

Child Sexual Abuse & Child Advocacy

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Prevalence

- It is estimated that 20-30% of girls and about 15% of boys will have some kind of sexual abuse experience.
- A study of women in Washington State found that 38% of women reported some type of sexual assault experience during their lifetime, with 80% of these incidents taking place before they were 18 years old.
- **While some cases involve the use of force or threats of violence, most do not.**

Offenders

- Most offenders are someone the child already knows and trusts, like a relative, coach, teacher, childcare worker or neighbor. About a third of the cases involve a family member (from either the immediate or extended family). Only about 10% of cases involve strangers.
- Offenders take advantage of the child's youthfulness, inexperience, or trusting nature. Sometimes the abuse is misrepresented as normal behavior, or a game. Offenders may manipulate children by offering rewards, inducements, or a special relationship to get them to go along with the abusive behavior.
- Children are usually taught that older people have power and authority over them so they do not feel that they have a choice in these situations.

Child Sexual Abuse laws

- Washington State laws make all forms of sexual contact by an adult with a child illegal based on the age of the victim, regardless of other circumstances including the use of force or threats or the child's behavior.

Grooming

Grooming occurs in phases:

- Engagement Phase
- Sexual Interaction Phase
- Disclosure Phase
- Suppression Phase

Engagement Phase

- In this first phase, the perpetrator sets up opportunities to have access to the child. Perpetrators may build a special relationship or may provide specific inducements to the child.
- This phase is ongoing long before any sexual interaction may occur. It corresponds to what is popularly called “grooming,” and there may be absolutely nothing about this type of interaction which could be recognized as dangerous to a child.

Sexual Interaction

- This is the beginning of sexual interaction and the perpetrator probably will escalate from non-touching to touching behavior. The abuse may include exposure, masturbation, physical contact and/or penetration, and may occur one time or many times.

Disclosure

- Disclosure of the abuse may happen accidentally when someone discovers the abuse. In some cases the child may decide to tell someone. It is very rare for a perpetrator to voluntarily tell someone that they are abusing a child.
- Because offenders are often very social and manipulative, abuse is often overlooked, or else viewed as a onetime error in judgment, minimized or blamed on the victim. Most child molesters don't fit the media stereotype of a dangerous sexual predator.

Suppression

- Family members may try to deny that the abuse has occurred, and may minimize the severity of either the abuse or the child's response to it. This is a stress-provoking and frightening time.
- There is widespread confusion about what constitutes child sexual abuse. Ambiguity and the lack of a decisive response work in the offender's favor.

Identify the correct grooming phase

Carrie tells her teacher that someone has been playing a “game” with her that involves taking off her clothes.

Disclosure of the abuse may happen accidentally when someone discovers the abuse. In some cases the child may decide to tell someone.

Identify the correct grooming phase

During a meeting with an advocate, the father, Rick, states that there is no way his uncle could have abused the child: “It was just a harmless game.”

In the **Suppression** phase, family members may try to deny that the abuse has occurred, and may minimize the severity of either the abuse or the child’s response to it.

Identify the correct grooming phase

All the parents on the block rely on Barry, who is always willing to babysit at the last minute, especially for the single moms who have evening shifts.

In the phase of **Engagement**, molesters may groom the community in addition to the child in order to appear respectable and helpful, and thereby gain access to children.

Identify the correct grooming phase

The assistant high school baseball coach has been coaching for 30 years, and has always been available to take the team on overnight trips.

In the phase of **Engagement**, molesters may groom the community in addition to the child in order to appear respectable and helpful, and thereby gain access to children.



Impact of Abuse

Impact of Child Sexual Abuse

The degree to which a child is affected by sexual abuse is influenced by:

- the child's previous experiences and history,
- the nature of the sexual abuse and the child's reactions, and
- the responses by others upon disclosure of abuse.
- the cultural and socio-political context in which the child is living, including the forces of oppression in which they live.
- It is important to know that children express the effects of sexual assault experiences differently at different ages.

Effects of Child Sexual Abuse

The child's previous experiences and history:

- Critical pre-abuse factors that increase the risk that a child will develop serious problems include the child's prior psychological concerns, especially a history of anxiety problems. If the child has previously been sexually abused or experienced other trauma, the risk is higher.
- Many studies have shown that the more trauma and adverse life experiences a child has, the higher the risk of developing problems.
- History of marginalization and oppression

Effect of Child Sexual Abuse

Nature of the sexual abuse and the child's reactions:

- Abusive characteristics of the assault make a big impact on a child, especially those involving force and violence.
- The most impactful factor is if the child believed they were in extreme danger and might be killed or hurt during the assault.
- Abuse that occurs over time is also more harmful. This is likely because the child is living with the fear and worry about being abused instead of being able to put the experience behind them.
- When children believe that it is their fault, that they are ruined, or that no one can be trusted, they are more likely to be seriously affected.

Disclosure

- The most important response is how caregivers react to the abuse and that the response is not negative. Reactions that increase the risk for negative outcomes include disbelief, blaming the child for the victimization, or blaming the child for causing trouble to the family or the offender.
- The biggest complications arise when the offender is a parent or close relative. The family is torn about whom to believe, or wants to avoid complications of accepting that a person they care about would do such a thing.
- When the offender is a parent, the non-offending parent's response may be affected by their own sexual abuse history, dependency on the offender, and current relationship to the offender and child.
- However, even in family situations, most families do believe and support their children.

Culture and Community

- Culture can influence disclosure, the effects of sexual violence, access to support systems and resources, and the healing journey.
- The socio-political context in which the child is living, including the forces of oppression in which they live, influence disclosure, the effects of sexual violence, access to support systems and resources, and the healing journey.

What are some ways you see culture, community, and/or experiences of oppression impacting disclosure, effects, access, and healing?

Previous Experiences and History

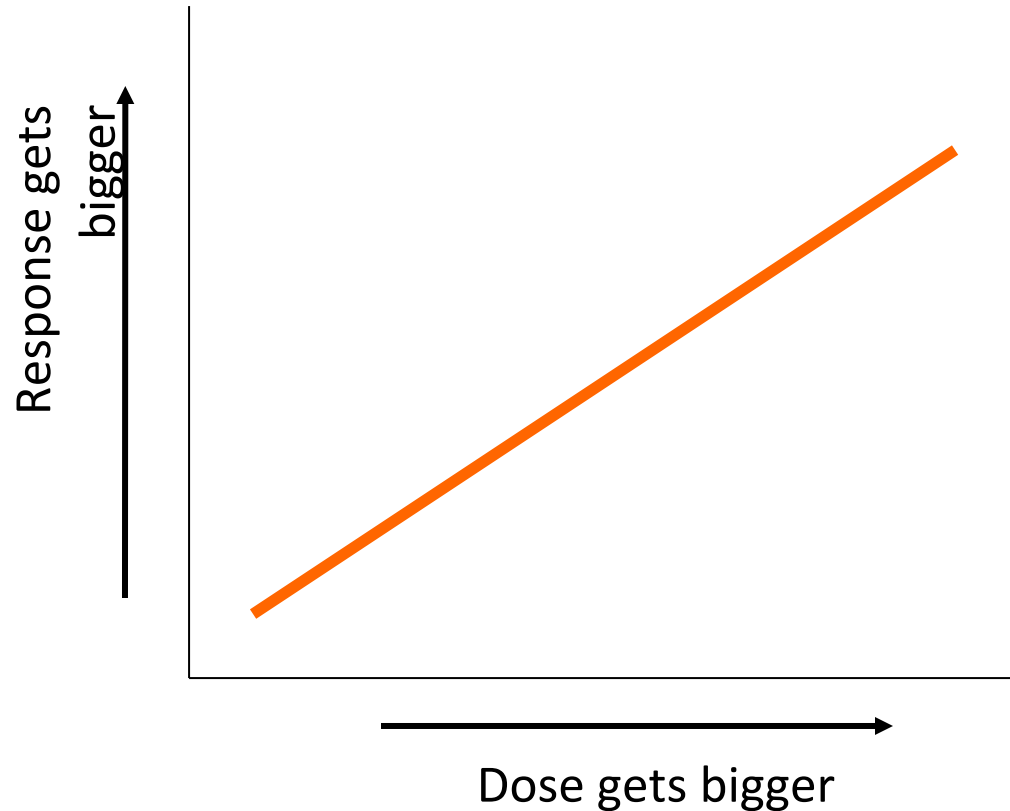
- If the child has previously been sexually abused or experienced other trauma, the risk of enduring negative consequences is higher.
- How caregivers react to the abuse is the most important factor in a child's healing. Reactions that increase the risk for negative outcomes include disbelief, blaming the child for the victimization, or blaming the child for causing trouble to the family or the offender.
- Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences

- Sexual abuse
- Physical abuse
- Emotional abuse, physical neglect, emotional neglect
- Mother treated violently
- Household substance abuse
- Mentally ill, depressed or suicidal person in the home
- Parental separation or divorce
- Incarceration of a family member

Dr. Felitti, and others since his research began, identified a true dose - response relationship:

MORE ACE = MORE HEALTH PROBLEMS

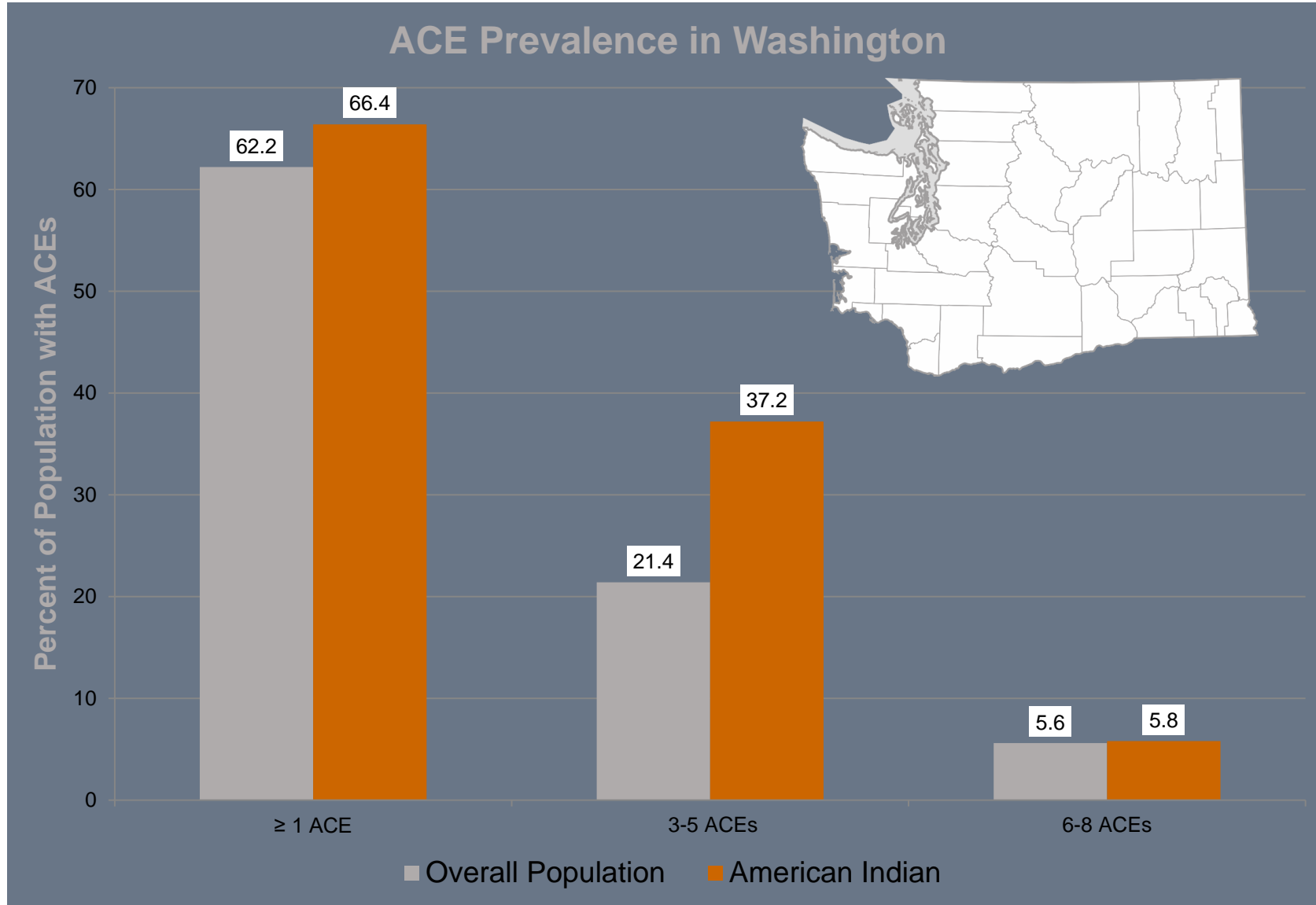


Dose-response is a direct measure of cause and effect.

The “response” - - in this case the occurrence of the health condition - - is caused directly by the size of the “dose” - - in this case, the number of ACEs.

Adverse Childhood Experiences

ACEs are Common



How is this research helpful to our work?

- Understanding the science behind the responses to and the potential effects of trauma can validate survivors' experiences and ease the self-blame and shame that they often feel.
- If we work with adults and caregivers who have experienced trauma, it may reduce the likelihood of outcomes that can become ACEs for the next generation; if we work with child survivors and their families, it may also reduce the likelihood of children experiencing another ACE and the risk for negative long-term health outcomes.
- Ultimately, the ACEs study is telling a story about individual, family, and community health. Approaching education from this angle may open the door to conversations about issues that communities may otherwise be reluctant to talk about, such as child sexual abuse.
- It provides evidence to our communities and our funders for the necessity of prevention.

We can always remember:

Families are the most
central, powerful and enduring
influence in children's lives

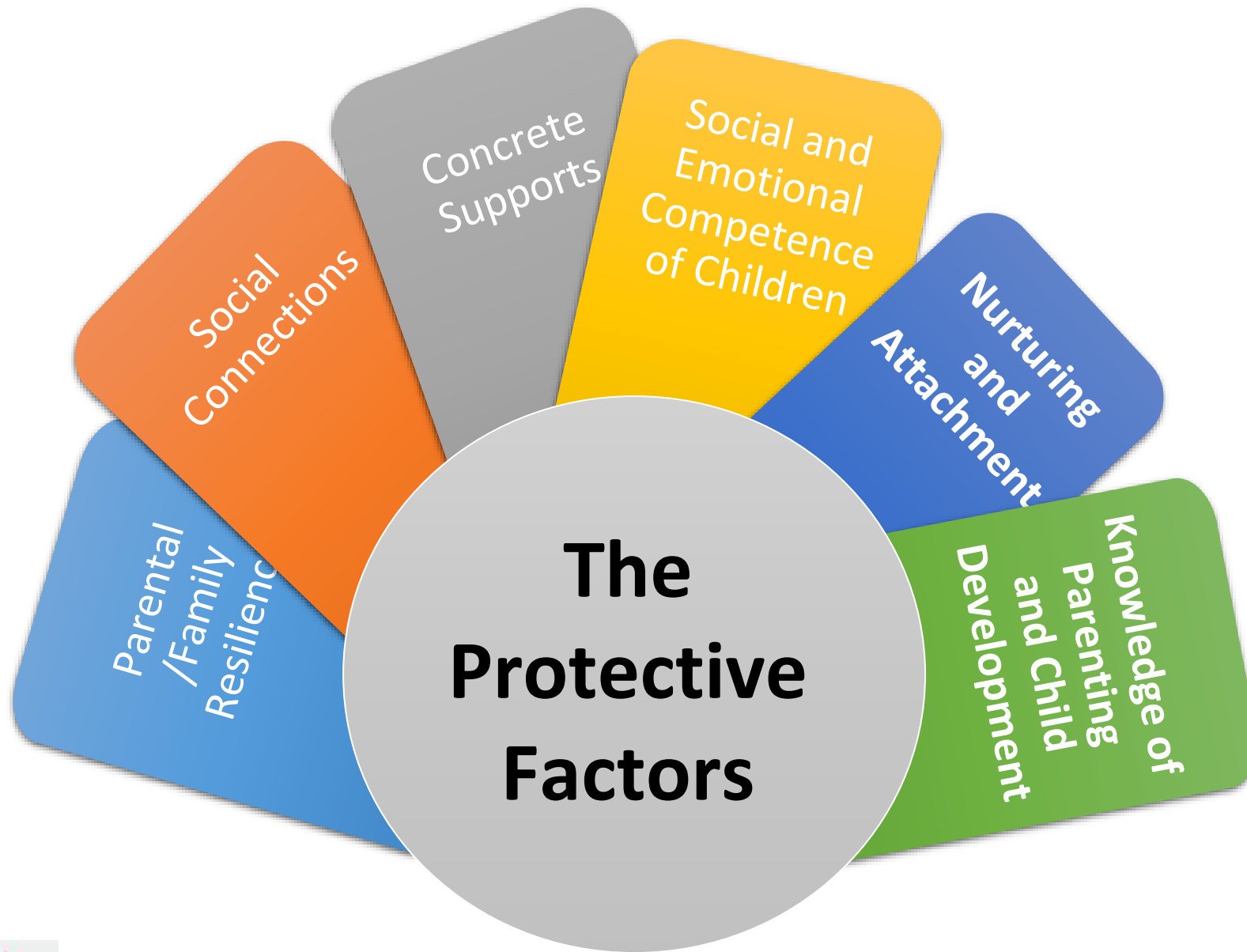
Family Support America, Edward L. Schorr, MD: Family Pediatrics:
Expecting more of the Health Care System; The Commonwealth Fund: 2004

Protective Factors. . .

Conditions that can protect families and promote resilience

Serve as a buffer against adversity—when present in families, likelihood of child maltreatment goes down

A Protective Factors framework focuses on strategies for building family strengths rather than focusing exclusively on risks and deficits.



Child Welfare Information Gateway Resource Guide

<https://www.childwelfare.gov/preventing/preventionmonth/guide2013/>

Parental / Family Resilience



Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems.



Parental / Family Resilience

What it looks like:

Hope and Optimism

Problem solving skills

Ability to maintain/restore
calm

Self-care

Help seeking

Future orientation

What you can do:

Support for parental decision-making

Validation and encouragement

Support for self-care

Training/support in problem solving

Model resilience

Cheer lead"



Advocacy with Children

Advocacy with Children

- Advocacy with children who have been sexually abused is challenging and important work. Because the reactions and responses of adults following a child's disclosure of abuse can play such a crucial role in their healing, you will be in the position to support the child, and to encourage nonoffending family members to support the child in the most positive ways possible. Your work with other professionals in the legal and health systems can also help to improve the experience children and their families have in the aftermath of abuse. Remember, you are a part of an early intervention and healing.

Advocacy with Children

- Let the child know how brave they are and reassure the child that they have done the right thing by telling.
- Bring snacks (parent-approved, as the child may have allergies) and small bottles of water.
- If a parent / caregiver is present, be sure to still direct remarks to the child.
- Ask the child if they know why they are meeting an advocate and what an advocate does. Explain this in age-appropriate language.
- Keep the first meeting short and friendly. The goal is for the child to feel comfortable with the advocate.
- Pay attention to body language.
- Address the child's fears; even just acknowledging them as real is helpful. There may not be a solution, but coping techniques can be discussed.
- Find some decision the child can make. Let the child know what choices they have, even if it is as simple as taking a stuffed toy to an interview.
- Let the child know "what's next" and when they will meet with the advocate again. Don't make promises.
- As an advocate, give the child your business card belonging just to them.
- Remember, the advocate's role is supportive, not investigative.

Legal System and Children/Adolescents

- Make a point of involving youth and giving them information
- Take a tour
- Clarify what it is and isn't (the criminal justice system does not determine the truth)
- Legal outcome does not determine healing or worth (prosecution not necessary for personal sense of justice)

Advocacy with Children

- The news is good
 - Most children recover naturally and do not have long term affects
 - Younger children tend to be less severely affected by CSA because usually not violent and they do not appreciate meaning
- What to keep in mind
 - Parental belief, support, protectiveness is most important to outcomes for kids.