NCTSN The National Child Traumatic Stress Network

Questions & Answers about Child Sexual Abuse

An Interview with Esther Deblinger, PhD

Defining Abuse

Q: What is child sexual abuse?

A: Sexual abuse is any interaction between a child and an adult or older child in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse often involves direct physical contact, touching, kissing, fondling, rubbing, oral sex, or penetration of the vagina or anus. Sometimes a sex offender may receive gratification just by exposing himself to a child, or by observing or filming a child removing his or her clothes. Offenders often do not use physical force, but may use play, deception, threats, or other coercive methods to engage youngsters and maintain their silence.

Q: When would you consider sexual activity between two children abuse?

A: Activity in which there is a clear power difference between them and one child is coercing the other—usually to engage in adult-like sexual behavior—generally would be viewed as abuse. This is very different from behavior in children of about the same age that reflects normal sexual curiosity and mutual exploration (such as playing doctor).

Frequency and Risk

Q: How common is sexual abuse among children of different ages?

A: Sexual abuse affects both boys and girls of all ages from infancy through adolescence. In fact, this is a problem that directly affects millions of children across all social, ethnic, religious, and cultural groups around the world. While the overall rates of child sexual victimization seem to have declined since 1993, children and adolescents are still more likely than adults to suffer a sexual assault.

Q: Are any particular children at increased risk?

A: Unfortunately, child sexual abuse is very common. All children are vulnerable. However, some children may be more likely to be victimized because sex offenders often target children who seem more vulnerable and less likely to tell, such as those who suffer emotional, developmental, or physical challenges. Research suggests sexual abuse is even more common among these children.

Child sexual abuse is a problem that breeds in secrecy. Speaking openly and publicly about it will enhance efforts at prevention.

Q: Who are the most common perpetrators?

A: The majority are male, although a small percentage is female. Sexual offenders are not "dirty old men" or strangers lurking in alleys. More often, they are known and trusted by the children they victimize. They may be members of the family, such as parents, siblings, cousins, or non-relatives, including family friends, neighbors, babysitters, or older peers. There's no clear-cut profile of a sex offender. Some offenders were sexually abused as children, but others have no such history. Some are unable to function sexually with adult partners and so prey on children, while others also have sexual relations with adults.

Child sexual abuse is so hard for most people to comprehend that we want to believe it only happens when an offender is under the influence of alcohol or drugs, but that's not usually the case. Very frequently, abusers are repeat offenders and a significant percent are adolescents.

Prevention Is Key

Q: Is there any way to prevent abuse?

A: There are many actions that we can take as a society to reduce the prevalence of child sexual abuse, although it is probably not possible for any parent or caring adult to guarantee a child's protection. Child sexual abuse is a problem that breeds in secrecy, so simply speaking openly and publicly about it will enhance efforts at prevention.

It is critically important to educate our children. They need to know that their bodies belong to them and that they don't have to go along with everything an adult tells them to do. It is important to teach children the proper names for their genitals.

We must encourage them to feel comfortable talking to their parents about their bodies without embarrassment, and teach them what kind of touching is okay between a child and an adult, and what is not. Parents should explain to children that offenders may try to trick them into keeping the "not okay" touching a secret. It is important that we help them to understand the difference between secrets and surprises. We can remind children not to keep secrets and that no matter what an offender might say, it's okay for the child to tell. Finally, when children are brave enough to disclose sexual abuse, it is important that we respond by doing everything we can to protect them, enforce the laws against the perpetrators, and offer effective medical and mental health care. We can help children to recover from such experiences and protect other children in the process.

The Impact of Abuse on Children

Q: What is the psychological impact of child sexual abuse?

A: In the short term, it's not unusual for a child to develop some post-traumatic stress reactions that will respond to treatment. Others—particularly those who have suffered multiple traumas and received little parental support—may develop post-traumatic stress disorder, depression, and anxiety. Their ability to trust adults to take care of them may also be jeopardized. Sadly, when children do not disclose sexual abuse and/or do not receive effective counseling, they can suffer difficulties long into the future. As one child expressed it, "Abuse is like a boomerang. If you don't deal with it, it can come back to hurt you." On the other hand, children who have the support of an understanding caregiver and effective treatment can recover without long-term effects.

Q: What are the signs of post-traumatic stress reactions?

A: Three types of symptoms occur with post-traumatic stress reactions:

Hyperarousal means that the child is nervous and jumpy, has a heightened startle response, and may react more strongly to any anxiety-producing situation.

Reexperiencing means that the child may keep seeing mental images linked to the abuse, or relive some aspects of the experience, either while awake or during sleep in the form of nightmares. A child may have other sleep disturbances, such as insomnia or frequent awakenings. Younger children are more likely to have generalized fears or nightmares about other scary things, such as monsters chasing them. With an older child, the nightmares are more likely to be directly related to the trauma. Reexperiencing also includes reactions to traumatic reminders: any thing, person, event, sight, smell, etc., connected to the abuse. For example, if the perpetrator had a beard, the child might start to feel frightened and uncomfortable, usually without knowing why, around any man with a beard. Even being touched by another person may become a traumatic reminder.

Avoidance means that a child avoids exposure to traumatic reminders, and sometimes avoids thinking about the abuse altogether. So, for example, if the abuse occurred in the basement, the child may avoid going into any basement. Reactions to—and avoidance of, traumatic reminders—can become generalized. A child may begin with fear of one particular basement that generalizes to reactions to and avoidance of all basements, and from that to any room that in any way resembles a basement. Avoidance can seriously restrict a child's activities–an important reason to seek help early.

Q: What other trauma-related behaviors might you see in a toddler or school age child?

A: In a very young child you might see traumatic play in which the child re-enacts some aspect of the experience. For example, a child may act out running away from a "bad man" over and over again. The play may or may not be specific to the sexual abuse. You might see other signs of stress, an increase in oppositional or withdrawn behavior, tantrums, or nightmares. The child might engage in age-inappropriate sexual behavior such as trying to engage another child in oral-genital contact or simulated intercourse. The child might talk about her body as being "hurt" or "dirty." Of course, children may have these problems for other reasons, so you cannot assume they mean the child has been abused.

Q: Is the impact of sexual abuse different in adolescents?

A: The basic symptoms of post-traumatic stress are similar, but as children grow up and develop more autonomy, the difficulties they can get into may be more serious. Teenagers have more access to substances, so to cope with hyperarousal and reexperiencing, they might be more likely to abuse substances. High-risk behaviors might also include indiscriminant sexual behavior. A teenager avoiding traumatic reminders may withdraw socially. Self-cutting and suicidal behaviors are also more common among adolescents. However, with parental support and effective treatment, adolescents can avoid or overcome these problems.

Q: What's the long-term impact of sexual abuse?

A: Research has repeatedly shown that child sexual abuse can have a very serious impact on physical and mental health, as well as later sexual adjustment. Depending on the severity of and number of traumas experienced, child sexual abuse can have wide-reaching and long-lasting effects on an individual's physical and mental health. Sexual abuse also tends to occur in the presence of other forms of child maltreatment and life adversity. The Adverse Childhood Experiences study documents that the more traumatic experiences one has, the more likely one is to have problems with substance abuse, depression, anxiety, and some chronic physical conditions.[1]

Discovering Abuse

Q: What should a parent do if sexual abuse is suspected?

A: Although this is not easy for a concerned parent, it's important to remain as calm and supportive as possible. A parent shouldn't grill a child for every detail, or ask numerous questions. Reassure the child that he/she is not to blame and ask a few gentle open-ended questions or prompts (e.g., "Tell me more about that." "Who did that?" "Where were you when that happened?"). Parents may contact a mental health professional with expertise in child trauma, or, alternatively, a pediatrician may help parents determine if their suspicions are reasonable. Also, every state has a child protection agency that will take a report and launch an investigation if warranted. Many states have laws that require persons who have reasons to suspect child abuse to report their suspicions to Child Protective Services.

Q: Is it common for children not to tell even their parents that they've been abused?

A: Delayed disclosures are common and are not a reflection of a poor parent-child relationship. Sometimes children will say that they didn't want to "hurt" or "upset" their parents because they love them so much. Child sexual abuse is, by its very nature, secretive. It almost always occurs when the child is alone with the offender. An offender may directly threaten physical harm to the child or beloved family members if he or she tells, or coerce the child with promises, gifts, or other verbal persuasion. It's common for children to blame themselves, fear punishment, or be afraid that they will not be believed. A child may feel embarrassed and ashamed. The avoidance, which is part of post-traumatic stress reactions, may make a child simply try to forget what happened. Many children who have experienced sexual abuse grow up before they tell anyone about what happened.

Healing and Recovering Together

Q: Does every child who is sexually abused need treatment?

A: At the very least, sexual abuse is very confusing for a child. Often there's an investigation that requires the child to speak to a police officer or other professional. It's helpful for parent and child to have support from a mental health professional and assistance in understanding the abuse and reactions to it. In many cases, a child may not need lengthy, intensive therapy, but it's helpful for the child and parent to sit down with a trained professional and talk through what has happened, to make sure the child understands and feels safe talking about his or her feelings. Children may blame themselves or hold other unrealistic ideas or beliefs about the abuse (cognitive distortions) that need to be corrected.

Parents may also benefit from talking to a professional who can assist them in overcoming the distress naturally associated with discovering that their child has been sexually abused. One approach to treatment, involving parents and children, that has received considerable scientific support is Trauma-focused Cognitive Behavioral Therapy. There is increasing evidence that, with support from a caring adult and high quality treatment, many children and parents effectively recover and may feel stronger and closer as a family in the aftermath of a traumatic experience.

Suggested Reading for Children and Families

Freeman, L. (1982). *It's MY body.* Seattle, WA: Parenting Press, Inc.

Girard, L.W. (1992). *My body is private.* Morton Grove, IL: Prairie Paperbacks, Albert Whitman and Company.

Ottenweller, J. (1991). *Please tell! A child's story about sexual abuse.* Center City, MN: Hazelden Foundation.

Spelman, C.M., (2000). *Your body belongs to you*. Morton Grove, IL: Prairie Paperbacks, Albert Whitman and Company.

Stauffer, L., & Deblinger, E. (2003). *Let's talk about taking care of you: An educational book about body safety.* Hatfield, PA: Hope for Families.

References

1. Felitti, V.J., Anda, R.F., Nordenberg, D.F., Williamson, D. F., Spitz, A.M., Edwards, V.J., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, *14*, 245-258.

About Esther Deblinger, PhD

Dr. Esther Deblinger is a member of the National Child Traumatic Stress Network and Co-Director of the Child Abuse Research Education & Service (CARES) Institute, University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine. A licensed clinical psychologist, Dr. Deblinger has conducted extensive clinical research examining the mental health impact of child abuse and the treatment of post-traumatic stress disorder (PTSD) and other abuse-related difficulties. She has authored numerous scientific articles and book chapters, and published four books including Treating Sexually Abused Children and Their Nonoffending Parents: A Cognitive Behavioral Approach*. Dr. Deblinger is a co-developer of Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), an empirically validated treatment for child sexual abuse that has evolved as the clear standard of care for children and adolescents who have experienced abuse and trauma.*

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