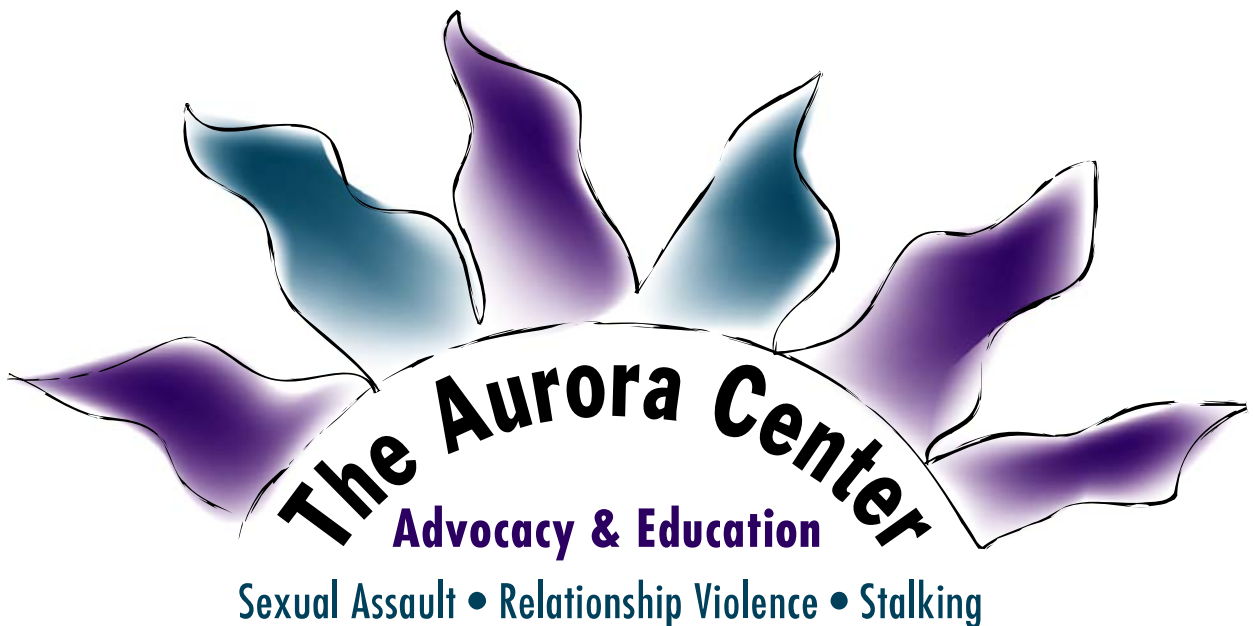


Childhood Sexual Abuse

Info Packet



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Common Misconceptions about Child Sexual Abuse

- Myth 1: Children are most likely to be sexually assaulted by a stranger.
Fact: **27% of all offenders were family members of their victims.**
(<http://www.ojp.usdoj.gov/bjs/pub/pdf/saycide.pdf>)
- Myth 2: Children lie or fantasize about sexual activities with adults.
Fact: **Developmentally, young children cannot make up explicit sexual information unless they have been exposed to it. They speak from their own experiences. Sometimes a parent will try to get a child to falsely report sexual abuse. Primary indicators of such a report are the child's inability to explicitly describe or illustrate the act, or a grossly inconsistent account.**
- Myth 3: The sexual abuse of a child is an isolated, one-time incident.
Fact: **Child sexual abuse is usually a situation that develops gradually over a period of time and occurs repeatedly.**
- Myth 4: It is not important for children to have information about sexual assault. Talking to children about it will only scare them.
Fact: **It is just as important for children to receive information about sexual assault for their own safety as it is for them to receive information about fires, crossing the street, and swimming. Inaccurate information is more frightening and damaging to children.**
- Myth 5: Nonviolent sexual behavior between a child and adult is not emotionally damaging to the child.
Fact: **Although child sexual abuse may involve subtle rather than extreme force, nearly all survivors will experience confusion, shame, guilt, anger, and a lowered self image, though they may reveal no obvious, outward signs.**
- Myth 6: Child molesters are all "dirty" old people.
Fact: **In a recent study of convicted child molesters, 80% were found to have committed their first offense before the age of 30.**
- Myth 7: Just as many adult women abuse young boys as adult men exploit young girls.
Fact: **While there are women offenders, most reported cases of child sexual abuse involve adult men and young girls. When young boys are exploited, they are usually the victims of adult men. Research indicates that over 90% of offenders are male.**
- Myth 8: The lower the family income and social status, the higher the likelihood of the sexual abuse of children.
Fact: **There is no data to support this conclusion. It is safe to assume, however, that the lower the income and social status, the higher the likelihood of the abuse being reported to a public agency.**

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- Myth 9: Multiple sexual abuse (such as parent abusing two or more sons or daughters) is extremely rare.
Fact: **If there are two or more children in the home, without discovery or intervention, a sexually abusive parent will usually be involved with each of them. It is rare for a parent to be sexually abusing only one child if there are several in the family.**
- Myth 10: Any parent who would sexually abuse their child has to be mentally ill.
Fact: **The vast majority of abusers are not mentally ill and most hold jobs, function well in the community, and are well respected by their peers. Most abusers deny the event and some claim seduction by the child.**
- Myth 11: Family sexual abuse is easy to treat, once it becomes known.
Fact: **Sexual abuse is extremely difficult to treat because it involves different people moving at different speeds (father, mother, child, other siblings). Often, none of them may be ready for treatment.**
- Myth 12: Children provoke sexual abuse by their seductive behavior.
Fact: **Seductive behavior may be the result, but never the cause, of sexual abuse. The responsibility lies with the adult offender.**
- Myth 13: In father-daughter sexual involvement, the mother is unaware of sexual abuse occurring in the home.
Fact: **In some cases, the mother may have good grounds to suspect abuse and may contribute to and perpetuate the situation. In fact, upon open discovery, the mother may even insist that the daughter be removed from the home. It is important to recognize, however, that this does not apply to all mothers of incest survivors. Because of their lack of awareness, many may suspect something is wrong, but are unclear as to what it is, or what to do.**
- Myth 14: If the children did not want it, they could say, "stop."
Fact: **Children generally do not question the behavior of adults. They are often coerced by bribes, threats, and use of a position of authority.**

Adapted from: *Sexual Assault: A Statewide Problem*, 1986 Edition.



Child Sexual Assault Statistics

In 92% of reported cases, the offender is male.

Child Abuse Reported to the Police (NCJRS), 2001 (www.ncjrs.org/pdffiles1/ojdp/187238.pdf)

Over 90% of sexual assault survivors ages 12-17 were female.

Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics. (National Center for Juvenile Justice), 2001
(www.ojp.usdoj.gov/bjs/pub/pdf/saycrle.pdf)

Every state has a child abuse reporting statute.

Mandatory Reporting of Child Abuse and Neglect, 2005
(http://www.smith-lawfirm.com/mandatory_reporting.htm)

Convicted rape and sexual abuse offenders serving time in state prisons report that two-thirds of their victims were under the age of 18.

One third of female prison inmates and 14% of male inmates report childhood abuse.

Child Abuse Research Resource, 2005 (http://www.childhelpusa.org/abuseinfo_stats.htm)

54% of all woman rapes and 75% of all male rapes occur before the age of 18.

National Center for Injury Prevention and Control, 2004 (www.cdc.gov/ncipc/factsheets/svfacts.htm)

Among children who were sexually abused, the odds are 27.7 higher that they will be arrested for prostitution as an adult than children who were not abused.

National Institute of Justice, 2004 (www.ncjrs.org/pdffiles/abuse.pdf)

21.6% of women who reported being raped during their lifetime were under age 12 at the time of their first rape. 32.4% of these women were 12-17 years of age. Therefore, over half of all female rape survivors surveyed in this study were under the age of 18 at the time of their first rape.

Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey, (NCJRS) 2000
(www.ncjrs.org/pdffiles1/nij/183781.pdf)

33.6% of prison inmates reported being physically or sexually abused.

"Substance Dependence, Abuse, and Treatment of Jail Inmates", 2002
(www.ojp.usdoj.gov/bjs/pub/pdf/sdatji02.pdf)

30% of women with documented histories of child sexual abuse were victimized as adults.

West, Williams, and Siegal, 2000

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One of every seven survivors of sexual assault are under age 6.

Bureau of Justice Statistics, 2000

Adolescents with a history of sexual abuse are significantly more likely than their counterparts to engage in sexual behavior that puts them at risk for HIV infection.

Larry K. Brown, M.D., et al, American Journal of Psychiatry 2000;157:1413-1415.

Among both adolescent girls and boys, a history of sexual or physical abuse appears to increase the risk of disordered eating behaviors, such as self-induced vomiting or use of laxatives to avoid gaining weight.

Dr. Dianne Neumark-Sztainer, et al, University of Minnesota, International Journal of Eating Disorders 2000;28:249-258.

Young girls who are forced to have sex are three times more likely to develop psychiatric disorders or abuse alcohol and drugs in adulthood, than girls who are not sexually abused.

Source: Kenneth S. Kendler, M.D., et al, Medical College of Virginia Commonwealth University, Archives of General Psychiatry 2000;57:953-959.



RECOGNIZING SIGNS OF SEXUAL ABUSE*

PHYSICAL SIGNS

- Stained or torn underwear
- Difficulty walking in young children
- Discomfort in the genital area (bruises, swelling, bleeding, etc.)
- Frequent headaches or stomach aches
- Pregnancy
- Sexually transmitted diseases
- Involuntary gagging
- Pain during bowel movements

BEHAVIORAL SIGNS

- Changes in behavior (mood swings, clinging, withdrawal, etc.)
- Nightmares or bedwetting
- Acting out sexually or showing knowledge or interest inappropriate for a child's age
- Loss of self-respect
- Unsocial behavior
- Excessive fear of being touched
- Recurrent nightmares
- Acting younger than actual age
- Fears of certain places, people, or activities
- Poor schoolwork and frequent absences
- Shame about his or her body

** Note: These signs may indicate problems other than sexual abuse.*

Adapted from: *Quarterly News*, Vol. 1994, Issue 3

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Helping Your Child Who Has Been Sexually Abused

by Lois Hackbarth, Rape Line Outreach Worker

Your child has been the victim of sexual abuse. It is important that you give your child the protection, love, and support she needs to work through her feelings of confusion, anger, fear, shame, and guilt.

Believe your child. Children seldom lie about sexual abuse. Do not blame your child. Whatever the circumstances, your child was not asking to be abused or molested. Your child was robbed of her childhood, personal power, and integrity. Let your child know that you trust her and that what happened wasn't her fault.

Reassure your child that she is not be blamed, that the blame rests entirely with the abuser. Allow the child to regain her sense of personal control. Don't be overly protective. Let your child make choices.

Respect your child's fear. Your child may have feared being hurt or that someone else in her family may be hurt. Your child may fear being abused again or blamed for being abused. Your child may fear that they will be punished or that they won't be believed. Help your child develop skills to increase their safety. Helping children protect themselves reduces the likelihood of further victimization and helps restore the child's sense of self-esteem.

Accept all her feelings. Tolerate her moods. Don't tell your child that they "shouldn't feel that way." Give your child an atmosphere of acceptance, warmth, safety, and love. In order to alleviate her fears, let your child know that you will protect them. Allow your child to express their anger. Provide a safe environment where your child can vent her feelings.

Listen without making judgments or giving advice. Try to understand what your child has and is going through. Do not criticize her actions or feelings. Do not preach. Compliment your child on her bravery to tell what happened. Validate her worth as a person.

Respect your child's privacy. Don't pressure or pry for information. Your child will talk when she is ready.

Care about your child's well-being. Let your child know you care. Don't worry about doing or saying the wrong thing. Be there for your child. Be okay with silence. Let your child know that you are sorry about what happened and will do your best to protect and support her.

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Take care of yourself, too. This has been an extremely upsetting experience for you. You may need to talk to someone in order to cope with some difficult emotions of your own. If you are experiencing rage or blaming yourself, you can be more helpful to your child if you find appropriate ways of coping with your own emotions. You need support and encouragement as you're struggling through this ordeal with your child. The Aurora Center for Advocacy and Education may be a good place for you to start.

Don't blame yourself. Take a look at your feelings of responsibility. Do you feel it is your responsibility to protect your child at all times? Maybe her abuse gives you a sense of failure. Realistically, no one can protect another person at all times without making that person a prisoner. Check out your own feelings of vulnerability, anxiety, shame, embarrassment, fear, guilt, anger, and loss of control over your own life.

Give yourself credit for what you've already done and become knowledgeable about child sexual abuse. Accurate information helps parents overcome feelings of isolation, guilt, anger, grief, shame, and embarrassment. Know that children rarely lie about sexual assault and tend to minimize, not exaggerate the facts. Know how frequent child abuse is, that children are often not able to tell in words, and that offenders are usually well known to the family.

Abuse is motivated by a need for power and control. Coercion is almost always an element. Abusers are usually self-centered, don't know or care how much psychological harm their behavior causes, and plan their sexual contacts carefully in advance. Abusers depend on their victims to meet their emotional needs and to "keep it a secret." Abusing children allows him to feel like a powerful person instead of a victim. However, they are still responsible for the abuse they inflict on children and need help to change that behavior and those abusive attitudes. Many sexual abusers were victims of sexual abuse themselves as children.

Adapted from "What Men Need to Know to be Helpful to a Friend or Relative Who Has Been Raped." YWCA Rape Crisis Service.



Childhood Sexual Abuse and University/College Women

University or college life is often experienced as a time of rapid changes and challenges. Some typical characteristics of this period include academic pursuits, competitive achievements, career life planning, the discovery/expansion of a new network (students/faculty, staff), and the exploration of relationships and intimacy. Kaplan, Gleason, and Klein (1991) state that late adolescence is a crucial period for the development of a woman's core relational self-structure. This development includes the following planes: (1) an increased potential for entering into mutually empathic relationships characterized by being able to share one's own affective states and to respond to the affect of others; (2) relational flexibility, or the capacity to permit relationships to change and evolve; (3) an ability and willingness to work through relational conflict while continuing to value the core or emotional connection; and (4) the capacity to feel more empowered as a result of one's inner sense of relational connection to others.

Childhood sexual abuse is commonly reported in college populations. Researchers have noted prevalence rates ranging from estimates approaching 16 percent (Sedney and Brooks, 1984), to lower rates of 13.4 percent for familial abuse and 10 percent for nonfamilial sexual abuse among women in nonclinical, college samples (Harter, Alexander, and Neimeyer, 1988). In a more recent study of 300 clients seeking help at a university counseling center, Stinson and Hendrick (1992) found that a history of childhood sexual abuse in approximately one-third of those coming in to the center for personal therapy.

For women with a history of childhood sexual abuse, typical development issues and the built-in demands of academic life such as the capacity to learn, memorize, study, research, and concentrate can be further complicated by the consequences of the past. Difficulties with sense of self, the experience of shame, and feelings of isolation, depression, and anxiety can affect the development of women's academic, social/relational, and personal horizons (Axelroth, 1991). Given the context of academic demands, coupled with childhood sexual abuse histories, the provision of relevant individual and/or group counseling services is necessary to promote healing and academic success.

Chew, Judy, Ph.D. [Women survivors of childhood sexual abuse: healing through group work: beyond survival.](#) Hawthorn Press, Binghamton, NY 1998 pg. 7-8

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The Impact of Childhood Sexual Abuse

For individuals who experienced the victimization and trauma of sexual abuse, the search for solutions is often a very challenging and demanding journey. Despite the difficulties, healing is possible. People can and do heal (Dolan, 1991).

Recent researchers point to a number of psychosocial problems that are more common among adults who were sexually abused as children than among those without such childhood experiences. The researchers and clinicians have highlighted the following:

- Post-traumatic stress symptomatology-flashbacks, intrusive memories, sleep disturbances/nightmares, poor concentration, numbing/spacing out, hypervigilance, and anxiety (National Center for Injury Prevention and Control, 2004). www.cdc.gov/ncipc/factsheets/svfacts.htm
- Cognitive distortions-guilt; poor sense of self; negative perceptions of self, others, and the future; and self-blame (National Center for Injury Prevention and Control, 2004). www.cdc.gov/ncipc/factsheets/svfacts.htm
- Depression-negative thoughts/anxiety, lack of emotional ties, and loss of control, suicidal thoughts (NIJ, 2004). www.ncjrs.org/pdffiles1/nij/197019.pdf
- Problematic issues with eating-bulimia and anorexia (Dr. Diane Neumark-Sztainer, International Journal of Eating Disorder).
- Disturbed relatedness-alterations in social functioning, feelings of isolation/being different, difficulty in establishing trust in others, and issues with sexual intimacy/identity (National Center for Injury Prevention and Control, 2004). www.cdc.gov/ncipc/factsheets/svfacts.htm
- Physical/somatic symptoms-gastrointestinal nausea, rectal discomfort, pain, muscular tension, and stress problems such as migraine headaches (National Center for Injury Prevention and Control, 2004). www.cdc.gov/ncipc/factsheets/svfacts.htm

The "National Center for Injury and Prevention and Control" website provides the lists of researchers for all of the statistics above.

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