

# A Parent's Guide to Protecting Children Against Sexual Abuse

## The Facts About Child Sexual Abuse

Child sexual abuse occurs when someone exploits a child sexually. It can take many forms, including exposure of the genitals, obscene internet solicitation, voyeurism, exposing children to pornographic materials, creating pornographic materials of children, fondling, masturbation, and oral, vaginal, or anal intercourse.

Most studies have focused only on incidents that involve physical touching of or penetration of genitals. Even using this narrow definition, study after study has illustrated that sexual abuse is alarmingly common:

- Researchers have established that between 30 and 40 percent of all girls—and between 10 and 20 percent of all boys—are sexually victimized at least once before they reach age 18.<sup>1</sup>
- In one national study, 67% of all reported sexual assaults were perpetrated against children under the age of 18. In over half of those cases, the perpetrator had abused a child under the age of 12.<sup>2</sup>
- The same study concluded that one in every seven reported sexual assaults was perpetrated against a victim aged six or younger.<sup>3</sup>

The vast majority of perpetrators are teenage or adult males. They come from all socio-economic levels, religions, and ethnic backgrounds. Most identify as exclusively or predominantly heterosexual.

- In 2001, 96.5% of reported sexual assaults in Wisconsin were perpetrated by males.<sup>4</sup>
- In one study of over 10,000 non-incarcerated, male child molesters, the men closely matched the demographics of the general male population in marriage status, education, employment, religiosity, and ethnicity.<sup>5</sup>
- 98% of all child sexual abuse is perpetrated by heterosexual males<sup>6</sup>
- 70% of men who molest boys identify as exclusively or predominantly heterosexual in their adult sexual preferences.<sup>7</sup>

---

1 Bolen, R., & Scannapieco, M. (1999). Prevalence of child sexual abuse: A corrective meta-analysis. *Social Service Review*, 73, 281-313

2 Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics. U.S. Department of Justice, Bureau of Justice Statistics, 2000

3 Ibid.

4 Sexual Assaults in Wisconsin 1999-2001, Wisconsin Office of Justice Assistance Statistical Analysis Center

5 Abel, G. M.D., Nora Harlow (2001) The Abel and Harlow Child Molestation Prevention Study

6 Jenny, C., Roesley, T., and Poyer, K. (1994) "Are Children at risk for Sex Abuse by Homosexuals?," *Pediatrics* Vol. 94

7 Abel, G. M.D., Nora Harlow (2001) The Abel and Harlow Child Molestation Prevention Study

Perpetrators are rarely strangers to their victims; most abuse children with whom they have ongoing, regular contact. Many perpetrators will abuse the same child repeatedly over a period of months or even years and it is also common for perpetrators to abuse more than one child.

- In Wisconsin in 2001, 90% of perpetrators of reported child sexual abuse knew their victims. 22% were related to the victim. Only 10% were strangers.<sup>8</sup>
- In one study of incest offenders, men who molested their daughters averaged 62 different sexually abusive acts. Men who molested their sons, averaged 81 such acts.<sup>9</sup>
- Another study found the average duration of incest to be more than 8 years.<sup>10</sup>
- 54% of convicted sex offenders reported having at least two victims.<sup>11</sup>
- In a study of convicted, extra-familial child molesters, those who abused girls had an average of 52 victims each. Those who abused boys, while less common, averaged 150 victims each.<sup>12</sup>

In order to avoid detection, many molesters deliberately engage in behavior designed to manipulate a child into silence. This process, called “grooming,” often includes paying special attention to a child or giving gifts to gain the child’s loyalty and trust. It may also involve testing and blurring the boundaries between appropriate and inappropriate behaviors with the child. Due to powerful feelings of confusion, fear, shame, and sometimes even conflicted loyalty towards the abuser, children seldom tell anyone about sexual abuse.

- An estimated 88% of child sexual abuse incidents are never reported.<sup>13</sup>
- In a study of 116 confirmed cases of child sexual abuse, 79% of the children initially denied the abuse or were tentative in disclosing. Of those who did disclose, 75% disclosed accidentally. Additionally, of those who did disclose, 22% eventually recanted their statements.<sup>14</sup>

Child sexual abuse has been linked with a wide range of negative consequences for victims. Compared to their non-abused peers, children who have been victims of sexual abuse are more likely to experience a variety of emotional and behavioral problems—many with the potential for serious and life-threatening consequences. The effects of child sexual abuse do not have to be devastating, however. There is significant evidence that being believed and supported by family members and other caring adults can minimize the intensity of the trauma to children and help them to heal from the abuse.

- Long term effects of child abuse include fear, anxiety, depression, anger, hostility, inappropriate sexual behavior, poor self esteem, tendency toward substance abuse and difficulty with close relationships.<sup>15</sup>

---

<sup>8</sup> Bureau of Justice Statistics, 2000

<sup>9</sup> Abel et al. (1987) as cited in Transforming Trauma, Anna Salter pp 37-38

<sup>10</sup> Donaldson and Gardner (1985) as cited in Transforming Trauma, Anna Salter p 37

<sup>11</sup> Managing Adult Sex Offenders in the Community: A Containment Approach. English, Pullen and Jones, U.S. Department of Justice, National Institute of Justice, January, 1997

<sup>12</sup> Abel, G. M.D., Nora Harlow (2001) The Abel and Harlow Child Molestation Prevention Study

<sup>13</sup> Kilpatrick, 1999

<sup>14</sup> Sorensen & Snow, 1991

<sup>15</sup> Browne & Finkelhor, 1986

- Sexually abused children are 4 to 5 times more likely to develop post-traumatic stress disorder (PTSD), 4 to 5 times more likely to develop an alcohol or drug dependency, and 3 to 5 times more likely to engage in delinquent behaviors.<sup>16</sup>
- A history of sexual abuse is a significant risk factor for the development of disordered eating behaviors such as anorexia, bulimia, and the use of laxatives and diuretics to lose weight.<sup>17</sup>
- A history of child sexual abuse increases the likelihood of suicide attempts.<sup>18</sup>
- Sexually abused youths are more likely to become sexually active at an earlier age<sup>19</sup>, report inconsistent condom use, and engage in behaviors that put them at risk for sexually transmitted diseases and HIV infection.<sup>20</sup> Girls who have been sexually abused also have higher rates of adolescent pregnancy.<sup>21</sup>
- Individuals who were sexually abused as children are 4 times more likely than their peers to engage in prostitution.<sup>22</sup> Approximately 95% of teenage prostitutes were sexually abused as children.<sup>23</sup>

Many of the behavior patterns precipitated by childhood sexual abuse, such as the use of alcohol and other drugs, sexual promiscuity, low self-esteem and a low sense of personal power can in turn increase a person's vulnerability to sexual assaults. It is not surprising, therefore, that having been sexually assaulted in the past is a significant risk factor for future sexual assaults. This does not mean that victims *cause* the sexual assaults, but rather that perpetrators look for and exploit these vulnerabilities.

- Children who are sexually abused are 5 times more likely to be subsequently sexually abused or assaulted.<sup>24</sup>
- 55.4% of women who reported childhood sexual abuse also reported being subsequently raped.<sup>25</sup>

---

<sup>16</sup> *Youth Victimization: Prevalence and Implications*, US Department of Justice, National Institute of Justice, 2003

<sup>17</sup> Stephen A. Wonderlich, M.D., et al, University of North Dakota School of Medicine and Health Sciences, *Journal of American Academy of Child and Adolescent Psychiatry*, 200; 39:1277-1283

<sup>18</sup> Blumenthal SJ. Suicide: a guide to risk factors, assessment, and treatment of suicidal patients. *Medical Clinics of North America*, 1988; 72(4): 937-71.

<sup>19</sup> Kenneth S. Kendler, M.D., et al, Medical College of Virginia Commonwealth University, *Archives of General Psychiatry*, 2000, 57:953-959

<sup>20</sup> Larry K. Brown, M.D., et al, *American Journal of Psychiatry*, 2000;157:1413-1415

<sup>21</sup> Boyer, Debra and Fine, David. "Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment." *Family Planning Perspective*, Jan., 1992.

<sup>22</sup> *Population Reports: Ending Violence Against Women*, 2000

<sup>23</sup> CCPCA, 1992

<sup>24</sup> Merrill, L.L., Newell, C.E., Gold, S.R., and Millen, J.S. *Childhood Abuse and Sexual Revictimization in a Female Navy Recruit Sample*. Naval Health Research Center, Pub. 97-5, 1997

<sup>25</sup> Ibid.

## How Can I Protect My Child?

### Minimize opportunities for molesters

Ensure that safety precautions are in place to protect your child at school, church, clubs or other activities—especially those involving special trips and overnight outings. Have the adults in these organizations undergone background checks? Are adults ever alone with a child? If yes, when and why? How can these activities be restructured to avoid isolation?

Stay involved in your child's activities—attend little league practices and piano recitals, volunteer to chaperone for trips or dances. Meet your child's teachers, coaches, and activity leaders. Keep track of where, and with whom, your child is if s/he is not with you.

Be alert for adults or adolescents, particularly males, who display an unusual interest in children. While the following behaviors are not conclusive proof that a person is a child molester (nor is the lack of these behaviors proof that a person does not molest children), they are nonetheless cause for serious concern. Do not allow someone to have unsupervised access to children if he or she exhibits the following:

- seems more interested in spending time with children than with his own peers
- seems focused on children of a particular age or gender (especially if the person does not have children of that age)
- singles out a child for special attention, gifts, or favors
- wants to take a child on special outings without others present, or seems eager to spend alone-time with a child
- invites children into his home unsupervised
- allows or encourages children to do “grown up” things—or things they are not allowed to do at home

### Talk to your child

Give your child the clear message that her body is her own and that she does not have to submit to unwanted touches by anyone—including family members and authority figures. Allow her to decide whether she wants to give Grandma a kiss, be tickled by Brother, or sit on Uncle's lap--and back her up in those decisions.

Regularly reinforce through words and actions that you want to know about what is going on in your child's life and that you will listen and help in any way you can if he has a problem.

Specifically discuss the topic of sexual abuse with your child so she knows what it is--and that it's okay to talk to you about it. (For age-appropriate ways to discuss sexual abuse with children, refer to resource list below)

Help your child identify other people he might be able to go to with a problem if he didn't feel comfortable coming to you.

## Be Aware of Signs of Child Sexual Abuse

### Behavioral

Children who experience sexual abuse are often too frightened or confused to tell anyone—but they may indicate that something is wrong by their behavior. The behaviors listed here are general indicators that a child may be experiencing problems—although not necessarily sexual abuse. Use this list as a tool for identifying areas of potential concern. Then calmly talk to your child to find out more about what is going on in her or his life. Take note of:

- Abrupt changes in your child's behavior
- Regression to previously outgrown behaviors (thumb-sucking, bedwetting)
- Nightmares, fearfulness or clinginess
- Sudden shyness around adults or reluctance around a particular adult
- Anger problems, fighting, cruelty towards others, delinquency
- Withdrawal, loss of interest in previously enjoyed activities
- Unusual level of modesty or body-shame; wearing loose-fitting clothing, or multiple layers of clothing even in the summer; extreme reluctance to change or shower around others (ie: for gym class)
- Running away
- Use of alcohol or drugs
- Self-mutilation (cutting, burning, hair-pulling)
- Eating disorders

### Sexual

Some sexually abused children exhibit sexual behavior problems. Not all sexual behavior in children is abnormal--children are naturally curious about their bodies and those of other people. It is relatively common for children to play "doctor" or other games involving looking at and touching genitals. Children also discover that their genitals feel good, and even very young children may rub their genitals. Therapists can be a good resource for clarifying whether a particular behavior is of concern—and treating children with sexual behavior problems. Generally, a behavior may be of concern if:

- The child seems unable to stop the behavior when redirected by adults—or is interested in the activity to the exclusion of other age-appropriate interests
- There is a significant disparity in age or size of the children involved
- The children involved do not know each other or do not have a prior history of playing together
- One or more of the children use force, coercion, or manipulation to get the others to cooperate.
- The behavior mimics or illustrates knowledge of explicit adult sexual behavior (imitating sexual intercourse, oral sex, penetration of vagina or anus with objects)
- Children seem overly secretive or ashamed about the behavior
- Children behave seductively towards adults

## Physical

In the majority of sexual abuse cases, no physical signs are apparent. When physical evidence does exist it may take the form of the symptoms listed below. Consider taking your child to a doctor for evaluation and treatment if you observe:

- Redness, swelling, irritation of the genitals
- Bleeding or tearing around the anus or vagina
- Discomfort sitting or using the bathroom
- Frequent yeast or urinary-tract infections
- Unusual discharge from the anus or vagina
- Soreness, redness in the mouth and throat
- Sexually transmitted diseases
- Pregnancy

## Statements

When children do try to tell adults about sexual abuse, they may not have the language to accurately describe what is happening. If the child's meaning is unclear, calmly ask for clarification without putting words in the child's mouth (ie: "Tell me more about that," instead of "Do you mean Danny touched you on your private parts?"). Children may also use language that is indirect or ask for help without telling you why as a way to test your reaction. Pay attention to statements like the following:

- I don't like it when he comes over.
- He made me touch his thingie.
- She plays with my noodle and I don't like it.
- He fooled around with me.
- I don't like it when he wants to play the "mommy-daddy game."
- Please don't make me go to their house tonight.

## What can I do if I learn my child has been sexually abused?

Stay calm. Your child will be relieved to know that you are concerned, but a display of strong negative emotions may frighten her and cause her to feel that she is in trouble or that she has caused you to become upset.

Let your child know that you believe him, that you're glad he told you, and you will do your best to protect and support him.

Write down the specific statements your child makes (in his own words) and make note of any other behaviors you observe.

Avoid interrogating your child for details. If you have reason to believe that she has been sexually abused, contact a child protection center immediately and have an investigator conduct an interview. They are trained to gather information in ways which avoid unnecessary trauma to the child—and which enhance the integrity (and potential legal admissibility) of the child's statements.

Do not confront someone you believe to be an abuser. Instead, notify people who can help you and your child, such as a child protection center, the police or child protective services.

## How can I help my child heal from sexual abuse?

With good support from parents and other adults, children who have been abused can heal and move beyond the experience of abuse. Being believed and supported by family after a disclosure is one of the most important factors in a positive healing process.

Therapists and/or support groups can be valuable allies in providing ongoing support for your child through the healing process. Contact your local sexual assault service provider to get referrals for therapists and agencies that work with young survivors.

Return to a normal daily routine as quickly as is practical. This doesn't mean acting as if the abuse never happened, but rather openly acknowledging and dealing with the abuse, while also working to minimize the disruption to daily life. This avoids sending the unintentional message that your child is "damaged" or "different" from other children.

Educate yourself about sexual violence, safety precautions you can implement to help protect your child, and ways you can support your child's healing and growth. The resources listed below are a great start.

Consider getting help and support for yourself. Parents often experience grief, rage, guilt, and other reactions to a child's victimization. Counselors and/or support groups can help you express and work through these feelings—and help you to in turn provide support to your child.

## Learn More

Continue to educate yourself and look for opportunities to educate others in the community about perpetrator tactics and ways adults can protect children. Some great resources available from the WCASA Library include:

Predators--Pedophiles, Rapists and Other Sex Offenders; Who They Are, How They Operate, and How We Can Protect Ourselves and Our Children  
by Anna C. Salter, Ph.D, Basic Books, 2003

Children Can't Protect Themselves—It's Your Job; Protecting Children from Sexual Abuse, A Guide for Adults  
The Dee Norton Lowcountry Children's Center, Inc., 2002

He Told Me Not To Tell; A Parents' Guide For Talking to Children About Sexual Assault  
By Jennifer Fay, King County Sexual Assault Resource Center, 1991

Kids Helping Kids {Break the Silence of Sexual Abuse}  
By Linda Lee Foltz, Lighthouse Point Press, 2003