

# Sexual Abuse

# training program

For Children's Aid Societies  
Volume 7



Ministry of  
Community and  
Social Services  
September 1982

**SEXUAL ABUSE**

**OF**

**CHILDREN**

**A Training Program for Children's Aid Society Staff  
providing services to sexually abused children and their  
families**

**Prepared for: The Ministry of Community and Social Services  
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Penlieu Consultants**

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A Training Program  
for Foster Parents

Training Resources in Understanding,  
Supporting and Treating abused Children

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## FOREWORD

This Training Manual, Sexual Abuse - Volume 7, is the last of a series of training manuals developed for Children's Aid Society staff by the Ministry of Community and Social Services during the past three and a half years. The intent of this series of manuals and training programs has been primarily to improve the working knowledge and practice of front-line child welfare practitioners in Ontario. From the evaluations conducted, as well as the feedback, it appears that enthusiasm remains high and that effectiveness, though less measurable, has been more than satisfactory.

The topic of sexual abuse has been one that continues to cause great concern and frustration to child welfare professionals. It is our hope that the information contained in this manual will assist them in addressing this problem more effectively.

This manual has been developed by Penlieu Consultants, a private consulting firm. Mr. Ross Dawson, who is also the author of Training Resources in Understanding, Supporting and Treating Abused Children - A Training Program for Foster Parents, spent a great deal of time and energy preparing this manual. The comprehensiveness of the manual is certainly an indication of the dedication the author has to the material. The Ministry was fortunate to obtain his services.

Stephen C. Handler  
Co-Ordinator  
Garber Project

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Ross Dawson

## INTRODUCTION TO THE HANDBOOK

### The Need for a Handbook

Considerable public and professional effort over the last decade have contributed to make child abuse a social issue of national importance. However, the problem of sexual abuse of children remains largely a taboo topic. Sexual abuse of children has been described as "The Best Kept Secret" or "The Last Frontier" in the spectrum of child abuse; misunderstanding and avoidance have clouded this family problem. This is now changing. Faced with greater awareness of this problem and influenced by significant increases in the number of reported cases, child protection practitioners are now facing the problem of sexual abuse head-on. They are seeking training in understanding and treating cases of sexual abuse, as a further development in their provision of services to children and families.

Previous Ministry training programs (Front Line Protection Staff Training, Supervisors Training, Foster Parents Training - T.R.U.S.T.) were viewed as basic training programs and dealt only incidentally with the problem of sexual abuse. This handbook on the sexual abuse of children, initiated and funded by the Ministry of Community and Social Services as part of its response to the recommendations of the Report of the Task Force on Child Abuse (June 1978), is seen as assisting Children's Aid Society staff to meet their training needs and to develop increased competence in managing childhood sexual abuse.

## **Objectives of the Handbook**

The handbook on sexual abuse has been developed to meet several practice needs. These are:

1. The need to provide child welfare practitioners with a basic and current understanding of intrafamilial child sexual abuse.
2. The need to provide intervenors with methods, skills and techniques used in the identification, assessment and treatment of parents and children involved in family sexual abuse.



## CHAPTER 2

### SELF-AWARENESS AND THE MANAGEMENT OF SEXUAL ABUSE

#### Notes

The "Taboo" respecting sexual relations with children has not prevented sexual abuse of children from occurring. Primarily, this taboo has prevented full and frank discussion of the topic by professionals and the public alike. The prohibition against talking about sexual abuse has helped to maintain a curtain of secrecy, misunderstanding and conflicting emotions about this family problem all of which have significant consequences affecting the management of sexual abuse cases brought to public attention.

#### Secrecy

The aspect of secrecy affects intervention in several important ways. Firstly, it prohibits public reporting of possible incidents of sexual abuse to mandated authorities. The reporting of any family to a public authority is difficult for most citizens and professionals. Our society values and respects highly the privacy of individuals and families. This accepted principle acts as a buffer or deterrent to reporting a family for reasons of inadequate or inappropriate parenting. The decision to report is more difficult when it involves a topic or a behaviour which is considered inappropriate for public discussion. It is especially difficult if the reporter believes he or she may be asked to provide details of sexual behaviour and to identify and discuss various body parts.

A second effect of the secrecy factor on intervention is that it restricts purposeful family disclosure of the sexual abuse of children. If the topic is considered too abhorrent for open public discussion, it is unlikely that a family will disclose itself as having a sexual abuse problem. The taboo assists in keeping the problem hidden within the family. No one wishes to announce that they have a problem which no one can bear talking about. Fear of potential community labelling and ostracism provides little opportunity for the family to present their "moral leprosy" for treatment.

**Notes:**

Thirdly, secrecy affects the professional response to sexual abuse of children. Like the community and families involved in sexual abuse, professionals have tended to deny the existence of the phenomenon, or their association with it. This denial has limited professional identification and reporting of sexual abuse. It has also hindered professionals in obtaining expertise and training in this area of family dysfunction. It is no coincidence that sexual abuse of children has been the last area of child maltreatment to receive full professional scrutiny and discussion. Nor is it a coincidence that until five years ago the number of publications dealing with sexual abuse was extremely small and limited. Nor is it a coincidence that few specific child sexual abuse intervention/treatment programs currently exist.

**Misunderstanding**

Sexual abuse of children remains a misunderstood crime in today's society. The taboo which has thwarted public discussion of the topic has also encouraged the growth of myths about sexual abuse. Today, myths and misunderstandings permeate our knowledge of child sexual abuse. What are some of these myths?

**Myth #1 Child Sexual Abuse is a rare phenomenon**

It is still commonly held that the incidence of child molestation is very infrequent. However, statistics from numerous studies and child abuse registers (see Chapter (1)) suggest that this type of abuse is relatively common. Additionally, it is commonly believed that sexual abuse of children involves an isolated incident which is not repeated. Repeated incidents over a long period of time are considered to be rare. Again there is no foundation to this belief. Reliable statistics substantiate that family sexual abuse, unless subject to disclosure is repetitive in nature and may extend for months or for several years. In fact the incidence of isolated episodes of family sexual abuse of children is rare. (see Chapter (1)).

**Notes:****Myth #2 The Perpetrator of Sexual Abuse is a Stranger to the Child Victim**

Perhaps it is easier to accept the possibility of a stranger abusing a child sexually, rather than a member of the child's family. Perhaps our denial of sexual abuse is strong when we are faced with the suggestion that family members are sexually active with their children. Whatever the reason, the myth of the "dirty old man in the bushes", the faceless stranger, as the perpetrator is still popular. While sexual assault and molestation may involve a stranger, the current practice reality is that 75% - 85% of all reported cases of child sexual abuse involves perpetrators who are family members and therefore well known to the child. The great majority of these perpetrators are parental figures. These are either biological parents or those who exercise an ongoing parental relationship to the child. (see Chapter 1)

**Myth #3 Male and Female Children Equally Involved**

The majority of family sexual abuse involves fathers and daughters. The American Humane Association's research into the sexual abuse of children (see Chapter 1) reported in 1969 that:

- o offenders were predominantly males known to the child and between the ages of 17 - 60 years.
- o victims were on a ratio of 10 girls to 1 boy and ranged in age from infancy to 16 years.

Statistics from the Ontario Child Abuse Register confirm this pattern. Based on an analysis of 263 reports of abuse received from June - December 1979, 76 reports involved verified cases of sexual abuse. 73 of the victims were females aged 2 - 15 years of age. All offenders were male.

**Myth #4 The Child Provokes the Sexual Abuse**

This insidious myth remains highly accepted. In likelihood the myth is a male projection and denial of their sexual feelings and behaviour towards dependent female children. This myth suggests that children who are sexually abused are overtly and excessively seductive and consequently overwhelm the adult male's morality and sense of parental responsibility. The blaming of the victim in situations involving rape, or sexual assault is a frequent occurrence. This tendency to blame the victim has been extended to child sexual abuse. The projection of blame on a female's seductive behaviour has long historical roots which reach

**Notes:**

back to the Garden of Eden. Some children who have been sexually abused may exhibit sexually provocative or inappropriate behaviour; however, this behaviour is a result of sexually abusive experiences. The seductive child who initiates sexual behaviour with an adult parent figure simply does not exist.

Regardless if the behaviour is actually initiated (or perceived to be initiated) by a child, this can never be accepted as a reason for an adult to sexually abuse that child.

A negative trend which complements and strengthens this myth is society's attempt to prematurely sexualize young children. Commercially, children are being promoted as "sexy little things", and being used to advertise various consumer items. Unfortunately, the implication of this type of commercialization is that young children are presented as desirable and perhaps willing and available sexual objects.

At the same time many parents are confusing attractiveness and popularity with sex appeal. In an effort to assist their daughters to be wanted and successful, they are encouraging the sexualizing of their appearances and behaviour at a premature age. The role idol of young girls has changed from Shirley Temple to Brooke Shields.

**Myth #5 Sexual Abuse is a Sexual Aberration**

The conceptualization of sexual abuse of children as a sexual problem belonging to the perpetrator is a widely-held but simplistic perception. At times it is convenient and reassuring to rationalize that the perpetrators of sexual behaviour with children are "sick" or "perverted" or mentally ill. This allows all of us to view them as a little less than human; dangerous individuals who should be put away. This thinking also allows us to put increased distance and differences between perpetrators and ourselves. In doing so we deny that we might at any time have sexual feelings towards family members other than our spouses.

**Notes:**

The concept of child sexual abuse as sexual deviance in the perpetrator limits our understanding of the problem and can prevent effective intervention. Sexual abuse of children involves other important concepts which need to be recognized. Firstly, sexual abuse is not just a perpetrator problem or a parent-child problem. It is more accurately a parent/parent problem or a family problem. Fixation with the abuser as a perpetrator or parent-child problem supports another aspect of this myth - mothers are generally unaware of the sexual abuse. Clinically, this is not the case. Generally, mothers are either directly or indirectly aware of the sexual activity between the perpetrator and the child.

Secondly, sexual acting out in the form of sexual abuse of children is frequently a response to non-sexual issues or needs. These could include the need for power, control or intimacy. Obviously, the particular needs will vary with the perpetrator, and the family and social context involved. What is more important, though, is that we consider sexual abuse as more than just a sexual problem of the offender.

Lastly, the concept of sexual abuse of children should include the component of the abuse of power. In many ways, sexual abuse of children could be considered a power problem as it involves a person in a position of legitimate power over a child abusing this authority and responsibility. Ultimately it is this abuse of power which facilitates opportunity, determines the extent of sexual activity and prevents disclosure.

**Myth #6 All Children are Permanently Damaged  
Either Physically or Emotionally by  
Sexual Abuse**

Physical and psychological sequelae usually accompanies childhood experiences of sexual abuse. The degree of damage varies in each situation and is dependent upon numerous variables (see Chapter 6). These variables include the family context, relationship with the offender, duration and type of sexual activity and the nature of any subsequent intervention. There are ample data to establish that not all children are permanently damaged by premature sexual activity. Indeed physical trauma is seldom involved in family sexual abuse. While coercion and explicit or implicit threats may be utilized to obtain the child's cooperation, physical force is seldom present. In addition, physical damage, as a result of sexual activity with the perpetrator, is rare and, if present, is seldom permanent. This contention is further validated by the fact that sexual abuse is seldom reported or diagnosed by means of physical findings or physical indicators.

**Notes:**

Emotional trauma is more prevalent in child sexual abuse. Although even here the extent of this trauma can range from minimal to severe, from short term to permanent. Given this range of sequelae for the abused child, it is interesting to speculate on the origins of the myth of automatic permanent damage. There is some credence in the notion that sexual abuse is perceived as a 'fall from innocence'; - a fall which is permanent. The perception of the victimized child as "damaged goods" is also prevalent. Perhaps then society reacting in abhorrence to a breaking of the sexual taboo assigns a permanent stigma to the child. Rather than the child being permanently affected by the sexual abuse itself, the child may be perceived by society to be permanently infected. If this is so, then it creates a double jeopardy for the child.

Other Myths

A number of other myths about sexual abuse continue to be widely held. These include such beliefs as:

- the child victim wants to leave home
- the problem is confined to low economic/social segments of society i.e., a problem of the poor.

Some of these myths are dealt with in other chapters. Other myths are not dealt with. The important point is to recognize the extent and durability of the myths which influence our understanding and response to child sexual abuse.

**Conflicting Emotions**

The sexual abuse of children, and particularly, the family sexual abuse of children, generates intense emotional reactions in most adults. The same range of reactions may be experienced by those in professional roles involved in such cases. The emotional reactions may be intense and conflicting. Reactions may range from concern to vengeance or disgust to curiosity.

It is important to recognize that such reactions, although natural, affect both our understanding and response to child sexual abuse. In fact "the response of those who discover cases, the agencies involved in handling them and of the community at large may be more reflective of personal attitudes towards the crime than of concern for the protection and emotional well being of the child victims".  
(1)

(1) Justice, Blair and Rita      The Broken Taboo  
Human  
Sciences Press New  
York 1979.

**Notes:****The Professional's Range of Emotional Reaction****Anger**

- at child for not stopping/resisting the behaviour or for not telling someone about the abuse
- at the perpetrator for violating community norms, or using a dependent child to meet his/her selfish needs
- at the other parent or siblings for not protecting the child
- at other professionals for their lack of cooperation, knowledge, involvement, or sensitivity to the child/family.

**Embarrassment**

about investigating and discussing and reporting intimate sexual behaviour in explicit detail with:

- a child
- a perpetrator
- other professionals
- in public e.g., court, with a person of the opposite sex
- embarrassment for the child's and family's public exposure
- embarrassment about naming and discussing sexual organs e.g. penis, vagina vs "privates"

**Hopelessness**

- about preventing abuse
- about treating the family
- about successfully treating the child
- about lack of resources/time to deal with the problem
- about "proving" a case legally
- about inability to "rescue" child

**Notes:**Revenge

- because the behaviour which occurred was unspeakable, bad or immoral
- because those responsible deserve the worst possible fate e.g., castration, life sentences "an eye for an eye"
- because those responsible don't deserve to care for children

Fear

- for the safety and recovery of the child
- for the victim's siblings
- of family's/perpetrator's aggressive behaviour
- of our inadequacy in handling the situation

Ambivalence

- about rescuing the child or preserving the family
- about helping or punishing the perpetrator and/or family members
- about community standards/expectations and whether these are appropriate
- about intervening or not intervening
- approach/avoidance behaviour characterized by revulsion and curiosity
- belief vs denial that such things happen

Empathy

- for the child's plight/condition
- for the family's predicament e.g. separation, public censure, criminal charges, etc.



**Notes:**Guilt

- about punitive feelings
- about anger generated
- about inadequacy to handle the situation
- about our own curiosity for details.

Range of Community ReactionsShock/Disbelief

- that this type of behaviour could occur
- that this could occur in their community
- that "this" family has such a problem

Disgust/Anger

- over child's behaviour
- over the perpetrator's behaviour
- over the family's behaviour  
e.g., how could they allow this to happen - they must have participated or even enjoyed it
- sinful, licentious, depraved acts
- over other persons sexual curiosity about the incident  
(but wanting to hear more themselves)

Retribution

Someone is to blame and should be severely punished:

a) the perpetrator

castration - he may do it again to our child

separation from family

separation from community - imprisonment (for life)

b) the child

they participated or provoked

child should be taken out of the home and placed somewhere else for corrective action

**Notes:**

- c) family members
  - for collusion or failure to protect child
  - public exposure
  - ostracization
  - moral stigma
  
- d) intervenors
  - for not preventing
  - for not knowing
  - for not intervening
  - for not punishing
  - for treating

Pity

for the innocent e.g., child, sibling, even the non-participating spouse.

Individuals and communities will react to child sexual abuse in different ways. However, the reactions will be intense and wide ranging. Without an awareness of the range of likely reactions, these emotional responses will intrude significantly on the management of sexual abuse cases.