Chapter 4

Child Sexual Abuse

Definitions

- Centers for Disease Control definition: “any completed or attempted (non-completed) sexual act, sexual contact with, or exploitation of (i.e., noncontact sexual interaction) a child by a caregiver”
  - Focuses on caregivers, but there are other perpetrators of CSA
  - In fact, most CSA is perpetrated by non-caregivers

What is included in an adequate definition of CSA?

- 4 key components
  - Broad enough to include family (i.e., incest) and non-family abuse
  - The sexual experience can involve both physical and non-contact activities
  - A power hierarchy—the adult abuses his position of authority and knowledge in order to get the child to do his/her wishes
  - The age of the perpetrator—
    - Some definitions say the perpetrator has to be 5+ years older than the victim
    - Other definitions "include children and adolescents as potential perpetrators if a situation involves the exploitation of a child by virtue of the perpetrator's size, age, sex, or status (so this could include, for example, a child abusing another child)

Focus on 1 of the 4 key components: POWER

- Jerry Sandusky case timeline http://www.npr.org/2011/11/08/142111804/penn-state-abuse-scandal-a-guide-and-timeline

- Jerry Sandusky case—as you know he was just found guilty on 45 of 48 counts of child molestation
  - Why did the abuse continue for so long?
  - Why did the university officials not report Sandusky?
  - Why did the police not listen to the mothers?
- At least, in part, because of power
  - The power that Sandusky had over the boys
    - The community viewed him as someone with a heart of gold so the victims did not feel people would believe their stories
    - Sandusky gave the boys nice things—trips, tickets to games, introductions to Penn State football players, etc.

Estimates of CSA

- The latest estimates from the National Incidence Study indicate that 2.4 children per 1,000 experience CSA
- Rates of reporting of CSA have been dropping since the 1990s
- There has also been a decline in the proportion of child maltreatment that is CSA since that time
- Self-report estimates are higher—but these are prevalence rates and are retrospective accounts by adults

Characteristics of Children who Experience CSA

- Most research indicates that
  - children between about 7-12 years old are the most likely victims
  - Girls are more likely to be victims than are boys
    - More attention is now being paid to male victims because many believe that there are more victims than official rates would indicate
    - In Oprah Winfrey's last season, there was a moving episode that involved 200 adult male victims, including Tyler Perry
    - http://www.oprah.com/oprahshow/Full-Episode-200-Adult-Men-Who-Were-Molested-Come-Forward-Video

Characteristics of Perpetrators of CSA

- Two distinct age periods where rates are higher: adolescence and the 30s.
- Most are male
- Female perpetration may be under-reported
  - It can be "covered" via routine child care activities
  - There may be more shame in reporting it

Pedophilia

- Pedophilia is a sexual attraction to children.
- It is a mental disorder described in the DSM IV(Diagnostic and Statistical Manual of Mental Disorders) which has 3 criteria:
  - Criterion A: “over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a pre-pubescent child or children generally age 13 years or younger
  - Criterion B: “the person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty
  - Criterion C: “the person is at least age 16 years and at least 5 years older than the child or children in Criterion A”
- Unlike other definitions, the DSM IV does not include late adolescents who may be involved in a sexual relationship with someone who is 12 or 13 years old

Pedophilia

- Most of you know about the sexual abuse scandal that has rocked the Catholic Church in recent years.
- It is likely that most of the priests who engaged in this behavior were pedophiles
- A lot has been written about this problem.
- One of the most interesting articles, though, is a study published by the John Jay College of Criminal Justice, which was commissioned by the Catholic Church in 2002.

John Jay Study

- http://johnjay.jjay.cuny.edu/churchstudy/_pdffiles/exec.pdf
- The above link is the Executive Summary of the Study; please read to understand the extent of the problem

Dynamics of CSA

- Types of abuse perpetrated
  - Specific Sexual Behaviors
    - Very serious—"e.g., completed or attempted vaginal, oral, or anal intercourse; cunnilingus; and analingus"
    - Serious—"e.g., completed and attempted genital fondling, simulated intercourse, and digital penetration"
    - Least serious—"completed and attempted acts of sexual touching of buttocks, thighs, legs, genitals, clothed breasts, or other body parts; kissing"
  - Child pornography
    - Being charged with a child pornography is one of the best predictors of pedophilia (Seto, Cantor, & Blanchard, 2006)
  - Child sex trafficking
  - Child prostitution
  - Exploitation through the internet
  - Sexting
    - Controversial when adolescents do this with each other
    - Laws regarding adolescents are undergoing change

Short-Term Consequences of CSA

- About 20-40% of children who experience CSA have significant short-term symptoms as a result of the abuse
- Effects of CSA depend on the age of the child. Table 4.1 in the textbook summarizes these
- Kendall-Tackett et al. (1993) found that 2 symptoms were most common in children who experienced CSA
  - Sexualized behavior
    - Even though some sex behavior is common in children; children who experience CSA engage in it more frequently and it often relates to intercourse (that is not typical of children who have not been abused)
  - PTSD symptoms

PTSD Symptoms—DSM-IV Criteria

Criteria A: The Traumatic Event

1. Experience, witness, or confront an event(s) that involve actual or threatened death or serious injury, or a threat to the physical integrity of self or others
2. The person's response involved intense fear; helplessness, or horror. **NOTE: In children this may be expressed instead by disorganized or agitated behavior**

Criteria B: Re-experiencing

At least one of the following:

1. Recurrent and intrusive memories

   NOTE: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
2. Recurrent distressing dreams of the event. **NOTE: in children there may be frightening dreams without recognizable content**
3. Acting or feeling as if the traumatic event were recurring **NOTE: in young children, trauma-specific re-enactment may occur**
4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
5. Physiologic reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

PTSD DSM-IV Criteria (con't)

Criteria C: Avoidance and Numbing

3 or more of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma
3. Inability to recall an important aspect of the trauma
4. Markedly diminished interest or participation in significant activities
5. Feeling of detachment or estrangement from others
6. Restricted range of affect (e.g., unable to have loving feelings)
7. Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

Criteria D: Increased Arousal

2 or more of the following

1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hypervigilance
5. Exaggerated startle response

Criteria E: Duration: At least one month

Criteria F: Clinical Symptoms--Disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

Diagnosing PTSD in Children

- Very difficult to do so
- The items in red type in the prior slides indicates criteria that are probably not relevant to children, particularly very young children

Long-Term Consequences of CSA

- Consequences vary considerably, but include
  - emotional problems such as depression and anxiety
  - Interpersonal problems
  - PTSD
  - Sexual adjustment
  - Behavior problems (e.g., eating disorders, substance abuse)
  - Physical health problems (e.g., headaches)

Why do symptoms of victims vary so much?

- Some types of CSA are associated with more severe symptoms
  - "threats, force, and violence" are usually linked to more severe problems
  - Who perpetrates the abuse matters.
    - When fathers, father-figures, or an individual with whom the victim has a strong emotional connection perpeterate the CSA, the victim has more severe problems
  - Multiple episodes of CSA or when CSA is combined with other forms of child maltreatment, the victim has more severe problems
  - The victim also has more severe problems when the abuse comes to light the adults in the child's life are not supportive
  - When victims blame themselves, their problems are more severe

Treatment for Child Victims

- Most common treatment used presently is “abuse-specific or trauma-focused cognitive behavioral therapy”
- This treatment is particularly effective when children have PTSD
- One controversial aspect of the treatment is “exposure” in which the child, in a safe setting, is guided through aspects of the abuse. Can involve writing, play, talk. This treatment is widely used with adults with PTSD (e.g., Edna Foe’s Prolonged Exposure Therapy), but some psychologists worry about re-traumatizing the child

Treatment for Offenders

- Medications that reduce or eliminate sexual drives—chemical castration
- Cognitive-Behavioral therapies
  - Teach empathy for the victims
  - Change cognitions about sexual activities with children
  - Change sexual preferences
  - Controversial whether these programs work or not; however, most professionals agree they are the best treatment approaches we currently have

CSA Prevention

- School programs teach children how to empower themselves if confronted with an adult who is trying to abuse them
  - Say no
  - Leave the situation
  - Tell a trusted adult what happened
- Evaluations of these programs find that child participants
  - Have more knowledge about and skills to protect themselves from sexual abuse than non-participants
  - Are more likely to reveal abuse that has occurred in the past than non-participants
  - Long-term programs are more effective than short-term programs
  - Programs where simulated sexual abuse situations are used (e.g., the child is approached by a stranger…but the "stranger" is not actually dangerous, but a confederate used to test whether the children have learned the program material) are more effective than programs that do not use this approach
    - However, this approach is controversial, and many parents will not let their children participate in programs with this component