

CHILD SEXUAL ABUSE RESPONSE

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WHY DON'T CHILDREN TELL?

- They are too young to put what has happened into words.
- They are coerced by someone who's bigger and in authority over them.
- They are manipulated into "playing a fun game" which they are told will just be their secret.
- They are bribed not to tell with favors or gifts.
- They are threatened with harm to themselves or their family, or promises that others will not be abused if they cooperate and keep it a secret.
- They may love the person who abuses them and be afraid of getting him or her into trouble.
- They believe, or are told, that the abuse is somehow their own fault. They often feel guilty, or ashamed.
- They are afraid they will not be believed or that they will be punished.
- They are confused because this person is nice to them in many other ways.
- They've been told it's wrong for someone to touch their private parts. Yet they experience pleasure and a sense that something's wrong at the same time. They aren't old enough to understand this without good teaching beforehand.
- They've been taught to respect their elders, and that their extended family and "mission's family" all love and care for them.
- They are away from their parents when it occurs, in a boarding school, on a retreat, on public transportation and don't know who they can trust to tell.
- They hate conflict, and suspect this will cause a conflict if the abuser is confronted, so suffer in silence.
- The abuse is painful, and they don't want to remember it, so they repress it.
- They are afraid the family will be sent home from the field. Therefore, they risk suffering the abuse to not have to leave their friends, home, and their parent's ministry.
- They don't have a good relationship with their parents, get in trouble for other things already, or haven't been taught open, healthy communication.
- They don't want their friends and others in the mission's community to know about the abuse.

INDICATORS OR SIGNS OF SEXUAL ABUSE

Sexual Behavior Indicators

- Copying adult sexual behavior
- Persistent, inappropriate, unusual, or aggressive sexual play with other children, themselves, toys, or pets
- Displaying sexual knowledge, through language or behavior, that is beyond what is normal for their age
- Compulsive masturbation
- Excessive curiosity about sexual matters or genitalia (self and others)
- Unusually seductive with classmates, teachers, and other adults
- Sexual promiscuity
- Excessive concern about sexual identity

Behavioral Indicators in Younger Children

- Bed wetting
- Fecal soiling
- Eating problems (overeating, undereating)
- Fears or phobias
- Overly compulsive behavior
- School problems or significant change in school performance (attitude and grades)
- Regression to behavior already mastered, such as thumb sucking, bed wetting, etc.
- Inability to concentrate
- Sleep disturbances (e.g., nightmares, fearful about falling asleep, fretful sleep patterns, or sleeping long hours)

Behavioral Indicators in Older Children and Adolescents

- Withdrawal from family, friends, or usual activities
- Depression or anxiety
- Passive or overly pleasing behavior
- Poor hygiene or excessive bathing
- Poor peer relations and social skills
- Acting out, running away or aggressive behavior
- Alcohol or drug abuse
- School problems, frequent absences, sudden drop in school performance
- Refusal to dress for physical education
- Nonparticipation in sports and social activities
- Fearful of showers/restrooms
- Fearful of home life demonstrated by arriving at school early or leaving late

- Suddenly fearful of other things (e.g., going outside, participating in familiar activities)
- Extraordinary fear of males (of being approached or touched by them)
- Self-consciousness of body beyond that expected for age
- Crying without provocation
- Suicide attempts

Additional Signs

- Physical complaints
- Hints, indirect comments or statements about the abuse

FEELINGS EXPRESSED or OBSERVED

- **Fear** (of the dark, being alone, of the abuser, of causing trouble, of losing adults important to them, of being taken away from home, of being “different”)
- **Anger** (at the abuser; at other adults around them who did not protect them, at themselves - that it’s my fault)
- **Isolation** (because “something is wrong with me”, they feel alone in their experience, they have trouble talking about the abuse)
- **Sadness** (about having something taken from them, losing a part of themselves, growing up too fast, and being betrayed by someone they trusted)
- **Guilt** (for not being able to stop the abuse, believing they “consented” to the abuse, “telling”--if they told, and keeping the secret--if they did not tell)
- **Shame** (about being involved in the experience and about their bodies’ response to the abuse)
- **Confusion** (because they may love or like the abuser and their feelings change all the time)

EFFECTS OF SEXUAL ABUSE

Some children are much more traumatized by abuse than others. Factors that determine the severity of the impact on the child include the following.

1. The reaction to the abuse by the parents and others most important to the child is probably the most significant variable in whether or not the abuse has lifelong destructive consequences. Believing the child, maintaining a calm attitude, reporting the abuse to the proper authorities, and getting help for the child are the key factors.
2. The closer the child feels to the abuser the more trauma. If it’s someone he or she loves, trusts, and felt safe with previously, then those key issues have to be worked through with the child.
3. The type of sex act. The more offensive the behavior is to the child, not to his or her parents, the more trauma. It could be offensive to the child, but not be considered that serious to the parents, or seem awful to the parents, but not be as offensive to the child.
4. The child’s trauma needs to be adequately assessed and taken seriously. Parents need to be careful to ascertain the child’s reaction. (For example, if parents didn’t see an incident as serious because it was “only fondling” or only

a sexual threat during a robbery.) Living with the ongoing fear, and not being able to process the abuse will have longer term and more serious consequences which could have been avoided if the parents understood this concept of considering the acts from the child’s perspective. If their fear had been understood, if safety measures were put in place, if the abusers would have been confronted by their parents or the mission authorities, if they would have been given counseling then, they would have had much more likelihood of recovering.

5. The number of incidents, and length of time over which it occurred.
6. The level of threat, humiliation, or violence.
7. The child’s age and developmental level at the time of the abuse.
8. The child’s personality. Some children have more natural ability to cope with trauma than others do. Thus, two children in the same family who were abused may need different levels of follow-up care.

However, every incident should be responded to. Seek help, talk to a counselor and report the incident even if no immediate symptoms are evident: to evaluate for trauma, to re-teach body safety, to plan to confront and remove the danger to this child, and to determine if there are other victims.

If the incident doesn’t seem to affect the child, you should still be alert for reactions at a later time. Sometimes symptoms of emotional harm may not be evident for years, sometimes not until adulthood.

Even a child reporting abuse years later should be taken seriously. Often a person does not report the abuse until he or she is safely out of the abusive situation, this is especially true if the abuser was a family member or powerful caretaker. Because abuse is often not reported until a person becomes an adult many countries have extended the statute of limitations for prosecution. In the USA some states allow prosecution for a period of time after an adult makes a report of childhood abuse. For other states a person can make a report only for a number of years after becoming an adult, usually the age of eighteen.

EFFECTIVE PARENTAL RESPONSE

1. Respond calmly.

- Be careful to not over react, which could inhibit the child from telling you the whole situation. A child picks up on our reactions and our reactions can further traumatize the child.
- Talk with your child about it in a matter of fact, but caring manner.
- Focus on the child and not reacting against the perpetrator. Your anger is at what happened, not at your child. Your child could mistakenly interpret your anger or disgust as directed toward her or him.

- Vent your feelings of anger, grief, etc. with your spouse and/or with a good friend, clergy, or a counselor at a later time.
- Remember that the child's response is shaped primarily by your reaction.
- Respect your child's privacy by talking with your child about this incident in a private place.

2. Believe your child.

- In most circumstances children do not lie about sexual experience.
- Applaud your child's courage.
- Be sensitive to your child.

3. Encourage your child to tell you about the incident(s) of abuse.

- Do not ignore warning signs and symptoms.
- Be sensitive and unhurried.
- Show physical affection, and express your love and confidence with words and gestures.
- Be accurate in gleaning and reporting details. Learn as many details as you can about the abuse.
- Avoid interrogating your child for information. The child may give you a small part of the incident at first.
- Listen to your child very carefully.
- Let your child tell her or his story, but question your child carefully, not assuming that you know what your child means. (E.g., if your child says that he was touched, you can ask if the perpetrator touched her or him in a way that made your child feel uncomfortable. You could ask your child to tell you where he was touched.)
- Do not pressure your child to answer if your child is reluctant to talk.
- Reassure your child that you will not be angry with her or him.
- Do not ask your child leading questions such as suggesting certain information, then asking your child to respond 'yes' or 'no'.
- Be careful not to supply adult vocabulary. Let your child tell about the incident in her or his own words.
- Allow your child to express feelings that she or he experienced both in the past and now.
- Be careful that you do not indirectly infer blame or criticize your child. It will only hurt your ability to help.
- If your child is reluctant to talk about it, let your child draw or act out what happened with dolls.

4. Reassure your child.

- Commend your child for telling you about the incident and show that it is all right to talk about the abuse.
- Let your child know that she or he is not to blame. The perpetrator is 100% accountable. Your child has done no wrong. Most children are enticed into acts of abuse.
- Assure your child that you will protect her or him and try to make sure that this will never happen again.

- Ask your child if she or he has any questions or concerns (e.g., dealing with threats by the person).
- Respect your child's privacy. Tell your child that you will only tell people who need to know, and who will help.
- Maintain open lines of communication with your child so that your child will be comfortable in making additional disclosures and in discussing her or his feelings.

5. Report the abuse.

- Do not investigate the abuse or confront the abuser yourself.
- Serve as the child's advocate if abuse has occurred.
- There may be more victims.
- Report the abuse to the Department of Child and Family Services or designated hotlines. Report the abuse to your mission's administrator, to a school superintendent, or to whoever has the authority to take appropriate action.

6. Deal with your own emotions.

- Talk with a trusted friend or counselor about your feelings and reactions to help work through your own emotions.
- It is important that you have worked through your own sexual issues. You are then in a place to be able to listen, and provide support to your child without coloring the experience with your own issues and bias.

7. Be patient.

- With yourself and with your child.

8. Get counseling for yourself and your child.

- This will include learning to respond in a helpful way to your child's symptoms, such as misbehavior, depression, sexual acting out or sleep problems.
- Make help for your child a priority over your work and ministry. This includes returning to your home country, if necessary to get counseling when none is available on the field. Demonstrate to your child that he or she is a priority in your life.

CONCLUSION

By helping your child talk about what happened and dealing with the impact, you are helping restore your child's view of himself and of God, and to again become an emotionally healthy person who can face life with God's help

