arousal of an adult
- Exposing the child to adult movies, pornography or photographs
- Voyeurism (watching the child undress, often without the child's knowledge)
- Sexualized talk by an adult to a child

How often does child sexual abuse occur?

- It is estimated that 1 in 4 girls and 1 in 6 boys will have experienced an episode of sexual abuse while younger than 18 years. The numbers of boys affected may be falsely low because of reporting techniques.¹
- In 1993, there were an estimated 60 million survivors of childhood sexual abuse in America.²
- Approximately 95% of all teenage prostitutes have been sexually abused.³
- Disabilities are associated with increased risk of child sexual abuse.⁴ It is estimated that children with disabilities are 4 to 10 times more vulnerable to sexual abuse than their non-disabled peers.⁵
- Child sexual abuse occurs on all socioeconomic levels, among all races, and is perpetrated by family members as well as strangers. In fact, in 90% of child

¹ Botash, Ann, MD. "Examination for Sexual Abuse in Prepubertal Children: An Update," *Pediatric Annual*, May 1997.

² "Sexual Abuse Statistics." *PANDora's Box: The Secrey of Child Sexual Abuse*. N.d. Web. 27 December 2010. <www.prevent-abuse-now.com>

³ "Sexual Abuse Statistics." *PANDora's Box: The Secrey of Child Sexual Abuse*. N.d. Web. 27 December 2010. <www.prevent-abuse-now.com>

⁴ Westcott Helen and David Jones. "Annotation: The Abuse of Disabled Children." *Journal of Child Psychology and Psychiatry* 40 (1999): 497-506. Print.

⁵ Sobsey, Dick. "What We Know About Abuse and Disabilities." *NRCCSA News*, National Resource Center on Child Sexual Abuse. Nov/Dec 1992.

sexual abuse cases, the perpetrator is someone that the child knows and trusts. Some people argue that sex with children is a cultural practice. Unfortunately, that is true, including some American cultures. This argument, however, is an excuse and doesn't make it non-abusive or non-exploitive.

About Offenders⁶

You will learn about sex offenders in another chapter and much of what you learn will apply to offenders that sexually abuse children. Most offenders sexually abusing children are men, but women are also perpetrators. Some offenders who perpetrate against children are physically attracted to children, some choose children because they feel inadequate in adult relationships and rely on children to fulfill other needs, and others pick children because they are easy, available targets.

In most circumstances the offender *grooms* a child for abuse. The offender establishes a relationship with a child and may try to make the child feel special with gifts or time together. The offender begins grooming by violating the child's personal boundaries in small ways (e.g., by teasing under the guise of accidental touching). Touching becomes more intrusive as the child becomes used to touch and is more isolated. The perpetrator increases control over the victim.

Offenders use many strategies to keep the abuse secret, including making the child feel special with treats and favors; convincing the child that she/he is a willing party or at fault, or threatening the child or the child's family or pet. Grooming often involves the family of the child and the community – people who are around the child as well. The offender needs family members and others to believe that they are a good person, not capable of hurting a child. This helps protect the offender against suspicion and makes it less likely that a child will be believed.

As an advocate, you will understand the level of deception and trickery offenders use to groom children and protect that abusive relationship. The responsibility for the abuse of children always lies with the perpetrator.

Below are some things to watch for when adults are with children. Any one behavior does not necessarily mean the child is being abused, but may be considered as a flag and perhaps part of a pattern of behavior. These warning signs are taken from STOP IT NOW! and can be accessed at www.stopitnow.org. STOP IT NOW! has a national hotline that is a good resource for callers concerned about these issues.

⁶ STOP IT NOW!/Stop It Now!, n.d. Web. 27 December 2010. <www.stopitnow.org>

WHAT TO WATCH OUT FOR WHEN ADULTS ARE WITH CHILDREN⁷

Have you ever seen someone playing with a child and felt uncomfortable? Maybe you thought, “I’m just over-reacting,” or “they don’t really mean that.” Don’t ignore the behavior; learn how to ask more questions about what you have seen. The checklist below helps in evaluating some situations and offers some potential warning signs.

Do you know an adult or older child who:

- Refuses to let a child set any limits (e.g., regarding touch, tickling, time alone)?
- Insists on hugging, touching, kissing, tickling, wrestling with, or holding a child even when the child does not want this contact?
- Is overly interested in the sexuality of a particular child or teen (e.g., talks repeatedly about the child’s developing body or interferes with normal teen dating)?
- Manages to get time alone or insists on time alone with a child with no interruptions?
- Spends most of his or her spare time with children and has little interest in spending time with people the adult’s own age?
- Regularly offers to babysit many different children for free or takes children on overnight outings alone?
- Buys children expensive gifts or gives them money for no apparent reason?
- Frequently walks in on children or teens in the bathroom?
- Allows children or teens to get away with inappropriate behaviors?

⁷ *STOP IT NOW!* Stop It Now!, n.d. Web. 27 December 2010. <www.stopitnow.org>

Alert Signals for an Adult with Sexual Behavior Problems⁸

Someone you love may be acting in a way that worries or confuses you. These behaviors may be a way for victims to ask for help. Many people with sexual behavior problems wish that someone had asked them what was going on or had told them where to call.

Alert signals:

- Talks repeatedly about the sexual activities of children or teens
- Masturbates a lot or takes breaks from other activities to go masturbate
- Talks about sexual fantasies with children and is not clear about what is appropriate with children
- Was abused as a child and refuses to consider the possible impact of that abuse (or rationalizes the sexual behavior with an adult as actually being good for children)
- Encourages silence and secrets in a child
- Watches child pornography
- Asks adult partners to dress or act like a child or teen during sexual activity
- Often has a “special” child friend, maybe a different one from year to year
- Spends most spare time on activities involving children or teens, not adults
- Makes fun of a child’s body parts, calls a child sexual names such as “stud,” “flirt,” “whore,” or “slut”

Children or Teens as Offenders⁹

It is not just adults who sexually abuse children. Thirty to fifty percent of abusers are under the age of eighteen. It is sometimes difficult to tell whether an incident is abuse or innocent play. STOP IT NOW! - suggests these things to watch for:

- **Size:** Is one of the children/teens involved much larger than the other?
- **Age:** Is one of the children/teens more than three years older than the other?
- **Status:** Does one of the children/teens have more power in the relationship- for example, a babysitter, a club leader, the bully on the block?

⁸ STOP IT NOW!/Stop It Now!, n.d. Web. 27 December 2010. <www.stopitnow.org>

⁹ STOP IT NOW!/Stop It Now!, n.d. Web. 27 December 2010. <www.stopitnow.org>

- **Ability:** Does one of the children/teens have greater mental, emotional, or physical ability than the other? Is it possible the victim is disabled or developmentally slow?
- **Power:** Is one of the children/teens using threats, bribes, or physical force?

Offenders who sexually abuse children often have many victims, sometimes hundreds, even thousands. To stop perpetrating behavior, an offender has to really want to make a commitment to change. They must receive specialized treatment. Even then, this type of behavior is very difficult to change because it derives from attitudes and thoughts that become deeply ingrained. You may need to reiterate that to a caller. Many people want to make excuses for offenders, extend forgiveness, or believe an offender has “changed.” For an offender to stop abusing, they must take an active role in getting treatment and maintaining boundaries, which most often includes staying away from children. Many offenders just refuse to take those steps.

Behavioral and Physical Signs That a Child May Have Been Abused¹⁰

Some of these behavioral signs can show up at other stressful times in a child’s life such as divorce; the death of a family member, friend or pet; when there are problems in school, or when abuse is involved. Any one sign doesn’t mean the child was abused, but several of them mean that you should begin asking questions. These behaviors include:

- Nightmares, trouble sleeping, fear of the dark, or other sleep problems
- Extreme fear of “monsters”
- “Spacing out” – seeming to be unattached or internally focused
- Loss of appetite, or trouble eating or swallowing
- Sudden mood swings: rage, fear, anger, or withdrawal
- Fear of certain people or places (e.g., a child may not want to be left alone and may protest vehemently when left with a baby-sitter, friend, relative, or some other child or adult)
- A child who is usually talkative and cheery may become quiet and distant when around a certain person
- Stomach illnesses occur frequently with no identifiable or diagnosable reason
- An older child behaving like a younger child (such as bed-wetting or thumb sucking)

¹⁰ *STOP IT NOW!* Stop It Now!, n.d. Web. 27 December 2010. <www.stopitnow.org>

- Sexual activities with toys or other children, such as simulating sex with dolls or asking other children including siblings to behave sexually
- New words for private body parts that the parents or teachers didn't teach them
- Refusing to talk about a "secret" with an adult or older child
- Talking about a new older friend
- Suddenly having money
- Cutting or burning herself/himself as an adolescent

Physical Signs

- Unexplained bruises, redness, or bleeding of the child's genitals, anus, or mouth
- Pain at the genitals, anus, or mouth
- Genital sores or milky fluids in the genital area
- Sores in the mouth or throat, or other signs of sexually transmitted diseases

CHILD SEXUAL ABUSE MYTHS AND FACTS¹¹

MYTH: Children make up stories or lie about sexual abuse.

FACT: While children do make up stories, they seldom lie about sexual abuse. Moreover, children who have not been abused do not usually have explicit knowledge of intimate sexual behavior at an early age. Statistics indicate that most reports of child sexual abuse are true.

MYTH: Abuse is most often committed by strangers.

FACT: Most abuse is committed by someone the victim knows and often trusts.

MYTH: Acts like fondling, French kissing, or touching, for example, are not really sexually abusive, and don't really harm the young person...in fact, such acts may be helpful and educational.

FACT: Any form of direct or indirect sexual contact with a young person by an adult, an older child, or a sibling who is more mature, is abusive. Further, every individual has a unique reaction to sexual abuse regardless of the type, extent or duration of the abuse.

MYTH: If a male child or youth has an erection, or if a female child or youth doesn't complain or display any signs of distress during the sexual abuse, then what is occurring is not abuse.

¹¹ This online resource is no longer available from Central Agencies Sexual Abuse Treatment (CASAT) Program, Toronto, Canada.

RAPE VICTIM ADVOCACY PROGRAM

FACT: The body responds physiologically to friction. In some cases, the touch is painful. In other cases, victims often feel confusion and guilt when their bodies respond. Victims sometimes report that they feel their body betrayed them.

MYTH: Children and youth who have been sexually abused by a member of the same sex grow up to be homosexual.

FACT: The sex of the person who commits the abuse does not determine the victim's sexual orientation.

MYTH: If you call DHS, they will take your child away from you.

FACT: The job of DHS is to make sure that children are safe and protected. If the offender lives in the child's home, depending on the circumstances, the DHS worker and the police may work together to remove the offender, not the child.

MYTH: Children and youth are sexually abused because their parents or caregivers neglected to care for or supervise them properly.

FACT: Offenders use a range of tactics to gain access to their victims, including grooming or taking advantage of circumstances with parents/caregivers. The offender alone is responsible. Offenders are experts in manipulating both victims and the people who care for them.

MYTH: Children and youth are sexually abused because their mothers aren't sexually available to their husbands or partners.

FACT: Offenders may have sex with partners and still choose to abuse young people.

MYTH: My sexually abused child will grow up to be a pedophile (predatory child sexual molester).

FACT: While many offenders were sexually abused, it does not mean they will become pedophiles. Most children who are sexually abused do not become child sexual abusers when they grow up.

FOR PARENTS AND CAREGIVERS

The following was adapted from "When a Child or Youth is Sexually Abused: A Guide for Youth, Parents and Caregivers," an online handbook developed by the Central Agencies Sexual Abuse Treatment program in Toronto, Canada.¹² The information and tips below will be very helpful in guiding your response to the concerned caller.

¹² This online handbook is no longer available. Revised edition: "Understanding Child Sexual Abuse: A Guide for Parents and Caregivers." *Childhood Development Institute*. Central Agencies Sexual Abuse Treatment (CASAT) Program, 2006. Web. 27 December 2010. <www.childdevelop.ca/thirdpagefile/family_violence/casat/understanding_child_sexual_abuse.html>

“Learning that your child may have been sexually abused can be one of the most devastating experiences of your life. Learning who abused your child could also be overwhelming. It may be a member of your own family or someone close to you or your family. Conflicting loyalties are often an issue when the abuser is someone who you and/or your child love, respect and trust. Your feelings may be further complicated by a full range of emotions and at times you may feel as if your whole world has blown up around you. Your sense of stability may be replaced by uncertainty, apprehension and distrust. You should not be surprised if your emotions bounce back and forth between wanting to run away and wanting to harm the person(s) who hurt you and your child.

These are all valid emotions. It is important that you have strong support in order to be able to express and deal with your feelings. At this point, your children (both the victimized child and any other children in the family) need you more than ever. Do not be afraid to reach out, hold and comfort them, but remember to respect their feelings and reactions and be willing to give them space if they need it.

This is an incredibly difficult situation for you as a parent/caregiver. However, as your child’s primary caregiver, you should be aware of the fact that your response to the disclosure will influence how your child will heal. If your child senses that you cannot handle or cope with the information she/he has given you, she/he may feel a need to look after and protect you, thereby depriving her/him of the critical support that she/he needs from you. Be aware that children often disclose in stages and at any point may shut down.”

Things You Can Tell a Parent or Caregiver to Do:

- Try to remain calm.
- Be patient. This is a difficult thing for your child to share with you.
- Let your child tell you about the abuse in her/his own words - do not press her/him for details or interrogate the child.
- Listen to what your child is telling you and believe her/him.
- Acknowledge what your child is feeling and how difficult it was for the child to tell you.
- Let your child know how proud you are of her/him for having had the courage to tell you about the abuse.
- Reassure and comfort your child.
- Let your child know that you will do everything in your power to keep the child safe.

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- As much as you might want to, it is important that you do not make any promises to your child that you may not be able to keep.
- You can let your child see your distress; however, be careful how you express your anguish - you don't want your child to worry about you or feel that the child is the cause of your distress.
- When you have a free moment alone, write down everything that your child has told you - use your child's words whenever possible, and avoid interpreting what your child has said.

Not all children tell about their abuse in the same way. Some kids will not disclose with words, but with behavior. Some children will seem difficult to handle. They might become very withdrawn or very loud and aggressive. Other children might act out in a sexual way or demonstrate a sexual knowledge or awareness not appropriate to the child's age and stage of development. Do not ignore any sudden or extreme changes in your child's behavior (e.g., bed-wetting, nightmares, physical complaints, unusual fear of certain people, or certain "characteristics"). Never be afraid to contact someone for help (e.g., a friend, your family doctor, your social worker, or a sexual assault counselor).

Not all sexual abuse is physically violent or painful; consequently, some children might believe that what happened to them was not really abuse. In fact, some may have experienced good physical feelings as a result of the touching. Some offenders may even make a child feel special or actually say something to a child such as "You see, you enjoy this." Do not overlook this possibility. It can be very confusing for a child. Regardless of how your child reacts, sexual assault is a crime! Your child will need a great deal of understanding and support from you.

"Abusers count on our silence to give them access to sexually abuse children." ~ STOP IT NOW!

REPORTING OPTIONS

If an adult suspects or knows that a child has been (or is being) sexually abused, encourage that adult to report the abuse to the proper authorities, either DHS, law

enforcement, or both. DHS usually deals with cases involving a caretaker and the police also deal with cases involving non-caretakers.

The people who are required to report incidences of child sexual abuse are referred to as *mandatory reporters*. Professionals who have frequent contact with children are required to report incidences of child abuse. In Iowa, mandatory reporters typically work in one of six disciplines: medicine, mental health, education, social work, childcare, or law enforcement. If persons in these disciplines, while performing their jobs, encounter a child that they suspect or believe to have been abused, they are required by law to report the abuse within 24 hours. Regardless of confidentiality laws and privileges which these professionals are bound to, in the case of child abuse, these professionals are required by law to report suspected or substantiated abuse.

Anyone concerned about the safety of a child may report suspected abuse to authorities. This type of reporter is a *permissive reporter*. Iowa law provides protection from liability for any reporter making a report in good faith. In other words, the offender or other parties cannot sue the reporter. Also, there are legal sanctions for mandatory reporters who fail to make a report and for any person that reports false information.

As a volunteer RVAP advocate you are **not** a mandatory reporter. However, call your SBU if you face any situation where you feel conflicted or worried about the welfare of a specific child. Generally speaking, most people do not reveal enough information about any given child for us to initiate a report. As always, if you feel you need the guidance of a staff member in addressing the concerns of a client, be honest with the client. Tell them you do not know and that you would like to consult with your SBU to find the information.

So how do you help a client determine to whom, and under what circumstances, a child sexual abuse report should be made? We have created a flow chart on page 175 for you to use to answer such questions. Use this chart (which will be in your call book) to determine the age of the victim and whether or not the perpetrator is a caretaker.

As advocates, you should know that sometimes laws restrict the ability of these agencies to respond in a manner that the caller, and even you, find satisfactory. You are to give options and explore any concerns they may have about the options offered. Listen to feelings or frustrations they may be experiencing and respond using your listening skills and empathy.

RAPE VICTIM ADVOCACY PROGRAM

Victim is:	Perpetrator is Caretaker:	Perpetrator is Non-Caretaker:	Secondary Options:
Under age 12 years	Report to DHS. This is a mandatory report for those who are mandatory reporters. File an oral report w/in 24 hours and written report w/in 48 hours.	Report to DHS – This is a mandatory report for those who are mandatory reporters. DHS will turn these cases over to law enforcement for investigation.	DHS – has an appeals process which is accessible through DHS
Age 12 and 13 years	Report to DHS. This is a mandatory report for those who are mandatory reporters. File an oral report w/in 24 hours and written report w/in 48 hours.	12 and 13 year olds are unable to give legal consent for sexual activity, so a permissive report may be made by anyone to: DHS (who will turn over to law enforcement) <u>OR</u> to law enforcement This is <u>not</u> a mandatory reporting situation.	
Age 14 and 15 years	Report to DHS. This is a mandatory report for those who are mandatory reporters. File an oral report w/in 24 hours and written report w/in 48 hours.	If sexual partner is <i>less than</i> 4 years older than the 14 or 15 year old - they <i>can</i> give legal consent provided: (1) they are not being coerced/forced; (2) the partner is not a caretaker. If sexual partner is <i>over</i> 4 years older than the 14 or 15 year old (legally considered “statutory rape”), a permissive report may be made to DHS (who will report to law enforcement) or a report may be made directly to law enforcement. This is <u>not</u> a mandatory reporting situation.	Law enforcement – caller should ask to speak to supervisor or County Attorney’s office about case
Age 16 and 17 years	Report to DHS This is a mandatory report for those who are mandatory reporters. File an oral report w/in 24 hours and written report w/in 48 hours.	16 and 17 year olds: as long as they are not being coerced or forced to have sex, they are of legal age to give consent.	
Age 18 years and	If dependent adult is being abused – mandatory reporters must call DHS.	If being forced or coerced, may report to law enforcement.	

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MANDATORY REPORTING GUIDELINES CHART

This chart will help identify when a mandatory report must be made, and to whom the report should be made. This chart is a general guideline only. Always refer clients to their local DHS for verification. REMEMBER: You are not an expert; it is okay to say, “I don’t know,” and then call SBU for information.

ADULT SURVIVORS OF CHILDHOOD SEXUAL ABUSE

The knowledge you gained from the previous information about child sexual abuse will help you understand the dynamics of childhood sexual abuse. Let's look briefly at some healthy child development milestones, what happens when those milestones are derailed, and the long term impact of child sexual abuse on victims. The following discussion is very basic and not all inclusive of the responses to sexual abuse. Remember that victim impact and responses are put forth in general terms as a guide. Each person will experience the effects in a very personal manner. It is important to be respectful of that.

When someone sexually abuses a child or teenager, it robs the child of many developmental tasks (or milestones). Let's look at some of these: (1) trust; (2) feeling identification; (3) self esteem; (4) body awareness, and (5) problem-solving.

Trust

Sexual abuse is an ultimate violation of trust. This is especially true for children because they are dependent on adults in their life for everything. The child is violated at a deeply personal and core level, often by someone they trust implicitly. Later in life, the victim will often find it difficult to trust anyone, or trust totally or not at all. This leads to difficulty with personal and professional relationships. It leads to isolation and depression. Learning to trust (how much and when) is a key component of healing.

Feeling Identification

It is important for children to learn to experience a full range of feelings, to have words for those feelings and to be able to deal with feelings appropriately. Offenders teach children through their talk and actions that the child's feelings don't matter and cannot be trusted. When people's feelings are denied or invalidated, they learn not to trust their own instincts or feelings. The cost of that denial, in part, is that the victims may question their own reality of that experience, become embarrassed and ashamed of the feelings they have and become numb. Children that experience abuse are often very confused by what is happening to them and by the feelings that they experience. Offenders use that confusion to isolate and control the child. The child is taught not to feel or express those feelings. This "don't feel" rule keeps the secret safe.

As an adult survivor of child sexual abuse, learning to identify feelings is a very difficult task. To survive the abuse as a child, the victim may have had to "numb out" or dissociate (distance themselves emotionally) and not feel at all. Trying to suppress anger, shame, and confusion often means the victim must suppress all emotions, including

happiness, joy, and contentment. That can leave the victim in a very bleak and lonely place. Since the child did not have a chance to learn to feel and express emotions as a child, the expression of emotions as an adult may cause fear and isolation. The inability to deal with emotions also impacts relationships with other people. Many adult survivors benefit from counseling to help learn to identify, experience and express emotions.

Self Esteem^{13,14}

Developing a healthy and positive self esteem is essential for children. Jeanne Illsley Clarke, author of *Self Esteem: A Family Affair*, states that all humans require certain affirmations (or permissions) for being, doing, thinking and acquiring identity. She suggests that affirmations begin at birth and are needed throughout life.

- **Affirmations for being and needing; age birth to six months**

You have the right to be here.

Your needs are okay with me.

- **Affirmations for doing; age six to eighteen months**

You don't have to do tricks to get approval.

It is okay to do things and get support at the same time.

- **Affirmations for thinking; age eighteen months to three years**

I am glad you are growing up.

You can think about what you feel.

You don't have to take care of me by thinking for me.

- **Affirmations for identity; age three to six years**

You can be powerful and still have needs.

You can express your feelings openly (versus having to disguise them).

Think about these important messages. Sex offenders give children the absolute opposite of these affirmations. It makes sense that a childhood sexual abuse victim would struggle, both as a child and an adult, with negative self-esteem. This low regard for oneself also makes one more vulnerable to abuse later on.

¹³ Clarke, Jeanne Illsley. *Self Esteem: A Family Affair*. Minnesota: Winston Press, 1978. Print.

¹⁴ Jensen, Judith, Diane Funk and Linda Nelson. *First Steps*, 1986. Print.

Body Awareness

Children must learn about their bodies. This includes knowing appropriate names for body parts, knowing how to nourish their body with food, and how to keep their body healthy through good hygiene and healthy habits. Children also need to learn that their body is their own: no one else owns it. They need a sense of personal boundaries especially with their bodies, and that others must respect those boundaries. General boundary violation by offenders renders a child helpless and vulnerable. It is also important for them to learn to respect others' boundaries.

Once again it is easy to see how sex offenders cause damage at this important developmental stage. Children are taught that they have no right to their bodies; that someone else can control and violate them. People abused as children often do not have a sense of appropriate boundaries after abuse. This makes friendships and relationships much more difficult later on. They are at risk for further abuse. They were not taught how to protect themselves emotionally, psychologically and physically to reduce the risk of intrusion, or recognize boundaries with others.

Children who are sexually abused often learn that the only way they can get attention or get their needs met is by being sexual, as they were taught. When children act out in sexual ways to meet their basic needs, as they were taught, they are labeled precocious or flirtatious. Some adults blame children for "tempting" adults and excuse the offender's behavior. Hearing these blaming messages further adds to their shame and confusion. Offenders lead them to believe they had some consensual part or responsibility for the abuse. If children learn to get needs met through being sexual, they are at risk as adults because they have not been taught appropriate ways to interact with people to get their needs met unconditionally. Some adult survivors are very sexual, believing that it is easier to "give it away" rather than have it taken. Many think they don't believe that they deserve any different.

Problem-Solving

Every child deserves to grow up in a safe place, free from violence and to develop in a healthy way. Healthy childhood development has many components: (1) developing a sense of self and positive self-esteem; (2) learning how to be safe in relationships with people; (3) learning how to trust (and how much), and (4) learning how to determine right from wrong. Children must be taught appropriate personal boundaries - their own and others. Feeling identification, body awareness and problem solving skills are also essential tools for children to learn. It is the responsibility of adults who interact with children, whether family, friends or professionals, to teach children and help them acquire skills and knowledge they will need to be healthy adults.

Problem-solving skills are vital to both children and adults. Helping children develop problem solving skills usually happens many ways. Offering children choices is one way by allowing them to experience some control in their lives. Children can only learn to master a problem if they feel they have some mastery over themselves and the outcomes. Children need clear, consistent limits with a balance of “choice” and “no choice” situations, thus creating a sense of fairness, safety, control, freedom, and responsibility in their lives.

Problem-solving involves thinking skills. Adults teach this to children by giving reasons for why things happen. Adults teach children “cause and effect” in everyday life. Teaching children to brainstorm and generate possibilities is another problem solving skill. On the other hand, offenders do not teach, or allow children to engage in these exercises. Instead of teaching kids reason and logic, they teach children “magical thinking” in which the offender is in the role of all powerful and all knowing.

Sexual abuse interrupts a child’s ability to develop problem-solving skills. Children who are being abused are not given choices, do not learn self-mastery and have little or no opportunity to develop a sense of fairness, safety and control. Offenders make sure children don’t develop these skills in order to protect the secret of the abuse. If you are not allowed to learn this as a child, it follows that problem-solving, thinking, and good choices will be difficult for you as an adult. This makes many aspects of life very difficult and increases the risk for further abuse. Healing from abuse means learning to think critically and problem solve to make the best choice.

Other Long Term Effects

We have spent time looking at child development tasks and learning how detrimental child sexual abuse is to that process. Long term effects of child abuse also can include fear; anxiety; depression; anger; hostility; inappropriate (or no) sexual behavior; dysfunctional coping skills; poor self-esteem; a tendency toward substance abuse; overachieving and perfectionism, and difficulty with close relationships.

The victim impact section of this manual offers information about Post Traumatic Stress Disorder and other stress reactions to sexual abuse. Understanding information in that section will be vital to supporting adult survivors. When you receive a call from an adult survivor of child sexual abuse, the caller will likely have experienced some or many of these effects. You will use your “tool kit” to offer support, understand the caller’s experience, and provide information.

Dysfunctional coping skills are usually ones that served victims during and after the period of sexual abuse. At some point, however, they become detrimental and other healthier ways exist to cope. A key factor in the process of healing is for the survivor to

learn healthy ways of coping to replace unhealthy ones. Dysfunctional coping skills include: cutting and other self-injury (e.g., reckless and high risk behaviors such as walking alone in places known to be risky, unprotected sex or sex with strangers); substance abuse, and entertaining suicidal ideation.

Disclosure and Confrontation

Some people who have experienced child sexual abuse in their families may be thinking about “breaking the silence” and confronting the abuser, the non-offending parent or others in the family. Most survivors are hoping for remorse and an apology from family, especially the offender. Likely, the survivor will not get a satisfactory response from the offender. Offenders are more invested in protecting the secret and their own reputation, and avoiding consequences.

Generally, the entire family operated in a way to protect the secret. When a survivor tries to “break the silence,” it is not uncommon for the family to turn on or distance from the survivor. This, of course, feels like an added major betrayal. As an advocate, it is not your job to “recommend” that a survivor not proceed with disclosure. Remember, it is never your job to give advice. Instead, you can offer the information about how families sometimes respond. Suggest that the survivor work with a RVAP counselor to discuss a disclosure or confrontation.

The following excerpt is from *Triumph Over Darkness* by Wendy Ann Wood. Her insight will help you become a better advocate.

Adult Survivors of Sexual Abuse: What We Would Like You to Know About Us¹⁵

- We grew up feeling very isolated and vulnerable, a feeling that continues into our adult lives.
- Our early development has been interrupted by abuse, which either holds us back or pushes us ahead developmentally.
- Sexual abuse has influenced all parts of our lives. Not dealing with it is like ignoring an open wound. Our communication style, our self-confidence and our trust levels are affected.
- Putting thoughts and feelings related to our abuse ‘on the back burner’ does not make them go away. The only way out is to go through these emotions and process them.

¹⁵ Wood, Wendy Ann. *Triumph Over Darkness: Understanding and Healing the Trauma of Childhood Sexual Abuse*. Oregon: Beyond Words Publishing, 1993. Print.

- Our interest in sexual activity will usually decline while we are dealing with this early trauma; this is because we are working on separating the past from the present. Pleasure and pain can sometimes be experienced simultaneously.
- It is important for us to be in control since control was what we lacked as children. Sometimes we need a lot of space. Pressuring us to have sex will only increase our tension.
- We often experience physical discomforts, pains and disorders that are related to our emotions.
- We often appear to be extremely strong while we are falling apart on the inside.
- There is nothing wrong with us as survivors - something wrong was DONE to us.
- Sometimes others get impatient with us for not 'getting past it' sooner. Remember, we are feeling overwhelmed, and what we need is your patience and support. Right now, it is very important for us to concentrate on the past. We are trying to reorganize our whole outlook on the world; this won't happen overnight.
- Your support is extremely important to us. Remember, we have been trained to hold things in. We have been trained NOT to tell about the abuse. We did not tell sooner for a variety of reasons: we were fearful about how you would react, what might happen, etc., we have been threatened verbally and/or nonverbally to keep us quiet, and we live with that fear.
- Feeling sorry for us does not really help because we add your pain to our own.
- There are many different kinds of people who are offenders. It does not matter that they are charming, attractive or wealthy. Anybody - from any social class or ethnic background, with any level of education - may be an offender. Sexual abuse is repetitive, so be aware of offenders with whom you have contact. Do not let them continue the cycle of abuse with the next generation of children.
- We might not want or be able to talk with you about our therapy.
- We are afraid we might push you away with all our emotional reactions. You can help by: listening, reassuring us that you are not leaving, not pressuring us, touching with permission in a nonsexual way.
- Our therapy does not break up relationships - it sometimes causes them to change as we change. Therapy will often bring issues to the surface that were already present.
- Grieving is a part of our healing process as we say good-bye to parts of ourselves.

WHAT YOU NEED TO KNOW

- As an advocate you will not determine if a child is being sexually abused. You will encourage concerned adult clients that when they suspect child sexual abuse and seek help, they are acting in the best interests of the child. Give them information and referrals
- You will have a basic idea of what constitutes child sexual abuse, how offenders engage children, and what impact child sexual abuse can have on a child
- Be aware that some professionals are mandatory reporters and have an obligation to report suspected abuse to authorities (e.g., DHS and law enforcement). If people question their reporting status, refer them to the DHS Hotline
- Be skilled at using the Mandatory Reporting Guidelines Chart to assist clients with reporting options
- Understand how child sexual abuse can affect children and how this might affect them as adults

FOR FURTHER READING

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- Gil, Eliana. *Outgrowing the Pain: A Book For and About Adults Abused as Children*. New York: Dell, 1983. Print.
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- King, Neal. *Speaking Our Truth: Voices of Courage and Healing for Male Survivors of Childhood Sexual Abuse*. New York, NY: Harper-Perennial, 1995. Print.
- Lew, Mike. *Victims No Longer: The Classic Guide for Men Recovering from Sexual Child Abuse*. New York: Harper Paperbacks, 2004. Print.
- Read, Wendy. *A Conspiracy of Love: Living Through & Beyond Childhood Sexual Abuse*. MA: Northstone, 2006. Print.
- Sanford, Linda Tschirhart. *Strong at the Broken Places: Overcoming the Trauma of Childhood Abuse*. New York: Random House, 1990. Print.
- Van Derbur, Marilyn. *Miss America By Day: Lessons Learned from Ultimate Betrayals and Unconditional Love*. Denver, CO: Oak Hill Ridge, 2004. Print.

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