

MODULE 11

AGENDA

- I. Vocabulary
- II. Introduction
- III. Child Sexual Abuse
- IV. Definitions of Sexual Abuse
- V. Sexuality for Children
- VI. Stages of Sexual Development
- VII. Information on Sexuality for Children and Youth



MODULE 11

VOCABULARY

Disclosure: The process by which a child or adult, who has been sexually abused, gradually informs others of his/her experiences.

Dissociation: A separation from the normal state of mind/reality.

Eroticized: Tending to arouse sexual desire.

Norms: A set of rules defined by a family and/or culture

Precocious: Exceptionally early in development or occurrence.

Seduction: Deliberate and specific behavior(s) exhibited by an adult that is intended to lure and/or entice.

Sexual abuse: The interaction, including non-physical contact, as well as physical contact, between a person in power and a child, where the adult uses the child for sexual stimulation.

Sexually reactive behavior: A current display of behaviors associated with sexual abuse.

Social skills: Appropriate behaviors and ways of thinking, consistent with a particular social group.

Child Sexual Abuse

Answer the following statements True (T) or False (F):

- _____ 1. Children are seductive.
- _____ 2. The majority of children who are sexually abused are males.
- _____ 3. It is primarily adolescents who are sexually abused.
- _____ 4. Sexual abuse occurs mostly in the lower socio-economic group.
- _____ 5. If a child is not afraid of or angry toward a sexually abusive person, then s/he has not been hurt by that person.
- _____ 6. If a child makes an allegation of sexual abuse, then retracts the statement, the child was lying.
- _____ 7. Preschool children have the ability to fantasize and make up believable stories of being sexually abused, for their own personal gain.
- _____ 8. Children are always hurt by criminal prosecution of their sexually abusive parents.
- _____ 9. Once children have initially disclosed the sexual abuse experience, it should be easy for them to repeat the story to anyone else who needs to hear it (i.e., DFCS workers, attorneys, police officers, judges). If a child cannot do this, he/she must be lying.
- _____ 10. A child who has been sexually abused is not likely to allow this to happen again by the same person, or by anyone else.
- _____ 11. Adolescents can protect themselves from sexual abuse.
- _____ 12. When incest occurs, all family members are responsible (even the children).
- _____ 13. All child victims of sexual abuse are at high risk for becoming abusers in the future.
- _____ 14. Children "get over" sexual abuse victimization by forgetting about it.

(Adapted from: American Foster Care Resources, Inc.)



Definitions of Sexual Abuse

Sexual Abuse:

The interaction, including non-physical contact (pornography, explicit talk of sexual acts, exposure, etc.) and physical contact, between a person in power and a child, where the person uses a child for sexual stimulation.

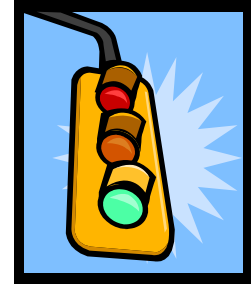
(Adapted from American Foster Care Resources, Inc: *Fostering the Sexually Abused Child*)

Sexual Abuse:

Any activity or interaction between two people where there is a difference in power, and one person is used for the sexual stimulation or gratification of another person. Child sexual abuse can involve contact or non-contact, and can be between adults and children, or between children.

- ▶ Some people mistakenly believe that sexual abuse has not occurred unless physical intercourse has taken place.
- ▶ Direct contact examples of sexual abuse include penetration (genital, anal, or oral), fondling, kissing, touching, masturbation (victim to perpetrator or perpetrator to victim), or involvement in pornography.
- ▶ Non-contact examples of sexual abuse include relationships that are directly or indirectly erotic; relationships that confuse the sexual boundaries between adults and children; exposure to sexual activity, nudity, or pornography; and any verbal abuse that includes sexually explicit language and/or labels the child as a sexual object.

Indicators of Child Sexual Abuse



Physical Signs

- Scratches, bruises, itching, rashes, cuts or injuries, especially in the genital area
- Venereal disease
- Pregnancy in young adolescents
- Blood or discharge in bedding or clothes, especially underwear

Behavioral Signs

- Explicit statements from child about sex and sexual acts
- Poor boundaries: stands too close to people, sits on peoples' laps, touches others indiscriminately, kisses people who are not very familiar
- Openly touches private parts
- Masturbates excessively (with or without objects)
- Inserts objects in rectum/vagina
- Acts out sexual behaviors
- Uses words to describe sex that are not developmentally appropriate
- Refers to pictures of nude people
- Refers to sexual acts in movies
- Flirtatious/seductive/sexually provocative behavior towards adults and peers
- Reveals 'private' parts to other people
- Secretive behavior
- Regressed behavior (i.e., toilet trained child begins wetting the bed)
- Depression
- Pseudo mature behavior (i.e., a young girl dresses and acts like a young adult)

Indicators of Child Sexual Abuse (Cont'd)

- Poor relationships with peers
- Fear of a particular person, place, or thing (i.e., child is afraid of taking baths or of bathrooms)
- Bizarre nightmares
- Sadistic play
- Self mutilation
- Eating disorder
- Sudden changes in behavior
- A fear of being harmed or being alone
- Fire setting
- Animal cruelty

NOTE: One sign alone does not necessarily indicate sexual abuse. It is clusters of signs that may indicate sexual abuse has occurred.

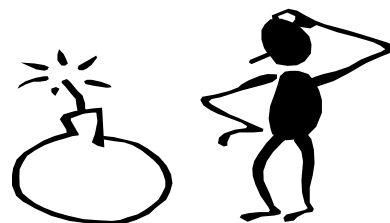


(Adapted From: National Adoption Information Clearinghouse: *Parenting the Sexually Abused Child*)

What to be Aware of about a Child who has been Sexually Abused

Withdrawal – Overwhelmed by the feelings he or she has experienced, the child may retreat physically or emotionally. As a parent, you may feel confused or resentful. It can be very isolating to have someone close to you tune you out. Unless you think there is danger of physical harm to the child or others, the best course of action is to reassure the child that you care and that you will provide the limits and boundaries needed by your child.

Mood Swings – A moment's tenderness can quickly explode into anger. The child may be full of confidence one day, only to sink into despair the next. It is difficult to see someone you care about in pain, but you cannot control the feelings of someone else. Point out that these mood swings are occurring. Do not allow yourself to be unfairly blamed. Try to stay calm and accepting that sometimes the child does not even know when or why his/her mood swings are occurring. Crying spells can be part of these mood swings. Accept that it is beyond your power to make it all better. Sometimes when a parent tries to rescue a child from his or her pain, the parent ends up feeling guilty, resentful, and frustrated when the rescue attempt does not work. When a butterfly is emerging from the cocoon, it must have a period of time to build strength in its wings. If the butterfly is released from its cocoon before time, its strength will be diminished and it will not be able to survive on its own.



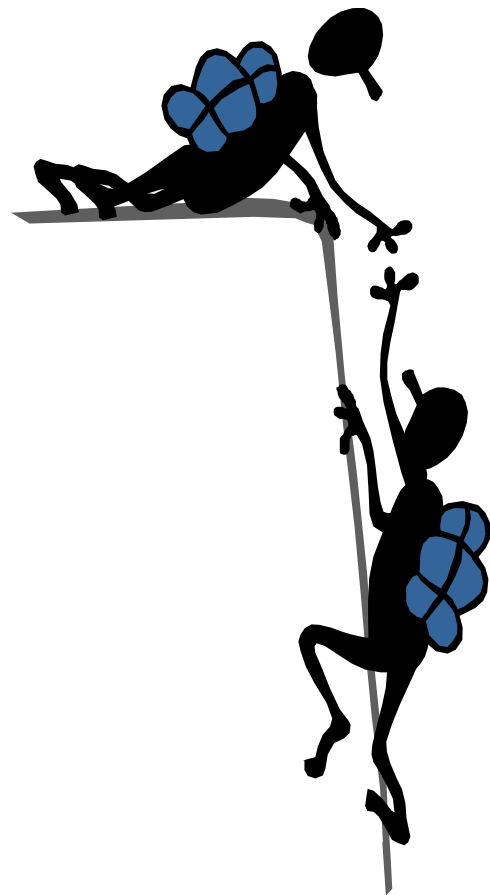
Anger – The first target for the child's angry feelings may be the person he or she has come to feel the safest with – YOU. When a person's angry feelings are completely out of proportion to what is going on, it probably has nothing to do with the present situation. Something in the present is triggering and re-stimulating old memories and feelings. The safety of the current situation allows these feelings to be expressed. Recognize that this is actually a sign of health, but do not accept unacceptable behavior, and NEVER expose yourself to physical violence. You can assure your child that you are willing to work out the problem at hand, but in a safe and supportive manner. For example, a child may be offered a pillow to beat on in order to vent his or her anger.

Unreasonable Demands – Some children learn the survival skills of manipulation and control. They may feel entitled to make unreasonable demands for time, money, or material goods. It is important not to play into or get trapped by these demands. You need to maintain a healthy relationship with your child. This will help the child reduce these demands.

Sexual Behaviors – Since the abuse was acted out sexually, the child needs help in sorting out the meaning of abuse, sex, love, caring, and intimacy. Some children may try to demand sexual activity, while others may lose interest in any form of closeness. Think of all the needs that are met through sex: intimacy, touch, validation, companionship, affection, love, release, and nurturance. Children need to be re-taught non-sexual ways that these needs can be met.

COMMON ISSUES FOR RESOURCE FAMILIES PARENTING CHILDREN WHO HAVE BEEN SEXUALLY ABUSED

- Compulsive or public masturbation
- Suicide attempts
- Self-mutilation
- Seductive behavior
- Promiscuous behavior with peers
- School problems



Being Self-Aware

It is important that resource parents be honest with themselves and with their case manager about the following:






- ⇒ Any past sexual abuse experiences and how they were resolved
- ⇒ The resource parent's comfort level in talking about:
 - Sex/sexuality
 - "Private" parts
 - Sex acts

Knowing yourself in these two areas will help you and the case manager to discuss how one may respond to a child when he or she begins to talk about his/her trauma. If you are not comfortable in talking about sex, sexuality, and sexual abuse, the communication between you and the child will be inhibited and close-ended. The child will readily pick up on your discomfort, and his/her feelings of shame will be reinforced.


Questions for resource parents of a sexually abused child:

- ⇒ How comfortable are you with your own sexuality and with your sexual relationship(s)?
- ⇒ Can you talk comfortably about sex?
- ⇒ Do you give yourself permission to acknowledge your own sexual feelings, thoughts, fantasies, and fears?
- ⇒ Do you have a well-established relationship that allows for direct and open communication?
- ⇒ A child who has been sexually abused may need to talk about what happened to him or her. The child's behavior may be seductive or blatantly sexual at times. A parent must be able to deal with this. How do you think you might react to seductive or blatant sexual behaviors?

STAGES OF SEXUAL DEVELOPMENT

AGE	Characteristics And Behavior	Attitudes or Perception of Sex	Communication Issues for Parents
0  5	<ul style="list-style-type: none"> • Explore their world - sex is part of that world • Learn that touching feels good • Receive and interpret messages about sex from others - nonverbal messages are particularly strong • Differentiate boy/girl and learn sex roles • Some confusion about growing up and change in physical development • Ask questions • Will initiate own privacy toward the end of this stage 	<ul style="list-style-type: none"> • Matter of fact, straight forward • Curious • Accepting • Toward end of this stage, children realize this topic is different from others • Show guilt and shyness, ask fewer questions 	<ul style="list-style-type: none"> • Attitudes and feelings conveyed best nonverbally • Be sure you understand their questions, and they hear your answers • RELAX! Remember their perceptions, age, and needs
5  10	<ul style="list-style-type: none"> • Conscious of “good” and “bad” parts of the body • Aware of body functions, link to sex • “Very” same-sex oriented • These children can be very impressionable and sensitive to sex as well as other “feeling” topics • Masturbation and exploration is common 	<ul style="list-style-type: none"> • Outward attitude is “Sex is yucky” • Appear to be disinterested • In reality, sex has gone “underground” • Aware that touching feels good 	<ul style="list-style-type: none"> • Try to minimize messages that body parts or functions are dirty, while also stressing respect for self (and one’s body) and for others (and their bodies)
10  14	<ul style="list-style-type: none"> • Onset of puberty • Child is often confused and/or frightened • Unaware of/uncomfortable with sex roles put forth by society • Very vulnerable to media and peer messages • Hesitate to seek assistance • Cognitive abilities, including decision-making and visualization of future and self incomplete • Rising rates of sexual activity, pregnancy, and sexually transmitted diseases (STDs); linked by some research to those with least knowledge of sexuality and least access to significant adults 	<ul style="list-style-type: none"> • Confused • Embarrassed • Self-conscious • Children will have difficulty asking for information they need 	<ul style="list-style-type: none"> • Reassure child that she/he is normal • Supply facts and support in least threatening way(s) possible • Be responsive to child’s feelings - Try to remember your own feelings at this age of puberty • Accept the existence of the (outside) pressures and messages about sex • Help them sift through conflicting and/or confusing messages, goals, and needs at their own developmental level

STAGES OF SEXUAL DEVELOPMENT

<p>14</p>  <p>Over</p>	<ul style="list-style-type: none"> • Becoming emotionally and socially an adult • Varying amounts of vulnerability to media and peer messages and pressures • Decision-making skills need practice and verbalizing • Varying abilities to sift through value conflicts • Varying abilities related to plans for career and family and self-control skills - but feel more in control • Own needs versus other's needs can be understood • Understanding of own motivations-identity and self-concept formation 	<ul style="list-style-type: none"> • Uncertain and/or confused • Feeling that sex is a part of the "adult world" • Feeling that sex is a part of identity for which they are searching • Defensive when feeling confronted or threatened 	<ul style="list-style-type: none"> • Listen to them • Answer questions with honest, simple explanations • Treat them as equals who sometimes need support • Disclose rather than impose your values and feelings • Encourage dialogue to give facts first, then attitudes/values • Help them to verbalize issues, feelings • Allow practice in decision-making • Keep lines of communication open
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SUGGESTED BOOKS FOR CHILDREN ON SEXUAL DEVELOPMENT

AGES FIVE - EIGHT

Did the Sun Shine Before You Were Born? by Sol Gordon, Prometheus Books, 1992.

Where Did I Come From? by Peter Mayle, Carol Publishing Group, 2000.

Let's Talk About Sex and Loving by Gail Jones Sanchez, Empty Nest Press, 1983.

Where Do Babies Come From? by Susan Meredith, EDC Publishing, 1994.

AGES NINE - TWELVE

Period by Joan Gardner-Loulan, Bonnie Lopez, and Marcia Quakernbush, Volcano Press - In print

It's Perfectly Normal: Growing Up, Changing Bodies, Sex and Sexual Health by Robie H. Harris, Candlewick Press, 1996.

Sex Stuff for Kids 7-17 by Carol Marsh, Gallopade Publishing Group, 1994.

What's Happening To My Body?: For Girls by Lynda Madaras, Newmarket Press, 2000.

What's Happening To My Body?: For Boys by Lynda Madaras, Newmarket Press, 2000.

Check your local library for these and other books.

Basic Information on Sexuality for Children

Provide children with basic information, such as:

- ⇒ **Sexuality is a normal part of human life.** It begins before birth and continues throughout life. All people are sexual beings. Feelings, thoughts, and fantasies about sex are a part of growing up as well as a part of being an adult. However, control of the body can be learned. Just because a child has thoughts that excite or scare him/her, does not mean that the child must act on these thoughts.
- ⇒ **Everyone has sexual feelings.** However, when children have been sexually abused, they are exposed to sexual feelings, thoughts, and behaviors out-of-sync with the rest of their development. They can become eroticized and precocious about sexual matters, while their development in other areas lags behind. Thus, they are at risk of losing part of the innocence of childhood.
- ⇒ **Children who have been sexually abused and have been introduced to advanced sexual feelings before they are developmentally ready, can miss other important stages of development.** They can have very mixed up feelings and have huge gaps in their developmental progress. Under the circumstances, these developmental gaps are normal and predictable. The children will require help catching up on their learning in other areas, and coaching to learn appropriate, nonsexual ways of being with others.
- ⇒ **Children need accurate information at their own level of understanding about the names and functions of body parts.** Parents can help initiate these discussions by talking with them, reading books and watching videos together, and discussing values and morals, as demonstrated (or violated) in television shows and movies. Additional information and suggestions might come from talking with doctors, nurses, therapists, and other resource parents.
- ⇒ **Children need to know that there are sexual acts that are OK for grownups, but not OK for children.** In the same way, there are other adult activities that children cannot do like driving a car or going to work, there are sexual activities appropriate for adults, but not children.
- ⇒ **Children need to know that touching yourself sexually is normal.** However, if they can't control this touching or if it stirs up anxiety, uncomfortable feelings, or bad memories, they will require help learning to express these feelings in healthy and appropriate ways.
- ⇒ **They will also require help learning that there are responsibilities and obligations related to sexuality.**

Source: Meeting the Challenges