

CHILD SEXUAL ABUSE

What Is Child Sexual Abuse?

Child sexual abuse (CSA) involves sexual contact between a child and an adult, an older youth (e.g., four or more years older), or any person perceived as having greater power or authority. Sexual abuse includes physical contact such as sexualized touching and/or kissing; fondling, rubbing and/or penetration of the vagina or anus with the fingers; oral sex; simulated intercourse or penile penetration of the vagina or anus. The abuse may involve the child being touched in a sexual manner or the child being coerced into sexualized touching. Sexual abuse also includes non-contact acts such as exposing genitals to a child; having the child watch pornography; or filming a child for the production of sexual imagery.

Children are often coerced into these sexually abusive activities by playful coaxing (e.g. "This will be our special secret...") or bribed with offers of money, candy, and favors. This process is referred to as grooming. Sometimes children are bullied or threatened (e.g., "I will hurt you if you tell," "No one will believe you"). Adults often use the authority they have by virtue of being "adults." And, less frequently, physical force or violence may be used. Whether the child is physically threatened or not, or whether the child does or does not say "No," sexual acts by an adult or a coercive or older child are considered child sexual abuse.

Who Is the Victim of Child Sexual Abuse?

Child sexual abuse cuts across all social classes, races, religions, and age of youth. Both boys and girls are victimized. Unfortunately, child sexual abuse is not rare. Recent estimates indicate that as many as one in four girls and one in twenty boys experience some form of child sexual abuse or sexual assault. It's possible the percentage of males is even higher, as male children may be less likely to disclose abuse because of heightened embarrassment, stigma, or shame.

Who Sexually Abuses Children?

Although some sex offenders are women, the majority are male. Despite common misconceptions, sex offenders are generally NOT strangers lurking in alleys or lingering in the park. They do not typically show signs of serious mental illness or intellectual deficits. In fact, sex offenders are commonly well known and trusted by the children they victimize and are frequently members of the family (e.g., parents, step-parents, older siblings, grandparents, and extended family). Additionally, sex offenders may include trusted family friends or adults who work with children (e.g., teachers, youth organization leaders). Given increasing use of technology among youth, the internet has become a place where offenders can use a false persona to coerce minors to send them sexually explicit messages or pictures. Therefore, there is no standard description or profile of a sex offender. Thus, there is no sure way to recognize a potential abuser; and it is often hard to believe that a trusted individual would be capable of abusing children.

What Are the Consequences of Sexual Abuse for the Child?

Children who have been sexually abused may experience a wide range of

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- A way of acting, like confronting our feared thoughts
- A way of feeling, like helping a person be less scared, less depressed, or less anxious
- A way of thinking, like evaluating the probability of an event occurring
- A way of dealing with physical or medical problems, like lessening back pain or helping a person stick to a doctor's suggestions.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

HOW TO GET HELP: If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and training. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on "Find a CBT Therapist."

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

emotional and behavioral reactions to the abuse. The nature and severity of these difficulties may depend upon the age of the child (i.e., younger children are often more resilient following CSA), the child's relationship to the perpetrator, the characteristics of the abuse (e.g., duration, severity), and the family's reaction to the child's disclosure. Children may exhibit symptoms of anxiety and distress, such as bed wetting, nightmares, difficulty in school, and running away, which are similar to problems exhibited by children who have experienced any kind of a trauma. Children may also exhibit symptoms that are more specific to inappropriate sexual exposure, such as repetitive sexual talk and play. Many youth experience fears of specific situations or people that remind them of the abuse. Though some children may engage in inappropriate sexualized behaviors following CSA, most children who have been abused will not become sexually abusive themselves. Relatedly, treatment for CSA helps children and parents learn effective responses to problems associated with abuse that help prevent negative, long-term consequences.

Once the abuse is disclosed and stopped, some children return to their typical developmental behaviors and emotions. However, some children have symptoms that persist long after the abuse itself has ended. In fact, a significant number of children who have been sexually abused develop a serious and often chronic disorder known as Posttraumatic Stress Disorder (PTSD). Thus, it is important for the child to have a psychological evaluation and, if necessary, receive treatment. It is important that parents recognize that children may experience different problems related to their sexual abuse experiences as they go through different developmental stages. Therefore, although a child may have successfully completed therapy soon after the abuse was disclosed, or may not have had difficulties previously, they may benefit from therapeutic services at a later time. Regardless of the nature of a child's response to CSA, support from trusted adults close to the child is beneficial in helping them return to their typical functioning.

What Are the Consequences of Sexual Abuse for the Nonoffending Family Members?

While the consequences of CSA and the focus of treatment typically surrounds the child, non-offending family members may also experience distress following the disclosure of sexual abuse. Caregivers may experience feelings of guilt or shame for not knowing the abuse was occurring. They may have distress related to the information the child reported during the disclosure. Caregivers may experience concerns regarding their child's functioning after the abuse and may be confused as to how to best navigate this with their child.

Non-offending siblings may experience negative consequences related to their sibling's sexual abuse. Similar to caregivers, siblings may experience feelings of guilt or shame for not knowing about their sibling's abuse. When a sibling knows about the abuse prior to the child's disclosure to a caregiver, the sibling may feel a range of conflicting emotions related to whether or not they should have told someone. On the other hand, sometimes siblings are not told about their sibling's sexual abuse after disclosure, and this may lead to confusion as they know something has happened but are not certain of what has occurred. Since some children who experience CSA may exhibit emotional, social, or behavioral difficulties following CSA, caregivers may place more of an emphasis on caring for the child who was abused. Thus, siblings may feel like they are less of a priority and believe that

their emotional reaction to the disclosure of their sibling's sexual abuse is not as important.

Finally, the entire family may experience disruptions in their lives due to the sexual abuse. These disruptions may include moving homes, attending different schools, involvement in the legal system, and changes in family dynamics. These disruptions may cause the entire family distress and may prompt new challenges in their daily lives.

Where Should You Go for Help?

In all states, sexual abuse of a minor is a crime. In most states, professionals in mental and medical health care, law enforcement, or school/childcare settings are mandated reporters of suspected child abuse and are required to contact their state's child abuse and neglect reporting agency, often identified as the Child Abuse Hotline, to file a report of suspected child abuse. Additionally, in some states any person who suspects child abuse and neglect is expected to report. In some areas, the child protection agency will need to work in conjunction with the police. In other instances, the agency will investigate the sexual abuse allegation and provide guidance and help to the child and family. As a reporter, you may remain anonymous, but the caseworker will ask you important questions about the child, the possible abuser, and the circumstances. Reporting to authorities will often help to protect the child from further sexual abuse.

Additionally, if you suspect that a child has been sexually abused, therapists or teachers can help in the reporting process and provide resources following reporting. Increasingly in the United States, Child Advocacy Centers (CACs) are available and well equipped to provide support and resources following child sexual abuse, including completing forensic interviews, medical evaluations, and providing referrals for additional services. Finally, you should consider working with a therapist to protect the child's emotional and psychological well-being.

What Kind of Treatment Is Available for the Child and Their Nonoffending Family Members?

Many therapy formats have been applied to sexual abuse including individual, family, and group therapy. Cognitive behavioral therapy, in both individual and group settings, effectively decreases the problems experienced by children who have been sexually abused. Both the child and their nonoffending family members can benefit from cognitive behavioral interventions. Cognitive behavioral interventions for the child who was sexually abused should be individually tailored to target the particular child's difficulties. However, education, coping skills, and gradual exposure exercises are generally incorporated into the treatment plan. Gradual exposure refers to exercises that encourage children to confront memories, thoughts, and innocuous reminders (e.g. bathrooms, sleeping alone, undressing, showering, etc.) of the abuse in a safe and gradual fashion over time. This may be done by guided imagery, doll play, drawing, reading, writing, poetry, singing, and other activities. By reducing the anxiety associated with abuse-related discussion, gradual exposure exercises help children to express their thoughts and feelings more openly, thereby enhancing their ability to understand and emotionally process the abusive experience(s).

The cognitive behavioral therapist may help nonoffending parents cope with their own thoughts and feelings about their children's abuse

while also teaching parenting skills that will help them respond more effectively to their children's disclosures and abuse-related difficulties. Additionally, cognitive behavioral interventions may help non-offending siblings process their own emotions and thoughts related to their sibling's abuse and help them cope with the recent changes in their lives due to the abuse (e.g., moving houses, changing schools, changes in attention given by caregivers).

Survivors of sexual abuse do not need to suffer in silence. Therapists can offer effective treatments tailored to a child's individual problems to combat negative consequences of the abuse and foster healthy emotional and behavioral functioning following CSA.

Resources

Child Welfare Information Gateway (<https://www.childwelfare.gov>)
Information on prevention, reporting, and risk factors for and signs of child sexual abuse; state statute and other legal information, and resources for children and families

National Children's Alliance
(<https://www.nationalchildrensalliance.org>):
Information on Child Advocacy Centers and CAC coverage maps by county; advocacy information

National Center on the Sexual Behavior of Youth
(<http://www.ncsby.org/>)
Resources for parents and professions who are concerned about a young person's sexual behaviors

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For more information or to find a therapist:

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