

SEXUAL ABUSE

GAL Training
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POINTS TO REMEMBER

- **Prevalence**
 - Who is abused and by whom?
 - Disclosures and False allegations
- **Consequences**
 - Individual and Societal
 - Factors that Affect Negative Impact
- **Victim Concerns**
 - Sexual Behavior Problems
 - Normal and Abnormal Sexual Behaviors
 - Assessment and Safety



PREVALENCE AND CONSEQUENCE OF CHILD SEXUAL ABUSE

- **PREVALENCE** is the percentage of the population that is affected by child sexual abuse; how often it happens
- **CONSEQUENCE** is the impact that child sexual abuse has on a victim/survivor and on our society over time.



PREVALENCE

- o 1 in 4 girls is sexually abused before the age of 18.
- o 1 in 6 boys is sexually abused before the age of 18.
- o 1 in 5 children are solicited sexually while on the internet.
- o Nearly 70% of all reported sexual assaults (including assaults on adults) occur to children ages 17 and under.
- o An estimated 39 million survivors of childhood sexual abuse exist in America today.

4

AGES

- o The median age for reported abuse is 9 years old.
- o More than 20% of victims are sexually abused before the age of 8.
- o Nearly 50% of all victims of forcible sodomy, sexual assault with an object, and forcible fondling are children under 12.
- o Most girls who are sexually active at age 13 were sexually abused before that age

5

PERPETRATORS

- o 30-40% of victims are abused by a family member.
- o Another 50% are abused by someone outside of the family whom they trust.
- o Only 10% are abused by strangers.
- o Approximately 40% are abused by older or larger children whom they know.

6

MANY DON'T TELL

- Estimates suggest 30% of victims never disclose the experience to anyone, even as adults.
- Very young victims may not recognize their victimization as sexual abuse.
- Of young children who disclose, about 75% disclose accidentally through sexual behavior or comments.
- Almost 80% initially deny abuse or are tentative in disclosing when asked.
- Most children believe they did something wrong and will be reprimanded or punished for disclosing.
- Older children may not want to get a loved one in trouble.

7

FALSE REPORTS ARE RARE

- Children almost never fabricate sexual abuse reports.
- False sexual abuse reports constitute only 1% to 6% of all reported cases.
- 75% of false reports are by adults and 25% are by children.
- 21 – 36% of children between the ages of 3–6 did agree with false suggestive questions if they had previously been told multiple times that untrue events had occurred. None of these studies discussed sexual abuse.
- By age 10, children are no more suggestible than adults.

8

CONSEQUENCES OF CHILD SEXUAL ABUSE

Children who have been victims of sexual abuse are more likely to experience:

- Long-term and more frequent behavioral problems
- **Sexual behavior problems**
- Physical health problems (e.g., headaches, stomachaches)
- Symptoms of PTSD
- School problems
- Repeated victimization
- Teen pregnancy
- Sexual promiscuity
- Self Injury
- Teen prostitution
- Prison
- Substance abuse problems
- Adult depression
- Suicide attempts

9

FACTORS THAT IMPACT PSYCHOLOGICAL DAMAGE

- o Older child = more trauma
- o Longer Duration = more trauma
- o Closer relationship = more trauma
- o More aggression by perp = more trauma
- o More acts = more trauma
- o More disbelief by others = more trauma
- o Continued contact w/ perp = more trauma
- o Belief he "got away with it" = more trauma
- o Absence of treatment and support = more trauma

10

FAMILY FACTORS

- o Sexually abused children who keep it a secret or are not believed are at greater risk for psychological, emotional, social, and physical problems often lasting into adulthood.
- o Families who support the child, reject the perpetrator, and seek counseling improve the outcome for survivors.
- o If a caretaker is a survivor, she/he may have difficulty protecting the child.

11

SEXUAL BEHAVIOR PROBLEMS

OFTEN, BUT NOT ALWAYS, A CONSEQUENCE OF SEXUAL ABUSE

- o More frequent sexual behaviors
- o Knows more about sex than others the child's age
- o Overly interested in sex issues - peeping, relationships
- o Ideas about sex that do not make sense
- o Other children complain about child's sexual behaviors
- o Sexual behaviors continue after child is told to stop
- o Appears nervous or avoids discussing sexual issues
- o Touching other children
- o Exposes genitals or erections to other children
- o Violates others' privacy
- o Reenact trauma through sexual play with toys or touching other children
- o Excessive Masturbation
- o Child exhibits strange toileting habits
- o Child's drawings show genitals or sex acts
- o Child inserts objects into vagina or rectum
- o Child engages in sexual activity with animals
- o Child has frequent erections or vaginal discharge

12

ABNORMAL SEXUAL BEHAVIOR BETWEEN CHILDREN

- **Developmentally inappropriate**
 - Any penetration under age 10
 - Oral genital contact
- **Power difference / age difference**
 - More than 2 years age difference
- **Use of force, threats, bribes or manipulation**
- **Secrecy**
- **Compulsive: Continues even when redirected**

13

“NORMAL” SEXUAL BEHAVIORS BETWEEN CHILDREN

- Children are of similar age, size & developmental status
- Sexual activity is consensual
- Sexual behaviors are limited in type & frequency
- Sexual interest is balanced by other aspects of life
- Not associated with shame, fear, anxiety

14

Assessments for Child Sexual Abuse or Sexual Behavior Problems

- **Psychosexual:**
 - Acting out sexually with other children
 - Committed sex offense
 - Placement and Treatment recommendations
- **Sexual Trauma:**
 - Treatment recommendations for confirmed or suspected history of sexual abuse
- **Forensic Interview/Evaluation:**
 - Unbiased interview, possibly including standardized testing, to assess validity of sexual abuse allegations

15

CLINICAL FACTORS TO CONSIDER FOR PLACEMENT SAFETY

- Severity & extent of sexual behaviors
- Access to potential victims
- Child's ability to control behavior
- Child's response to sanctions
- Child's motivation for treatment
- Caretaker's level of denial
- Caretaker's ability to follow safety plan

16

SAFETY PLANS FOR SEXUAL BEHAVIOR PROBLEMS

- Never alone with younger children
- Never in role of caretaker of children
- No access to pornography
- Emphasis on privacy – Toilet, bathe, sleep, dress alone or with adult assistance
- Eyes on adult supervision with younger children
- Teach personal boundaries
- Alarm on bedroom door

17

SUMMARY

The incidence of sexual abuse is about 1 in 5 children before the age of 18.
 Most perpetrators are known to their victims.
 Sexual abuse survivors often have multiple emotional and behavioral problems as children and adults.
 Children almost never make and maintain false disclosures of sexual abuse even when coached.
 Sexual behavior problems are often a consequence of sexual abuse.
 Psychosexual evaluations assess perpetrators, child or adult.
 Sexual trauma evaluations assess treatment needs of suspected or known victims.
 Forensic evaluations are unbiased interviews for the court to use in determining the validity of sexual abuse allegations.
 Children with sexual abuse histories benefit by family support, treatment, and safe placements.

18
